

{your name}

{your address}

Home Phone: {your phone number}

Cell Phone: {your cell phone number}

Email: {your email address}

{date}

{insurance company representative name}

{title}

{insurance company name}

{insurance company address}

Demand Letter: For Settlement Purposes Only

Claim Number: {claim number}

Claimant: {your name}

Insured: {insured party's name}

Date of Incident: {date}

Dear {insurance rep name},

{Begin your letter by introducing the incident or accident, and the damage or loss inflicted.}

{Use additional paragraphs as needed, but write clearly and concisely. Use words that emphasize the pain or loss you have suffered.}

Below is an account of the damages to date.

Ambulance transfer to {name of hospital} {amount}

Emergency Room {amount}

Xrays {amount}

Surgery {amount}

Prescriptions {amount}

Physical Therapy {amount}

Mental Therapy {amount}

Emotional Distress {amount}

Pain and Suffering {amount}

Total Damages {amount}

{Use this space to inform the insurance company that their insured was clearly responsible for the loss.} Please respond to this letter within 30 days of the date on the letter.

Thank you for your time and consideration of the above claim. If you have any questions, please feel free to contact me.

Cordially,

{your signature}

{your name}

Enclosures