

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

[Date]

[Adjuster's Name]
[Insurance Company Name]
[Insurance Company Address]

RE: Uninsured Motorist Claim

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

Dear [Adjuster's Name],

As you are aware, I was involved in a motor vehicle accident on [Date] with an uninsured driver. This letter serves as my formal demand for a final settlement of my Uninsured Motorist (UM) claim under the terms of my policy.

Description of Incident

On [Date], at approximately [Time], I was traveling [Location/Street Name]. The uninsured driver, [Uninsured Driver's Name], failed to [describe fault, e.g., stop at a red light/yield] and struck my vehicle. Police report #[Report Number] confirms that the other party was 100% at fault and was operating the vehicle without 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]. I have completed my medical treatment, which included [list treatments, e.g., emergency room visit, physical therapy, specialist consultations].

Special Damages (Economic Losses)

My total medical expenses and lost wages are as follows:

- [Provider Name]: \$[Amount]
- [Provider Name]: \$[Amount]
- Lost Wages: \$[Amount]
- **Total Special Damages: \$[Total Amount]**

General Damages (Pain and Suffering)

The injuries I sustained caused significant physical pain, emotional distress, and disruption to my daily life for [Number] months. I am requesting compensation for the pain and suffering endured as a result of this incident.

Settlement Demand

Based on the clear liability of the uninsured motorist and the documentation provided, I am hereby demanding a final settlement of **[\$[Total Demand Amount]** to resolve this claim in its entirety.

Please respond to this demand within [Number, e.g., 30] days. I look forward to resolving this matter promptly.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

Police Report

Medical Records and Bills

Proof of Lost Wages

Photos of Vehicle Damage and Injuries