

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

[Date]

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

**Re: SETTLEMENT DEMAND**

Claimant: [Your Full Name]  
Insured: [Name of At-Fault Party]  
Claim Number: [Claim Number]  
Date of Loss: [Date of Accident/Incident]

Dear [Adjuster Name],

As you are aware, I was involved in an incident on [Date] caused by [Insured Name]. This letter serves as my formal demand for settlement regarding the injuries and damages I sustained.

**Statement of Facts**

On [Date] at approximately [Time], the following occurred: [Briefly describe the accident/incident and how the insured was at fault].

**Injuries and Medical Treatment**

As a direct result of this incident, I suffered the following injuries: [List injuries]. I sought medical treatment at [List hospitals/clinics]. My treatment included [Describe treatment, e.g., physical therapy, surgery, medications].

**Medical Expenses and Economic Damages**

My total medical expenses to date are \$[Total Medical Costs]. Additionally, I have incurred the following economic losses:

- Lost Wages: \$[Amount]
- Property Damage: \$[Amount]
- Out-of-pocket Expenses: \$[Amount]

**Non-Economic Damages**

Beyond my financial losses, I have experienced significant pain, suffering, and emotional distress. This incident has impacted my daily life by [Describe limitations or changes in quality of life].

**Settlement Demand**

Based on the clear liability of your insured and the severity of my damages, I am offering to settle this claim for the total sum of \$[Total Demand Amount].

This offer is made for the purpose of settlement only. I look forward to receiving your response within [Number of Days, e.g., 30] days.

Sincerely,

[Your Signature]

[Your Printed Name]

**Enclosures:**

- Medical Records
- Medical Bills
- Proof of Lost Wages
- Police/Incident Report