

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

[Date]

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

RE: NOTICE OF INTENT TO SETTLE - STRICT LIABILITY DOG BITE CLAIM

Claim Number: [Claim Number]

Insured: [Dog Owner Name]

Incident Date: [Date of Incident]

Location: [Location of Incident]

Dear [Mr./Ms. Last Name],

This letter serves as a formal demand for settlement regarding the injuries I sustained when I was attacked and bitten by a dog owned by [Owner Name] on [Date].

Legal Liability

Under the applicable state statutes regarding dog bite strict liability, the owner of a dog is liable for damages suffered by any person who is bitten by the dog while in a public place or lawfully in a private place. I was lawfully present at the location mentioned above and did nothing to provoke the animal. As such, your insured is strictly liable for all medical expenses, lost wages, and pain and suffering resulting from this attack.

Statement of Facts

On [Date], at approximately [Time], the following occurred: [Briefly describe how the bite happened]. The bite resulted in [Describe specific injuries, e.g., deep punctures to the right forearm].

Medical Treatment and Damages

As a direct result of this incident, I required the following medical attention:

- [Date]: Emergency Room/Urgent Care visit at [Facility Name].
- [Date]: Follow-up treatment for [Infection/Sutures/Rabies shots].
- [List any physical therapy or psychological counseling].

My total medical expenses to date are \$[Amount]. Furthermore, I missed [Number] days of work, totaling \$[Amount] in lost wages.

General Damages

Beyond the economic losses, I have suffered significant physical pain, emotional distress, and [mention any permanent scarring or fear of animals]. This experience has impacted my daily life and mental well-being.

Settlement Demand

I am prepared to settle this claim and release your insured from further liability for the total sum of \$[Total Demand Amount]. This amount represents a fair compromise considering the strict liability nature of the claim and the documented damages.

This offer shall remain open for [Number, e.g., 21] days from the receipt of this letter. If we are unable to reach a settlement within this timeframe, I will have no choice but to refer this matter to legal counsel to initiate formal litigation.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [Medical Records, Medical Bills, Photos of Injuries, Proof of Lost Wages]