Date: [Insert Date]

TO: [Insurance Company Name/Adjuster Name]
Claim Number: [Insert Claim Number]
Insured Party: [Insert Name of At-Fault Party]
Date of Incident: [Insert Date of Accident]

RE: SETTLEMENT OFFER FOR BODILY INJURY CLAIMS ONLY

Dear [Adjuster Name],

This letter serves as a formal demand for settlement regarding the bodily injuries I sustained in the incident involving your insured on [Date of Accident].

Statement of Facts:
On the date mentioned above, the incident occurred at [Location]. As a result of your insured's negligence, I suffered the following injuries: [Briefly list injuries, e.g., concussion, broken arm, soft tissue damage].

Medical Treatment and Expenses:
I have received treatment from [List Hospitals/Doctors]. My total medical expenses to date are $[Insert Amount]. Attached are the relevant medical records and billing statements.

Loss of Earnings:
Due to these injuries, I was unable to work from [Start Date] to [End Date], resulting in a loss of income totaling $[Insert Amount]. Attached is a letter from my employer verifying these lost wages.

General Damages (Pain and Suffering):
Beyond financial loss, I have experienced significant physical pain, emotional distress, and loss of enjoyment of life during my recovery period.

Settlement Demand:
I am prepared to settle all bodily injury claims against your insured for the total sum of **$[Insert Total Demand Amount]**.

Release of Claims:
Upon receipt of the settlement funds, I agree to sign a full Release of Liability, discharging [Insured Name] and [Insurance Company] from any further claims arising specifically from bodily injuries related to this incident. This offer does not apply to any pending property damage claims unless otherwise stated.

This offer shall remain open for [Number] days from the date of this letter. I look forward to your prompt response.

Sincerely,

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