

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

[Date]

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

**RE: UNINSURED MOTORIST CLAIM - DEMAND FOR POLICY LIMITS**

**Claim Number:** [Claim Number]  
**Insured:** [Your Name / Policy Holder Name]  
**Policy Number:** [Policy Number]  
**Date of Loss:** [Date of Accident]

Dear [Adjuster Name],

This letter serves as a formal demand for the full policy limits of the Uninsured Motorist (UM) coverage under the above-referenced policy. As you are aware, I sustained significant injuries and damages resulting from an automobile accident on [Date of Accident], caused by an uninsured motorist, [At-Fault Driver Name].

**Liability**

The evidence clearly demonstrates that the uninsured driver was 100% at fault for the collision. [Insert brief sentence about the police report or accident facts]. Because the tortfeasor carried no insurance, I am looking to my own UM coverage for indemnification.

**Injuries and Medical Treatment**

As a direct result of this accident, I suffered the following injuries: [List injuries, e.g., herniated discs, broken bones, etc.]. My treatment included [List treatments, e.g., emergency room visit, surgery, physical therapy]. Attached are the medical records and billing statements confirming these injuries.

**Damages**

My total damages, including medical expenses, lost wages, and pain and suffering, far exceed the available UM policy limits of \$[Policy Limit Amount]. To date, my special damages are as follows:

- Medical Expenses: \$[Total Medical Costs]
- Lost Wages: \$[Total Lost Wages]
- Future Medical Costs: \$[Estimated Amount]

**Settlement Demand**

In light of the clear liability and the severity of my injuries which exceed the policy coverage, I hereby demand the full policy limit of **[\$Policy Limit Amount]** to settle this claim in its entirety.

This offer shall remain open for [Number of Days, e.g., 30] days from the date of this letter. Failure to tender the policy limits within this timeframe may result in further legal action to protect my interests.

I look forward to your prompt response.

Sincerely,

[Your Signature]

[Your Printed Name]

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