

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Insurance Company Name]  
[Claims Department Address]  
[City, State, Zip Code]

**RE: Notice of Claim Overpayment and Refund Request**

Policy Number: [Your Policy Number]  
Claim Number: [Your Claim Number]  
Property Address: [Insured Property Address]

To the Claims Department,

I am writing to formally notify you regarding an overpayment made in relation to the above-referenced property insurance claim. Following a review of the settlement payments and the actual repair costs, it has been determined that an excess amount was issued.

The details of the overpayment are as follows:

- Total Amount Disbursed by Insurance: \$[Amount]
- Actual Final Cost of Repairs/Loss: \$[Amount]
- **Total Overpayment Amount: \$[Amount]**

The reason for this overpayment is: [State reason, e.g., duplicate payment, lower than estimated repair costs, or supplemental check error].

I am requesting instructions on how to return these funds to [Insurance Company Name]. Please provide a mailing address for the refund check or instructions for an electronic transfer. Once I receive the necessary details, I will remit the balance of \$[Amount] immediately.

Please confirm receipt of this notice and provide the requested return instructions within [Number] business days.

Thank you for your assistance in resolving this matter.

Sincerely,

[Your Signature]

[Your Printed Name]