

YOUR NAME  
YOUR ADDRESS

[DATE]

[INSURANCE COMPANY NAME]  
ATTN: [INSURANCE ADJUSTER NAME]  
[INSURANCE COMPANY STREET]  
[INSURANCE COMPANY CITY, STATE, ZIP]

RE: Claim Number \_\_\_\_\_

Dear [Claim adjuster name],

As you know, on \_\_\_\_\_, 20\_\_\_\_, at approximately \_\_\_\_:00 \_\_.m., I was injured in a car accident caused by your insured, [name of insured]. If not for the negligence of your insured, I would not have suffered injuries, lost wages and pain and suffering. My doctor has said that I have reached maximum medical improvement, and I would like to bring this matter to a conclusion with a reasonable settlement of my injury claim.

[Insert description of the accident].

Directly due to the car accident, I incurred the following injuries and medical treatment:

\_\_\_\_\_

My total cost of treatment was \$\_\_\_\_\_.

After the car accident, I missed a total of \_\_\_\_ working days as a [job title] at [name of company]. My lost wages total \$\_\_\_\_\_.

[Insert description of emotional distress, i.e., can't sleep, depression, anxiety, impact on marriage and/or children, etc.]

To compensate me for the physical pain, financial costs and emotional distress that I sustained because of the negligence of your insured, I demand the total amount of \$\_\_\_\_\_ to resolve my claim.

Please respond within fourteen (14) days. Thank you.

Sincerely,