## **Insurance Claim Settlement Agreement**

## **Parties**

Insured Name			
Insurance Company			
Claim Details			
Claim Number			
Date of Loss/Incident			
Description of Incident			
Settlement Term	IC		
Settlement Amount			
Settlement Amount			
0.441			
Settlement Terms and Con	aitions		
Other Provisions	•		
L			
Insured Signature			

Authorized Insurance Company Representative					