[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Claims Adjuster Name]
[Insurance Company Name]
[Address]
[City, State, Zip Code]

RE: Final Settlement Acceptance
Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Accident]

Dear [Claims Adjuster Name],

This letter serves as formal written acceptance of your offer to settle my Uninsured Motorist (UM) claim regarding the above-referenced matter for the total amount of $[Dollar Amount].

I understand that this settlement amount is a final and complete resolution of all claims for bodily injury and/or property damage resulting from the accident on [Date of Accident]. Upon receipt of the settlement funds, I agree to release [Insurance Company Name] from any further liability regarding this specific claim.

Please forward the final settlement agreement and release forms to my attention. Once I have reviewed and signed the documents, I will return them to you so that the settlement check can be issued.

Thank you for your assistance in resolving this matter.

Sincerely,

[Your Signature]

[Your Printed Name]