

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

[Date]

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

RE: Notice of Settlement Acceptance

Claim Number: [Insert Claim Number]
Insured Party: [Insert Name of Insured]
Date of Loss: [Insert Date of Incident]

Dear [Adjuster's Name],

This letter serves as formal written confirmation that I accept the settlement offer of \$[Insert Total Amount] to resolve all claims related to the above-referenced matter.

It is my understanding that this amount represents a full and final settlement for [specify: e.g., bodily injury, property damage, or both].

Please forward the necessary release forms and the settlement check to the address listed above. Upon receipt and review of the release documents, I will sign and return them to your office promptly.

Thank you for your assistance in resolving this claim.

Sincerely,

[Your Signature]

[Your Printed Name]