Insurance Premium Refund Request

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a refund of my insurance premium due to inaccurate billing. My policy number is [Your Policy Number], and I have been charged [Incorrect Amount] instead of the correct premium amount of [Correct Amount].

Upon reviewing my billing statements for the period of [Specify Period], I noticed discrepancies in the amount charged. I believe this may have been an error and would appreciate your prompt attention to this matter.

I kindly request a refund of the overcharged amount of [Overcharged Amount] to be issued at your earliest convenience. I have attached the relevant documentation for your reference.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]