

Insurance Proceeds Distribution Letter

Date: [Insert Date]

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

[Recipient Name]
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

Re: Insurance Proceeds Distribution for Auto Accident Settlement

This letter serves to outline the distribution of insurance proceeds resulting from the settlement of the auto accident that occurred on [insert date of accident]. The settlement amount has been confirmed at [insert settlement amount].

The proceeds will be distributed as follows:

- Claimant: [Insert Claimant Name] - Amount: [Insert Amount]
- Medical Provider: [Insert Provider Name] - Amount: [Insert Amount]
- Legal Fees: [Insert Law Firm Name] - Amount: [Insert Amount]

Total Amount Distributed: [Insert Total Amount]

Please confirm receipt of this distribution arrangement and do not hesitate to reach out if you have any questions or require further clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Position, if applicable]
[Your Company Name, if applicable]