

Insurance Settlement Disbursement Information

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

Re: Insurance Policy Number [Insert Policy Number]

We are pleased to inform you that your insurance claim has been approved, and the disbursement details are as follows:

Claim Amount: \$[Insert Amount]

Disbursement Method: [Insert Method, e.g., check, direct deposit]

Payment Date: [Insert Date]

Reference Number: [Insert Reference Number]

If you have any questions regarding this settlement, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]