

Insurance Compensation Disbursement Summary

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to provide you with a summary of the compensation disbursement related to your insurance claim, reference number [Claim Number]. Below are the details of the compensation:

Disbursement Summary

Description	Amount
Claim Amount Approved	#[Amount]
Deductible Amount	-#[Deductible]
Total Amount Disbursed	#[Total Disbursed]

Please allow [Number of Days] days for the funds to be processed and deposited to your account.

If you have any questions regarding this summary or your claim, please feel free to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Contact Information]