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

[Date]

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

RE: Notice of Settlement Offer and Release of Claims
Claimant: [Your Name]
Insured: [Name of Business/Property Owner]
Date of Incident: [Date of Fall]
Claim Number: [Claim Number]

Dear [Adjuster Name],

I am writing to formally propose a settlement regarding the personal injuries I sustained on [Date] at [Location of Incident]. As previously documented, the slip and fall occurred due to [Briefly state cause, e.g., a wet floor without warning signs], resulting in the following injuries: [List main injuries].

I have now completed my medical treatment. My total damages, including medical expenses, lost wages, and pain and suffering, are summarized below:

- Medical Expenses: $[Amount]
- Lost Wages: $[Amount]
- Other Out-of-Pocket Costs: $[Amount]
- Pain and Suffering: $[Amount]
- **Total Settlement Demand: $[Total Amount]**

Release of Claims

Upon receipt of the settlement amount of $[Total Amount], I, [Your Name], agree to release and forever discharge [Insured Party Name] and [Insurance Company Name] from any and all liability, claims, or causes of action arising out of the incident mentioned above. This release shall constitute a full and final settlement of all claims related to this matter.

This offer is made for the purpose of settlement only and shall remain open for [Number, e.g., 15] business days from the date of this letter. I have attached all supporting medical bills and records to this correspondence.

I look forward to your prompt response.

Sincerely,

[Your Signature]

[Your Printed Name]