

{Date}

{Claim Adjuster's Name}

{Insurance Company Name}

{Insurance Company Address}

{City, State, Zip Code}

Re: {Mention Nature of Demand}

Dear {Mr./Mrs./Ms. Last Name},

Claimant Name:

Claim Number:

Date of Accident:

On {date of accident}, I was injured in a car accident with your insured {insured party's name} in {location of accident}. {Describe how accident happened}. I was admitted at {hospital name} where I was diagnosed with {describe your injuries} and received {describe prescribed treatment}. The injuries have {mention their effect on your life} for the past {duration}. I am therefore writing to request compensation for my losses in the amount of {amount} to cover the following:

Medical bills: {amount}

Lost income: {amount}

Other losses: {amount}

I have attached the bills and receipts that substantiate my claim. I look forward to hearing from you within {timeline} of receiving this letter or I will be forced to {consequences}.

Sincerely,

{Your Name}

{Your Signature}