

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

[Date]

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

**RE: Uninsured Motorist Claim**

**Claim Number:** [Claim Number]

**Date of Loss:** [Date of Accident]

**Policyholder:** [Your Name]

**Uninsured Driver:** [Driver Name]

Dear [Adjuster Name],

As you are aware, I was involved in a motor vehicle accident with an uninsured motorist on [Date of Accident] at [Location]. This letter serves as my formal demand for settlement of my personal injury claim under my Uninsured Motorist (UM) coverage.

**Description of the Accident**

The accident occurred when [Briefly describe how the accident happened, e.g., the uninsured driver ran a red light and struck my vehicle]. The police report, which is attached, confirms that the other driver was 100% at fault and was operating an uninsured vehicle at the time of the collision.

**Injuries and Medical Treatment**

As a direct result of this collision, I sustained the following injuries: [List injuries, e.g., cervical strain, concussion, broken wrist]. I received treatment from the following providers: [List hospitals/doctors]. My treatment included [List treatments, e.g., X-rays, physical therapy, medication].

**Medical Expenses and Economic Damages**

My total medical expenses to date are:

- [Provider Name]: \$[Amount]
- [Provider Name]: \$[Amount]
- **Total Medical Specials: \$[Total Amount]**

Additionally, I missed [Number] days of work, resulting in a loss of wages totaling \$[Amount].

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

The injuries I sustained have caused significant physical pain and emotional distress. My daily life was impacted by [Describe limitations, e.g., inability to lift my child, sleep disturbances, inability to drive for six weeks].

**Settlement Demand**

Based on the clear liability of the uninsured motorist and the extent of my damages, I am hereby demanding a settlement of \$[Total Dollar Amount] to fully resolve this claim. This offer is made for the purpose of settlement only.

I have attached all relevant medical records, bills, and the police report. I look forward to receiving your response within [Number, e.g., 30] days.

Sincerely,

[Your Signature]

[Your Printed Name]