

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

[Date]

[Adjuster Name]  
[Insurance Company Name]  
[Company Address]  
RE: Settlement Demand Letter

**Claimant:** [Your Full Name]  
**Employer:** [Employer Name]  
**Date of Injury:** [Date]  
**Claim Number:** [Claim Number]

Dear [Adjuster Name],

This letter serves as my formal demand for settlement regarding the workplace injuries I sustained on [Date] while performing my duties at [Employer Name].

### **Description of Incident**

[Provide a clear, factual description of how the accident happened. Describe the unsafe conditions or specific actions that led to the injury.]

### **Medical Treatment and Injuries**

As a direct result of this accident, I sustained the following injuries: [List injuries].

I received treatment from [Doctor/Hospital Name]. My treatment included [List treatments: surgery, physical therapy, medications, etc.]. According to my medical providers, my prognosis is [Status of recovery].

### **Economic Damages (Medical Expenses and Lost Wages)**

- Medical Expenses to Date: \$[Amount]
- Future Estimated Medical Expenses: \$[Amount]
- Lost Wages (Total time out of work): \$[Amount]
- Total Economic Damages: \$[Amount]

### **Non-Economic Damages (Pain and Suffering)**

Beyond the financial costs, this injury has caused significant physical pain and emotional distress. [Briefly describe how the injury impacted your daily life, hobbies, or mental health].

## Settlement Demand

After reviewing the facts of the case, the clear liability of the employer, and the total damages incurred, I hereby demand a total settlement of \$[Total Amount requested].

This offer is made for the purpose of settlement only. I look forward to your response within [Number of days, e.g., 30] days.

Sincerely,

[Your Signature]

[Your Printed Name]