

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

[Date]

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

Re: Notice of Settlement Demand

Claimant: [Your Full Name]
Insured: [Trucking Company Name / Driver Name]
Claim Number: [Claim Number]
Date of Loss: [Date of Accident]

Dear [Adjuster Name],

This letter serves as a formal demand for settlement regarding the personal injuries and damages I sustained in a commercial truck accident involving your insured on [Date] at [Location].

Description of the Incident

On the date mentioned above, I was traveling [Direction] on [Street/Highway Name]. Your insured, operating a [Year, Make, Model of Truck], [Describe the accident: e.g., rear-ended my vehicle while I was stopped at a red light]. The police report [Report Number] confirms that your insured was at fault for [Violation, e.g., failure to yield or speeding].

Liability

The evidence indicates that your insured driver was negligent. Furthermore, under the doctrine of respondeat superior, the trucking company is liable for the actions of its employee. The driver failed to exercise reasonable care, resulting in the collision.

Injuries and Medical Treatment

As a direct result of this collision, I suffered [List injuries: e.g., a concussion, herniated discs, and soft tissue damage]. I have undergone the following treatments:

- Emergency Room visit at [Hospital Name]
- [Number] sessions of Physical Therapy
- [List other treatments: e.g., MRI, Specialist consultations]

Economic Damages

My total medical expenses to date amount to \$[Amount]. Additionally, I have lost \$[Amount] in wages due to my inability to work from [Start Date] to [End Date]. Supporting documentation is attached.

General Damages (Pain and Suffering)

Beyond financial loss, this accident has caused significant physical pain, emotional distress, and loss of enjoyment of life. [Briefly describe impact on daily life].

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] days from the receipt of this letter.

I look forward to your prompt response.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

- Police Report
- Medical Bills and Records
- Wage Loss Verification