

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

[Date]

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

Re: Notice of 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 injury claim arising from the incident on [Date of Accident] at [Location of Accident]. As previously established, your insured was negligent and is liable for the damages I sustained.

Summary of Facts

[Briefly describe how the accident happened and why the other party is at fault.]

Injuries and Medical Treatment

As a direct result of this incident, I suffered the following injuries: [List injuries]. I have received treatment from [List doctors/hospitals]. My treatment included [List procedures, physical therapy, etc.]. Attached are the relevant medical records and bills.

Damages

My total economic damages to date are as follows:

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

In addition to these financial losses, I have suffered significant pain, suffering, and loss of enjoyment of life.

Settlement Demand

I am prepared to settle this claim in its entirety for the sum of \$[Total Dollar Amount]. This offer is made for the purpose of settlement only and is valid for [Number] days from the date of this letter.

I look forward to your response.

Sincerely,

[Your Signature]

[Your Printed Name]