

Notification for Insurance ID Card Replacement

Date: [Insert Date]

To: [Insert Insurance Company Name]

Address: [Insert Insurance Company Address]

Dear [Insert Recipient Name],

I am writing to formally request the replacement of my insurance ID card due to damage. My details are as follows:

- Policyholder Name: [Insert Your Name]
- Policy Number: [Insert Policy Number]
- Contact Number: [Insert Contact Number]

The current ID card has been damaged and is no longer usable. I have attached a copy of the damaged card for your reference.

Kindly let me know the process to obtain a replacement card and any associated fees, if applicable.

Thank you for your prompt attention to this matter.

Sincerely,

[Insert Your Name]

[Insert Your Address]