

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

[Date]

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

RE: Uninsured Motorist Claim

Claim Number: [Claim Number]

Policy Number: [Policy Number]

Insured: [Your Name]

Date of Loss: [Date of Accident]

Dear [Adjuster Name or Claims Department],

This letter serves as my formal demand for settlement of my Uninsured Motorist (UM) claim arising from the motor vehicle accident that occurred on [Date of Accident] at [Location of Accident].

Description of Accident

I was operating my vehicle when I was struck by [Name of Uninsured Driver], who was driving a [Year/Make/Model of Vehicle]. The police report [Attach Report] confirms that the other driver was 100% at fault for the collision and was operating the vehicle without valid insurance coverage.

Injuries and Medical Treatment

As a direct result of this collision, I sustained the following injuries: [List injuries, e.g., cervical strain, fractured wrist, etc.]. I sought immediate medical attention at [Facility Name] and have since undergone treatment including [List treatments, e.g., physical therapy, injections, surgery].

Pain and Suffering

The physical pain and emotional distress resulting from this accident have been significant. I have experienced [Describe physical limitations, sleep loss, inability to perform daily tasks, or loss of enjoyment of life]. This injury has impacted my life by [Describe specific examples of how your life has changed]. These intangible losses represent a substantial portion of my claim.

Summary of Damages

Medical Expenses: \$[Total Amount]

Lost Wages: \$[Total Amount]

General Damages (Pain and Suffering): \$[Requested Amount]

Total Settlement Demand: \$[Total Sum of All Damages]

Enclosed are copies of all medical records, billing statements, and proof of lost wages related to this claim. I look forward to receiving your response and settling this matter within [Number, e.g., 30] days.

Sincerely,

[Your Signature]

[Your Printed Name]