

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

[Date]

[Adjuster Name]  
[Insurance Company Name]  
[Address]  
[City, State, Zip Code]

### **RE: Notice of Settlement Demand**

**Claimant:** [Your Name]  
**Insured:** [Name of At-Fault Driver]  
**Claim Number:** [Claim Number]  
**Date of Loss:** [Date of Accident]

To [Adjuster Name],

Please accept this letter as a formal demand for settlement regarding the motorcycle accident that occurred on [Date] at [Location]. I was traveling [Direction] on [Street Name] when your insured, [Insured Name], negligently caused a collision by [Briefly describe the fault, e.g., failing to yield/making an illegal left turn].

### **Liability**

The police report (attached) confirms that your insured was at fault. Witnesses state that [Brief witness statement]. As a motorcyclist, I had the right of way, and your insured's failure to maintain a proper lookout resulted in a direct collision with my vehicle.

### **Injuries and Treatment**

As a result of the impact, I was thrown from my motorcycle and sustained the following injuries:

- [List Injury 1, e.g., Road rash on left arm]
- [List Injury 2, e.g., Fractured tibia]
- [List Injury 3, e.g., Concussion]

I received emergency treatment at [Hospital Name] and followed up with [Specialist Name] for [Number] weeks of physical therapy. These injuries have caused significant physical pain and have interfered with my daily life.

### **Damages and Economic Losses**

My medical expenses and financial losses are as follows:

- [Hospital Name] (Emergency Room): \$[Amount]
- [Clinic Name] (Follow-up): \$[Amount]
- Physical Therapy: \$[Amount]
- Lost Wages ([Number] days): \$[Amount]
- Motorcycle Repair/Replacement: \$[Amount]
- **Total Hard Costs: \$[Total Amount]**

### **General Damages (Pain and Suffering)**

The trauma of this crash and the recovery period have caused substantial emotional distress and loss of enjoyment of life. I am seeking compensation for the physical pain and permanent scarring resulting from this incident.

### **Settlement Demand**

In consideration of the facts stated above, I am demanding a total settlement of **\$\$[Total Demand Amount]** to resolve this claim. This offer is made for the purpose of settlement only and is valid for [Number, e.g., 14] days from the receipt of this letter.

Sincerely,

[Your Signature]

[Your Printed Name]