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

We are sending this as a **third** and final reminder with regards to your aforementioned Insurance Policy which, according to our records, is currently overdue.

Despite previous reminders, the arrears on your account are still unresolved, and we urge you to take immediate action to avoid the suspension or cancellation of your Policy.

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.

If the outstanding amount is not settled by latest **<<LETTER DATE + 10 days>>,** we will have no alternative but to initiate legal actions to recover the debt.

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**. Alternatively, 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.