Insurance Claim Payout Document

**Cover Letter**  
  
Date: 2024-03-17  
  
To John Doe,  
  
Subject: Insurance Claim Payout - SF-987654321  
  
Dear John Doe,  
  
*We are writing to inform you of the conclusion of our investigation regarding your recent claim filed with us for your Toyota vehicle, following the incident on March 1, 2024. Given the circumstances and the substantial damages incurred, we have concluded our assessment and have decided to approve your claim.  
  
The payout for this claim has been set at $100,000, reflecting the severe damages and the unique circumstances of the incident. This amount will be transferred to the bank account associated with your policy. We have attached detailed documentation of the claim processing and payout information for your records.  
  
Should you have any further inquiries or require additional support, please feel free to reach out to our customer service team at (309) 766-2311. We are dedicated to assisting you.  
  
Thank you for your patience and understanding throughout this process.  
  
Sincerely,  
  
State Farm Insurance*

Insurance Company: State Farm Insurance

Address: One State Farm Plaza, Bloomington, IL 61710

Phone: (309) 766-2311

Policyholder Name: John Doe

Policy Number: SF-987654321

Driver License: D123-4567-8902

Social Security Number: 987-65-4321

Claim Details:

Date of Incident: 2024-03-01

Claim Number: CL-123456789

Claim Type: Total Loss - Severe Damage

Payout Amount: $100,000

Payout Date: 2024-03-15

Bank Name: First Bank

Account Holder: John Doe

Account Number: 987654321