

Insurance Claim Disbursement Details

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Disbursement Information

Amount Approved for Disbursement: [Insert Amount]

Disbursement Method: [Insert Method e.g., Bank Transfer, Check]

Transfer Date: [Insert Transfer Date]

Contact Information

If you have any questions regarding this disbursement, please contact us at:

Phone: [Insert Phone Number]

Email: [Insert Email Address]

Thank you for choosing our services.