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

[Date]

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

RE: Notice of Claim / Demand for Settlement
Claim Number: [Claim Number]
Insured Party: [Name of At-Fault Driver]
Date of Incident: [Date of Accident]
Location of Incident: [Location/City/State]

Dear [Claims Adjuster Name],

This letter serves as my formal demand for settlement regarding the personal injuries and damages I sustained in the motor vehicle accident involving your insured on the date mentioned above.

Statement of Facts

On [Date] at approximately [Time], I was traveling [Direction] on [Street Name]. Your insured, [Driver Name], was operating a [Year/Make/Model of Vehicle]. The accident occurred when [Briefly describe how the accident happened, e.g., your insured rear-ended my vehicle while I was stopped at a red light].

Liability

The police report (attached) clearly indicates that your insured was at fault for the collision. Your insured breached their duty of care by [describe negligence, e.g., failing to maintain a safe following distance], which directly caused the accident and my resulting injuries.

Injuries and Medical Treatment

As a direct result of this collision, I sustained the following injuries: [List injuries, e.g., cervical strain, concussion, etc.]. Following the accident, I sought medical treatment at [List Hospitals/Clinics]. My treatment included [List treatments, e.g., X-rays, physical therapy, medication].

Damages

My damages include, but are not limited to, the following:

- **Medical Expenses:** $[Total Amount of Medical Bills]
- **Property Damage:** $[Cost of Vehicle Repair/Replacement]
- **Lost Wages:** $[Total Amount if you missed work]
- **Pain and Suffering:** [Describe the impact on your daily life]

Settlement Demand

I have attached copies of all medical records, billing statements, and the police report to support this claim. Based on the liability of your insured and the extent of my damages, I am prepared to settle this claim for the total amount 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 look forward to your response.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: Police Report, Medical Records, Medical Bills, Proof of Lost Wages, Photos of Damage.