

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

[Date]

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

RE: Uninsured Motorist Claim for Lost Wages
Claim Number: [Claim Number]
Date of Loss: [Date of Accident]
Insured: [Your Full Name]

Dear [Adjuster Name],

This letter serves as a formal demand for reimbursement of lost wages under my Uninsured Motorist coverage. Due to the injuries sustained in the motor vehicle accident on [Date of Accident] caused by an uninsured driver, I was unable to perform my job duties and missed work as a result.

I am seeking compensation for the following period of absence:

- Total Days/Hours Missed: [Number of days or hours]
- Dates of Absence: From [Start Date] to [End Date]
- Rate of Pay: \$[Hourly rate or Salary amount]
- Total Lost Wages Claimed: \$[Total amount]

I have enclosed the following documentation to support this claim:

- A letter from my employer verifying my position, rate of pay, and the specific dates/hours missed from work.
- A medical note from my physician stating that I was unable to work during this period due to injuries sustained in the accident.
- [Optional: Recent pay stubs or W-2 forms confirming average earnings].

Please review these documents and process my payment for lost wages. I look forward to receiving a response regarding this claim within [Number of days, e.g., 15] business days.

Sincerely,

[Your Signature]

[Your Printed Name]