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

[Date]

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

RE: Notice of Settlement Demand
Claimant: [Your Name / Client Name]
Insured: [Trucking Company Name and Driver Name]
Claim Number: [Claim Number]
Date of Loss: [Date of Accident]

Dear [Adjuster Name],

As you are aware, this firm represents [Client Name] regarding the injuries sustained in a motor vehicle collision caused by your insured on [Date] at [Location]. This letter serves as a formal demand for settlement of this claim.

Description of Incident
On the date of the incident, your insured was operating a commercial vehicle (Year/Make/Model) when they [describe negligence, e.g., failed to yield, rear-ended the claimant, etc.]. The police report [Number] clearly places liability on your insured driver for violating [Statute/Traffic Law].

Injuries and Medical Treatment
As a direct result of the collision, [Client Name] suffered the following injuries: [List injuries, e.g., cervical strain, broken arm, etc.]. Treatment included [List treatment, e.g., emergency room visit, physical therapy, imaging].

Summary of Damages
Our records indicate the following economic damages to date:

- Medical Expenses: $[Amount]
- Future Estimated Medical Costs: $[Amount]
- Lost Wages: $[Amount]
- Property Damage: $[Amount]

Total Economic Damages: $[Total Amount]

In addition to these costs, [Client Name] has experienced significant pain, suffering, and loss of enjoyment of life due to this incident.

Settlement Demand
Based on the clear liability of your insured and the severity of the damages, [Client Name] is prepared to settle all claims against your insured for the total sum of **$[Demand Amount]**.

This offer is made for the purpose of settlement only and shall remain open for [Number] days from the date of this letter. We look forward to your response.

Sincerely,

[Your Signature]
[Your Printed Name]