**<<LETTER DATE>>**

**[Policyholder Name]** POLICY\_HOLDER upper case

**[Policyholder Address line 1]** POL\_PH\_ADDR1, POL\_PH\_ADDR2, POL\_PH\_ADDR3, POL\_PH\_ADDR4 , FULL\_ADDRESS

**[Policyholder Address line 2]**

**[Policyholder Address line 3]**

**[Policyholder Address line 4]**

Dear Valued Customer,

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

We are writing to you with regards to your aforementioned Insurance Policy which is currently overdue. This serves as a second reminder regarding the outstanding payment on your Health Insurance Policy. Despite our previous communication, we have not yet received payment for the amount of **<<ARREARS AMOUNT>>**. TrueArrears

The total amount of arrears as at **<<LETTER DATE>>** is being tabulated below:

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

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.

To prevent any further disruption of your coverage, we request that you settle the outstanding amount **immediately**. The final payment deadline is **<<LETTER DATE + 10 days>>.** Failure to make payment by this date will result in recovery through legal actions.

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**. 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.