

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

[Date]

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

Re: Uninsured Motorist Claim (Hit and Run)  
Claim Number: [Insert Claim Number]  
Policy Number: [Insert Policy Number]  
Date of Incident: [Insert Date of Accident]  
Location of Incident: [Insert Location]

Dear [Adjuster Name],

As previously reported, I was involved in a motor vehicle accident on [Date] at approximately [Time]. I was struck by a driver who fled the scene without stopping to provide identification or insurance information. A police report was filed with the [Police Department Name] under case number [Case Number]. Despite efforts by law enforcement, the driver remains unidentified.

Because the responsible party is unknown and therefore uninsured, I am submitting this formal demand for settlement under the Uninsured Motorist (UM) coverage of my policy.

**Description of Incident:**

[Briefly describe how the hit and run happened, e.g., I was stopped at a red light when a silver sedan struck my rear bumper and sped away.]

**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]. My medical expenses to date total \$[Amount]. I continue to experience [Mention ongoing symptoms or needed future treatment].

**Property Damage and Other Losses:**

My vehicle sustained significant damage, with repair estimates totaling \$[Amount]. Additionally, I have lost \$[Amount] in wages due to my inability to work during recovery.

**Demand for Settlement:**

Enclosed are copies of the police report, medical records, billing statements, and repair estimates. Based on the liability of the phantom driver and the damages I have incurred, I hereby demand the sum of \$[Total Demand Amount] to settle this claim in its entirety.

I look forward to receiving your response within 30 days. This offer is made for the purpose of settlement only.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [Police Report, Medical Records, Bills, Proof of Wage Loss, Repair Estimates]