

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

[Date]

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

**RE: Uninsured Motorist Claim**

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

Dear [Adjuster Name],

I am writing to formally submit this demand for settlement regarding my Uninsured Motorist (UM) claim arising from the motor vehicle accident that occurred on [Date of Accident] at [Location of Accident].

**Description of Accident**

On the date mentioned above, I was traveling [Direction] on [Street Name] when the adverse driver, [Adverse Driver Name], failed to [Describe Action, e.g., stop at a red light/yield right of way] and struck my vehicle. The police report (attached) confirms that the adverse driver was 100% at fault. It has been verified that the adverse driver was uninsured at the time of the collision.

**Medical Treatment and Injuries**

As a direct result of this collision, I sustained the following injuries: [List Injuries]. I sought medical treatment at [List Hospitals/Clinics]. My treatment included [List treatments, e.g., X-rays, Physical Therapy, Surgery]. I continue to suffer from [Mention any ongoing pain or limitations].

**Medical Expenses**

Below is a summary of my medical bills to date:

- [Provider Name]: \$[Amount]
- [Provider Name]: \$[Amount]
- [Provider Name]: \$[Amount]

**Total Medical Specials: \$[Total Amount]**

**Lost Wages**

Due to my injuries, I was unable to work from [Start Date] to [End Date]. My lost wages total \$[Amount], as documented by the attached employer verification.

**General Damages**

The injuries I sustained have caused significant physical pain, emotional distress, and loss of enjoyment of life. I have been unable to perform daily activities such as [List activities].

**Demand**

Based on the clear liability of the uninsured driver and the extent of my damages, I hereby demand a settlement of \$[Total Demand Amount] to resolve this claim in its entirety. This offer is made for the purpose of settlement only.

I look forward to hearing from you within [Number, e.g., 30] days.

Sincerely,

[Your Signature]

[Your Printed Name]

**Enclosures:**

Police Report

Medical Records and Bills

Wage Loss Verification

Photographs of Vehicle Damage and Injuries