

# Accident Insurance Claim Resolution Check

Date: [Insert Date]

To,

[Recipient's Name]

[Insurance Company's Name]

[Insurance Company's Address]

Subject: Accident Insurance Claim Resolution Check

Dear [Recipient's Name],

We are writing to inform you that your claim for the accident insurance policy number [Insert Policy Number] has been processed successfully. Following our review, we are pleased to enclose a check in the amount of [Insert Amount] as a resolution for your claim.

Please find the details of the claim and check enclosed below:

- **Policy Number:** [Insert Policy Number]
- **Claim Number:** [Insert Claim Number]
- **Amount Paid:** [Insert Amount]
- **Date of Accident:** [Insert Date]

We recommend that you deposit this check at your earliest convenience, as it is valid for a limited period. Should you have any questions or require further assistance, please do not hesitate to contact our claims department at [Insert Contact Number] or [Insert Email Address].

Thank you for choosing [Insurance Company's Name]. We value your trust and look forward to serving you in the future.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company's Name]

[Insurance Company's Address]

[Contact Number]