

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

[Date]

[Insurance Adjuster Name]
[Insurance Company Name]
[Claim Number]
[Policy Number]

RE: Notice of Settlement Demand

Date of Incident: [Date of Incident]

Location: [Address of Business/Property where fall occurred]

Claimant: [Your Name]

Dear [Adjuster Name],

I am writing to formally demand a settlement for the injuries and losses I sustained on [Date of Incident] at [Location]. I was injured due to a dangerous condition on the premises that [Insured Name] failed to address or warn against.

Description of Incident

On the date mentioned above, I was [Describe what you were doing, e.g., walking through the grocery aisle]. I slipped and fell on [Describe hazard, e.g., a large puddle of liquid/ice/uneven flooring]. There were no warning signs present to alert me to this hazard.

Liability

The owner/operator of the property had a duty of care to maintain a safe environment. They breached this duty by allowing a hazardous condition to exist. Had the area been properly maintained or marked, this accident would not have occurred.

Injuries and Medical Treatment

As a direct result of this fall, I sustained the following injuries: [List injuries, e.g., broken wrist, concussion, lower back strain]. I have received treatment from [List doctors/hospitals] including [List treatments, e.g., X-rays, physical therapy, surgery].

Damages

My total damages include:

- Medical Expenses: \$[Amount]
- Lost Wages: \$[Amount]
- Future Medical Care: \$[Amount]
- Pain and Suffering: [Describe impact on daily life]

Settlement Demand

I am prepared to settle this claim in its entirety for the sum of \$[Total Amount Requested]. This offer is made for settlement purposes only and is valid for [Number] days from the receipt of this letter.

Enclosed are copies of my medical bills, records, and proof of lost wages.

Sincerely,

[Your Signature]

[Your Printed Name]