

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

[Date]

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

RE: Personal Injury Claim

Claimant: [Your Name]
Insured: [Name of Property/Business Owner]
Date of Loss: [Date of Incident]
Claim Number: [Claim Number]

Dear [Adjuster Name],

As you are aware, I was injured on [Date of Incident] at [Location/Address of Incident] due to a dangerous condition existing on the premises. This letter serves as my formal demand for settlement of this claim.

Statement of Facts

On the date mentioned above, I was lawfully on the premises when I slipped and fell on [Describe Hazard, e.g., a wet floor with no warning signs/loose carpeting/ice]. The property owner knew or should have known of this hazard and failed to correct it or provide adequate warning. As a direct result of this negligence, I suffered significant injuries.

Medical Treatment and Injuries

Following the incident, I was treated at [Medical Facility Name] for [List Injuries, e.g., a fractured wrist and lower back strain]. My treatment included [List Treatments, e.g., X-rays, physical therapy, and medication]. I continue to experience [Mention any ongoing pain or limitations].

Damages

My medical expenses and financial losses are as follows:

- Medical Bills: \$[Amount]
- Lost Wages: \$[Amount]
- Out-of-Pocket Expenses: \$[Amount]
- **Total Economic Damages: \$[Total Amount]**

In addition to the costs above, I have suffered significant physical pain, emotional distress, and loss of enjoyment of life.

Demand

Based on the clear liability of your insured and the damages sustained, I hereby demand the sum of \$[Total Demand Amount] to settle this claim in its entirety. This offer is made for the purpose of settlement only.

I have attached all relevant medical records and bills for your review. I look forward to receiving your response within 30 days.

Sincerely,

[Your Signature]

[Your Printed Name]