

**Date:** [Current Date]

**SENT VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

[Insurance Company Name]  
[Claims Department Address]  
[City, State, Zip Code]

**RE: Demand for Settlement**

**Claim Number:** [Claim Number]

**Policy Number:** [Policy Number]

**Insured:** [Name of Insured]

**Claimant:** [Your Name]

**Date of Loss:** [Date of Incident]

To [Adjuster Name or Claims Department],

This letter serves as a formal demand for settlement regarding the claim referenced above. This claim arises from an incident that occurred on [Date] at [Location], where your insured was responsible for [briefly state the cause of loss, e.g., a rear-end collision].

**Description of Incident**

[Provide a concise description of how the incident happened and why the insured party is at fault.]

**Injuries and Damages**

As a direct result of this incident, I sustained the following [injuries/damages]:

[List medical treatments, diagnoses, property damage, or lost wages].

**Itemized Damages**

- Medical Expenses: \$[Amount]
- Property Damage: \$[Amount]
- Lost Wages: \$[Amount]
- Pain and Suffering: \$[Amount]
- **Total Demand: \$[Total Amount]**

Enclosed please find supporting documentation, including [list enclosures: medical bills, police reports, repair estimates, etc.].

This offer is a good faith attempt to settle this matter. Please respond to this demand within [Number, e.g., 30] days of receipt of this letter. Failure to reach a fair settlement may result in further legal action.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]

**Enclosures:** [List of documents]