

Insurance Indemnity Confirmation

Date: [Insert Date]

To,

[Beneficiary's Name]

[Beneficiary's Address]

[City, State, Zip Code]

Dear [Beneficiary's Name],

We are writing to confirm the indemnity payment that has been approved for you under policy number [Insert Policy Number]. This payment is made in accordance with the terms of the insurance policy following the unfortunate event that occurred on [Insert Date of Incident].

The approved indemnity amount is [Insert Amount], which will be disbursed to you via [Insert Method of Payment] within [Insert Time Frame]. Please ensure that you provide us with any necessary documents, if not already provided, to facilitate this process.

If you have any questions or require further information, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your patience during this process.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company's Name]

[Company's Address]

[City, State, Zip Code]