

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Adjuster Name]
[Insurance Company Name]
[Insurance Company Address]

RE: Settlement Demand Letter
Claimant: [Your Name]
Insured: [Other Driver's Name]
Claim Number: [Claim Number]
Date of Loss: [Date of Accident]

Dear [Adjuster Name],

This letter serves as my formal demand for settlement regarding the personal injuries and damages I sustained in a motor vehicle collision caused by your insured on [Date of Accident] at [Location].

Description of the Accident

On the date mentioned above, I was [describe what you were doing, e.g., stopped at a red light]. Your insured was [describe their actions, e.g., traveling at a high rate of speed] and struck my vehicle. [Mention any police report or citations issued].

Injuries and Medical Treatment

As a direct result of this collision, I suffered the following injuries: [list injuries]. I sought immediate medical attention at [Facility Name]. My treatment included [list treatments, e.g., physical therapy, X-rays, MRIs, medication].

Medical Expenses and Economic Damages

Below is a summary of my medical expenses:

- [Provider Name]: \$[Amount]
- [Provider Name]: \$[Amount]
- [Provider Name]: \$[Amount]
- **Total Medical Expenses: \$[Total Amount]**

In addition to medical bills, I suffered lost wages in the amount of \$[Amount] because I was unable to work from [Start Date] to [End Date].

Pain and Suffering

The injuries I sustained have caused significant physical pain and emotional distress. [Describe how the injury affected your daily life, hobbies, and general well-being].

Demand for Settlement

Based on the clear liability of your insured and the damages documented above, I am requesting a total settlement of \$[Insert Total Dollar Amount].

This offer is made for the purpose of settlement only. I look forward to receiving your response within 30 days.

Sincerely,

[Your Signature]

[Your Printed Name]