

[Your Name]
[Your Address]
[Your City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Claims Adjuster/Contact Person]
[Name of Insurance Company/Manufacturer]
[Address]
[City, State, Zip Code]

Re: NOTICE OF SETTLEMENT DEMAND

Claimant: [Your Full Name]
Insured/Manufacturer: [Name of Company]
Date of Incident: [Date of Injury]
Claim Number: [Claim Number, if known]

To [Name of Adjuster],

This letter serves as a formal demand for settlement regarding the personal injuries I sustained due to a defect in your product, [Product Name/Model Number], on [Date of Incident].

I. DESCRIPTION OF THE INCIDENT

On [Date], I was using the product for its intended purpose when [describe how the product failed or malfunctioned]. The product was defective because [explain the defect: design, manufacturing, or failure to warn]. As a direct result of this defect, I suffered the following injuries: [briefly list injuries].

II. LIABILITY

[Manufacturer/Company Name] is liable for my damages under the theories of strict product liability and negligence. The product reached me without substantial change in its condition and was unreasonably dangerous during normal use. [Include any specific safety standards or recalls if applicable].

III. MEDICAL TREATMENT AND DAMAGES

Immediately following the incident, I sought medical attention at [Name of Hospital/Clinic]. My diagnosis included [List diagnoses]. My treatment involved [list treatments, e.g., surgery, physical therapy, medications].

As a result of these injuries, I have incurred the following economic damages:

- Medical Expenses: \$[Amount]
- Lost Wages: \$[Amount]

- Out-of-Pocket Costs: \$[Amount]

Furthermore, I have suffered significant non-economic damages, including [mention physical pain, emotional distress, loss of enjoyment of life, or permanent scarring].

IV. SETTLEMENT DEMAND

Based on the liability of your company and the severity of my injuries, I hereby demand the sum of \$[Total Dollar Amount] to settle this claim in its entirety. This offer is made for the purpose of settlement only and is valid for [Number] days from the date of this letter.

I have attached copies of my medical records, billing statements, and proof of lost wages for your review.

Sincerely,

[Your Signature]

[Your Printed Name]