

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

[Date]

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

RE: UNINSURED MOTORIST BODILY INJURY DEMAND

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Insured: [Your Name]

Date of Loss: [Date of Accident]

Dear [Adjuster Name],

This letter serves as a formal demand for settlement of my Uninsured Motorist (UM) bodily injury claim arising from the motor vehicle accident that occurred on [Date of Accident] at [Location].

Description of Accident

I was traveling [Direction] on [Street Name] when the uninsured driver, [Uninsured Driver Name], [describe how the accident happened, e.g., ran a red light and struck my vehicle]. The police report [Number] confirms the other driver was at fault and did not carry valid insurance 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, broken wrist, etc.]. I sought immediate medical attention at [Hospital/Clinic Name]. My treatment included [List treatments: X-rays, Physical Therapy, Surgery, etc.]. I continue to suffer from [List ongoing symptoms].

Medical Expenses and Economic Damages

My total economic losses are as follows:

- [Provider Name]: \$[Amount]
- [Provider Name]: \$[Amount]
- Lost Wages: \$[Amount]
- **Total Hard Costs: \$[Total Amount]**

General Damages (Pain and Suffering)

In addition to my medical bills, I have experienced significant physical pain, emotional distress, and loss of enjoyment of life. [Briefly describe how the injury impacted your daily life].

Demand

Based on the clear liability of the uninsured motorist and the extent of my damages, I hereby demand the sum of \$[Total Demand Amount] to fully and finally settle this claim. This offer shall remain open 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 Records, Medical Bills, Wage Verification.