[Date]

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

RE: Notice of Claim Settlement Declaration

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

Dear [Claimant Name],

This letter serves as formal notification that a settlement has been reached regarding the above-referenced claim. Based on our investigation and the documentation provided, the claim has been declared settled under the following terms:

- **Total Settlement Amount:** $[Insert Amount]
- **Payment Method:** [Insert Method, e.g., Check/Electronic Transfer]
- **Payee:** [Insert Payee Name]

This settlement is intended as a full and final resolution of all claims, known or unknown, arising out of the incident mentioned above. By accepting this payment, you agree to release [Company Name/Insured Name] from any further liability regarding this specific matter.

The payment will be issued within [Number] business days from the date of this letter.

If you have any questions regarding this declaration, please contact the undersigned at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]
[Name of Adjuster/Representative]
[Title]
[Company Name]