

[Date]

[Recipient Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Re: Final Claim Settlement
Claim Number: [Claim Number]
Policy Number: [Policy Number]

Dear [Recipient Name],

Please find enclosed the check for your final claim settlement regarding the loss occurring on [Date of Loss]. This payment represents the full and final settlement of your claim.

We would like to sincerely thank you for your patience and cooperation throughout the evaluation and processing period. We understand that the claims process can be a difficult time, and we appreciate the opportunity to resolve this matter for you.

If you have any questions regarding the calculation of this settlement or the details of your coverage, please do not hesitate to contact me directly at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Your Name]
[Your Title]
[Company Name]

Enclosure: Settlement Check #[Check Number]