

Insurance Proceeds Distribution Details

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to provide you with the detailed distribution of insurance proceeds related to the claim number [Insert Claim Number]. Below you will find the specifics of the distribution:

Insurance Claim Details

- **Policyholder:** [Policyholder's Name]
- **Claim Number:** [Insert Claim Number]
- **Claim Amount:** [Insert Total Claim Amount]
- **Approved Amount for Distribution:** [Insert Approved Amount]

Distribution Breakdown

Recipient	Amount	Payment Method
[Recipient 1 Name]	[Insert Amount]	[Insert Payment Method]
[Recipient 2 Name]	[Insert Amount]	[Insert Payment Method]

If you have any questions regarding this distribution or need further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]