

[Insurance Company Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Notice of Claim Approval and Payment Issuance

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Accident]
Vehicle: [Year, Make, Model]

Dear [Policyholder Name],

We are pleased to inform you that we have completed the investigation of your automobile collision claim. Based on the damage assessment and the terms of your policy, your claim has been approved.

The settlement details are as follows:

- Total Estimated Repair/Settlement Amount: \$[Amount]
- Less Deductible: - \$[Amount]
- **Total Payment Issued: \$[Net Amount]**

Payment has been issued via [Check / Electronic Funds Transfer] on [Date]. If receiving a check, please allow 5-7 business days for delivery. If receiving an electronic transfer, the funds should appear in your account within 2-3 business days.

This payment represents the [final settlement / initial payment] for the damages to your vehicle. If additional hidden damages are discovered during the repair process, please have your repair facility contact your adjuster immediately to request a supplemental inspection.

Should you have any questions regarding this payment or your claim, please contact me directly at [Adjuster Phone Number] or [Adjuster Email].

Sincerely,

[Adjuster Name]
[Title]
[Insurance Company Name]