

[Your Name/Company Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

RE: Final Settlement Offer

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Incident]

Dear [Recipient Name],

Following our investigation and recent discussions regarding the above-referenced claim, we are pleased to present this final settlement offer. This offer is intended to resolve all claims for property damage and/or bodily injury arising from the incident on [Date of Loss].

The total settlement amount is **[\$Amount]**. This figure was calculated based on the following:

- Vehicle Repair/Total Loss Value: **[\$Amount]**
- Medical Expenses (if applicable): **[\$Amount]**
- Loss of Use/Rental Reimbursement: **[\$Amount]**
- Other: **[\$Amount]**
- Less Deductible: **-\$[Amount]**

By accepting this payment, you agree that this constitutes a full and final release of [Insurance Company Name] and its insured from any further liability or claims related to this occurrence.

To accept this settlement, please sign the enclosed Release of All Claims form and return it to our office. Upon receipt, we will issue the payment via [Check/Direct Deposit] within [Number] business days.

If you have any questions, please contact me directly at [Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]
[Title/Claims Department]