

# Urgent Notice: Insurance Policy Lapse

Date: [Insert Date]

To: [Policyholder's Name]

[Policyholder's Address]

Dear [Policyholder's Name],

We are writing to inform you that your insurance policy, number [Policy Number], is at risk of lapsing due to non-payment of premium. Our records indicate that the payment of [Amount Due] was not received by the due date of [Due Date].

Your insurance coverage is essential to protect against unforeseen circumstances, and we urge you to settle the outstanding balance as soon as possible to avoid a lapse in coverage.

Please make your payment by [Final Payment Date] to ensure the continuation of your policy. Payments can be made online at [Payment Link] or by calling us at [Contact Number].

If you have already made the payment or believe this notice has been sent in error, please contact us immediately at [Customer Service Email] or [Customer Service Phone Number].

Thank you for your prompt attention to this important matter.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]