[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Low Annual Mileage Discount

Dear [Policyholder Name],

This letter is to confirm that we have received and processed your updated annual mileage information for policy number [Policy Number].

Based on the reported mileage of [Number] miles per year, your account has been updated to reflect our Low Annual Mileage Discount. This adjustment is effective as of [Effective Date].

Updated Policy Details:

- Current Odometer Reading: [Odometer Reading]
- Estimated Annual Mileage: [Number] miles
- New Premium Amount: $[Amount]

You will see this credit reflected on your next billing statement. Please note that if your driving habits change and your annual mileage increases beyond the threshold for this discount, you are required to notify us to ensure your coverage remains accurate.

Thank you for choosing [Insurance Company Name]. If you have any questions regarding this update, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Name/Signature]
[Title]
[Insurance Company Name]