

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

[Date]

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

Re: Notice of Settlement Demand

Claimant: [Your Full Name]

Insured: [Name of Driver]

Claim Number: [Claim Number]

Date of Incident: [Date of Accident]

Dear [Adjuster Name],

This letter serves as my formal demand for settlement regarding the personal injuries and damages I sustained when I was struck by your insured's vehicle on [Date] at [Location/Intersection].

Statement of Facts

On the date of the incident, I was walking as a pedestrian [describe action, e.g., crossing within a marked crosswalk]. Your insured was operating a [Year, Make, Model of Vehicle] when they [describe negligence, e.g., failed to yield, ran a red light, or was speeding], resulting in a direct collision with my person.

Liability

The police report [Number] indicates that your insured was at fault for the accident. The evidence shows that I had the right of way and your insured breached their duty of care to operate their vehicle safely.

Injuries and Medical Treatment

As a result of being struck by the vehicle, I suffered the following injuries: [List injuries, e.g., broken leg, concussion, road rash]. I was transported to [Hospital Name] and have since undergone the following treatments: [List surgeries, physical therapy, or specialist visits].

Damages

My medical expenses to date total \$[Amount]. I have also suffered a loss of wages in the amount of \$[Amount] due to [Number] days of missed work. Furthermore, I have experienced significant pain, suffering, and physical limitations during my recovery.

Settlement Demand

Based on the clear liability of your insured and the extent of my damages, I am demanding a

total settlement of \$[Total Amount requested] to resolve this claim. This offer is made for the purpose of settlement only.

I look forward to your response within [Number] days.

Sincerely,

[Your Signature]

[Your Printed Name]