

Insurance Claim Settlement Confirmation

Date: [Date]

Policyholder Name: [Policyholder's Name]

Policy Number: [Policy Number]

Claim Number: [Claim Number]

Dear [Policyholder's Name],

We are pleased to inform you that your insurance claim regarding [brief description of the claim] has been reviewed and approved. The settlement amount of [settlement amount] will be processed and should be credited to your account within [time frame].

Thank you for your patience during the claims process. If you have any questions or require further assistance, please do not hesitate to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]