

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

[Date]

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

Re: Notice of Settlement Demand
Claimant: [Your Name]
Insured: [Driver's Name]
Claim Number: [Claim Number]
Date of Loss: [Date of Accident]

Dear [Adjuster Name],

As you are aware, I was injured in a bicycle collision caused by your insured on [Date] at [Location]. This letter serves as my formal demand for settlement of my personal injury claim.

Description of the Accident

On the date mentioned above, I was operating my bicycle in a lawful manner when your insured [Description of negligence, e.g., failed to yield right of way / opened a car door / turned into my path]. The police report [Report Number] confirms your insured was at fault for the collision.

Injuries and Medical Treatment

As a direct result of this collision, I sustained the following injuries: [List injuries, e.g., broken collarbone, road rash, concussion]. I received treatment at [Hospital/Clinic Name] and underwent [List treatments, e.g., surgery, physical therapy, X-rays]. My recovery lasted [Number] weeks/months.

Property Damage

My bicycle, a [Make/Model], was [Totaled/Damaged] in the crash. The cost of repair/replacement is \$[Amount]. Additionally, my [List gear, e.g., helmet, cycling computer, clothing] were destroyed, totaling \$[Amount].

Economic Damages

Medical Expenses: \$[Total Amount]

Lost Wages: \$[Total Amount]

Property Damage: \$[Total Amount]

Total Economic Loss: \$[Sum of above]

Non-Economic Damages

The collision caused significant pain and suffering, as well as [List other impacts, e.g., loss of

enjoyment of life, inability to train for events]. I am seeking compensation for these damages in the amount of \$[Amount].

Settlement Demand

I am prepared to settle this claim in its entirety for the sum of \$[Total Demand Amount]. This offer is made for the purpose of settlement only and is valid for [Number, e.g., 30] days from the date of this letter.

I have enclosed all relevant medical records, bills, and repair estimates. I look forward to your response.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: Police Report, Medical Bills, Medical Records, Property Repair Estimates, Proof of Lost Wages.