

[Date]

[Claimant Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

## **RE: Notice of Final Claim Settlement Approval**

Claim Number: [Insert Claim Number]

Date of Incident: [Insert Date]

Dear [Claimant Name],

We are pleased to inform you that your claim has been formally approved for final settlement. After a thorough review of the documentation provided and the circumstances surrounding the claim, we have determined the total settlement amount to be \$[Insert Amount].

### **Settlement Breakdown:**

- Approved Loss Amount: \$[Insert Amount]
- Less Deductible (if applicable): \$[Insert Amount]
- **Total Payment Amount: \$[Insert Amount]**

This payment is issued as a full and final settlement of your claim. By accepting these funds, you agree that this satisfies all obligations related to the aforementioned incident and that no further claims regarding this specific matter will be pursued.

The payment will be issued via [Insert Method: Check/Direct Deposit] and should reach you within [Insert Number] business days. [If via check: It will be mailed to the address listed above.]

If you have any questions regarding this settlement or the payment process, please contact your claims representative at [Phone Number] or via email at [Email Address].

Sincerely,

[Name of Adjuster/Representative]

[Title]

[Company Name]