

[Your Name/Company Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

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

**RE: Notice of Claim Approval and Compensation Issuance**

Claim Number: [Insert Claim Number]  
Date of Incident: [Insert Date of Incident]

Dear [Claimant Name],

We are writing to formally notify you that your personal injury claim regarding the incident on [Date of Incident] has been reviewed and approved.

Based on the medical documentation, evidence provided, and the subsequent investigation, we have determined the total compensation amount to be \$[Total Amount].

This settlement amount covers the following:

- Medical Expenses: \$[Amount]
- Lost Wages: \$[Amount]
- Pain and Suffering: \$[Amount]
- Other Damages: \$[Amount]

**Payment Issuance:**

Enclosed with this letter, you will find a check in the amount of \$[Total Amount]. [OR: Please be advised that a direct deposit for the amount of \$[Total Amount] has been initiated and should appear in your account within 3-5 business days.]

By accepting this payment, you agree that this constitutes a full and final settlement of your claim. This payment releases [Your Company Name/Insured Party] from any further liability or future claims arising from this specific incident.

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

Sincerely,

[Signature]

[Printed Name]

[Job Title]

[Company Name]