

[Date]

[Claimant Name]

[Claimant Address]

[City, State, Zip Code]

RE: Notice of Settlement Approval and Payment Issuance

Claim Number: [Claim Number]

Date of Loss: [Date of Incident]

Insured: [Name of Policyholder/Company]

Dear [Claimant Name],

This letter serves as formal notification that the settlement agreement regarding the above-referenced general liability claim has been officially approved.

We have received the signed Release of All Claims. In accordance with the terms of the agreement, we have authorized the issuance of the settlement payment in the amount of \$[Total Settlement Amount].

Please find the payment details below:

- **Payment Method:** [Check / Electronic Transfer]
- **Payee:** [Name of Person or Law Firm receiving funds]
- **Check/Reference Number:** [Number]
- **Mailing Date:** [Date Sent]

This payment represents the full and final resolution of all claims, damages, and causes of action arising from the incident occurring on [Date of Incident]. By accepting these funds, you acknowledge that no further payments will be issued regarding this matter.

If you have any questions regarding the receipt of this payment, please contact me directly at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Name of Adjuster/Representative]

[Title]

[Insurance Company/Organization Name]