

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Confirmation of Claim Payout - Claim #[Claim Number]

Dear [Policyholder Name],

We are writing to confirm that your claim regarding [Brief Description of Incident, e.g., Auto Accident / Property Damage] has been processed and approved.

The details of the payout are as follows:

- **Claim Number:** [Claim Number]
- **Policy Number:** [Policy Number]
- **Total Settlement Amount:** \$[Amount]
- **Deductible Applied:** \$[Amount]
- **Net Payment Amount:** \$[Amount]
- **Payment Method:** [Check / Direct Deposit]
- **Issued Date:** [Date]

If you have selected payment via direct deposit, please allow 3 to 5 business days for the funds to appear in your account. If the payment is being sent by mail, you should receive the check within 7 to 10 business days.

This payment represents the [Final / Partial] settlement for your claim. By accepting this payment, you acknowledge the resolution of this claim according to the terms of your insurance policy.

If you have any questions regarding this payment or require further assistance, please contact your claims adjuster, [Adjuster Name], at [Adjuster Phone Number] or email [Adjuster Email].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Signature]
[Name of Claims Representative]

[Title]

[Insurance Company Name]