

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

[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]

Dear [Adjuster Name],

This letter serves as my formal demand for settlement regarding the personal injuries and damages I sustained in the incident that occurred on [Date of Accident] at [Location of Accident].

Statement of Facts

[Provide a brief, factual description of how the accident happened and why the insured party is liable.]

Medical Treatment and Injuries

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

Economic Damages (Special Damages)

I have incurred the following out-of-pocket expenses:

- Medical Expenses: \$[Amount]
- Future Estimated Medical Costs: \$[Amount]
- Lost Wages: \$[Amount]
- Property Damage: \$[Amount]
- **Total Economic Damages: \$[Total Amount]**

Non-Economic Damages (General Damages)

In addition to financial losses, I have suffered significant pain and suffering, emotional distress, and loss of enjoyment of life. [Briefly describe the impact on your daily life].

Settlement Demand

Based on the clear liability of your insured and the extent of my damages, I am prepared to settle this claim in its entirety 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, e.g., 15 or 30] business days.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [List attached medical records, bills, and police reports]