05 November 2024

**[Policyholder Name]**

**[Policyholder Address line 1]**

**[Policyholder Address line 2]**

**[Policyholder Address line 3]**

**[Policyholder Address line 4]**

Dear Valued Customer

**RE: FIRST NOTICE ARREARS ON HEALTH INSURANCE POLICY - <POL\_NO>**

We are writing to you with regards to the aforementioned Insurance Policy and we have noticed that there remains an outstanding amount due.

The total amount of arrears as detailed in the table below is **<<ARREARS AMOUNT>>**.

|  |  |  |
| --- | --- | --- |
| **Cover Period** | **Policy Number** | **Amount in Arrears (MUR)** |
| <<POL\_FROM\_DT-POL\_TO>> | <<POL\_NO>> | <<ARREARS AMOUNT>> |

We invite you to settle the outstanding amount through credit transfer to any of the following bank accounts:

|  |  |
| --- | --- |
| **Banking Institution** | **Account Number** |
| Mauritius Commercial Bank (MCB) | 000444155708 |
| State Bank of Mauritius (SBM) | 61030100056840 |
| Absa Bank | 142005212 |
| MauBank | 143100007063 |

To facilitate the identification of your payment, please ensure that the Policy Number **<POL\_NO>** is quoted in the description/remarks section when conducting the transfer.

Maintaining timely payments ensures uninterrupted coverage and access to your benefits. Please arrange to settle the overdue amount by [LETTER DATE + 10 days] to avoid any disruption to your Insurance Policy.

Kindly disregard this letter if you have already settled the arrears on your Policy.

Should you have any further query regarding this letter, please contact our Customer Service Team on 6023000 or email us at [**giarrearsrecovery@nicl.mu**](mailto:giarrearsrecovery@nicl.mu). Alternately, you may also liaise with your Insurance Advisor.

Thank you for your cooperation and understanding on this matter.

This is a computer generated document and require no signature.