**LETTER TEMPLATE**

**DIRECT CLAIM LETTER**

**[Date]**

**[Name of the Insurance Claiming Person]**

**[Address]**

**[Email ID]**

**[Contact]**

**[Name of the Person]**

**[Designation]**

**[Organization Name]**

**[Address]**

Dear Sir/ Madam,

Subject: Direct Claim Letter

I am writing this letter as you owe me an amount total of **[Rs.]** as outstanding debt. This amount includes all the necessary extra charges. In a month’s time, you have to make the full payment.

We have earlier agreed that you will pay my outstanding debt in installments, but you constantly fail to make the payment.

I hope to hear from you soon regarding payment of my amount. I will appreciate an effort from your end to avoid any more problems in the future.

Yours Faithfully,

**[Name of the Insurance Claiming Person]**