

Date: [Date]

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Date of Loss: [Date of Incident]

Insured: [Name of Insured]

Subject: Explanation of Benefits and Payout Notification

Dear [Recipient Name],

We have completed the evaluation of your auto collision claim. Based on the assessment of the damages and the terms of your insurance policy, we have approved a payout for this loss.

Claim Summary and Calculation

Description	Amount
Total Estimated Repair Costs / Vehicle Value	[\$Amount]
Applicable Deductible	- [\$Amount]
Other Adjustments (Depreciation/Taxes/Fees)	[\$Amount]
Total Payout Amount	[\$Total Amount]

Payment Details

The payment of \$[Total Amount] is being issued via [Check / Direct Deposit]. If paid by check, please allow 5-7 business days for delivery. This payment is intended for [Repair Shop Name / Registered Owner].

Next Steps

- If additional damage is discovered during the repair process, please have your repair facility contact us immediately for a supplemental inspection.
- Keep all receipts and documentation related to this claim for your records.

If you have any questions regarding this assessment or the calculation of benefits, please contact your claims adjuster at [Phone Number] or [Email Address].

Sincerely,

[Adjuster Name]

[Insurance Company Name]

[Claims Department]