

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

[Date]

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

Re: Initial Demand for Uninsured Motorist Benefits

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Date of Loss: [Date of Accident]

Insured: [Your Name]

Dear [Adjuster Name],

As previously reported, I was involved in a motor vehicle accident on [Date] at [Location]. The driver of the other vehicle, [Other Driver's Name], was found to be at fault for the collision. However, it has been confirmed that [Other Driver's Name] was uninsured at the time of the accident.

Therefore, I am submitting this formal demand for Uninsured Motorist (UM) benefits under my policy. This accident resulted in significant damages, including bodily injury, pain and suffering, and financial loss.

Summary of Incident:

[Briefly describe how the accident happened and why the other driver was at fault.]

Injuries and Medical Treatment:

As a direct result of this collision, I sustained the following injuries: [List injuries]. I have received treatment from [List doctors/hospitals]. Attached are the medical records and billing statements received to date.

Damages:

My current damages include, but are not limited to:

- Medical Expenses: \$[Amount]
- Lost Wages: \$[Amount]
- Property Damage: \$[Amount]
- General Damages (Pain and Suffering): [Describe impact on daily life]

Based on the liability of the uninsured driver and the extent of my damages, I am hereby demanding the sum of \$[Total Demand Amount] to settle this claim in its entirety.

Please review the enclosed documentation and respond to this demand within [Number, e.g., 30] days. I look forward to resolving this matter promptly.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [Police Report, Medical Bills, Medical Records, Wage Loss Verification]