

## DEMAND LETTER — PERSONAL INJURY SETTLEMENT

Car Accident · Sample / Educational Use Only

### [Claimant Full Name]

[Address · City, State ZIP · Phone · Email]

May 21, 2026

[Insurance Adjuster / Claims Department Name]

[Insurance Company Name]

[Address · City, State ZIP]

**RE: Demand for Settlement — Personal Injury Claim Your Insured: [At-Fault Driver Name] · Claim No.: [XXXX-XXXX] · Date of Loss: [Date]**

Dear Claims Representative,

I am writing to present my claim for personal injury damages arising from the automobile accident that occurred on [Date of Accident] at approximately [Time] at [Intersection / Location], [City, State]. This letter constitutes my formal demand for settlement. I ask that you review the facts and damages described below and respond within **30 days** of receipt.

### I. FACTS OF THE ACCIDENT

On [Date], I was operating my [Year/Make/Model] vehicle traveling [direction] on [Street Name]. Your insured, [At-Fault Driver Name], was traveling [direction] on [Cross Street] and failed to [stop at red light / yield / etc.], striking my vehicle on the [driver's side / rear / front]. The collision caused my vehicle to [describe impact]. A police report was filed (Report No.: [XXXX]). Your insured was cited for [violation].

### II. INJURIES AND MEDICAL TREATMENT

As a direct result of the collision, I sustained the following injuries:

- [Diagnosis 1 — e.g., cervical strain / herniated disc at C4-C5]
- [Diagnosis 2 — e.g., lumbar sprain, soft tissue injuries]
- [Diagnosis 3 — e.g., concussion / post-concussion syndrome]

I received treatment from the following providers: [List providers, dates, and treatments]. I attended [X] physical therapy sessions and was under the care of [Specialist Name] from [Date] to [Date]. I have reached maximum medical improvement as of [Date] / [I continue to receive treatment as of the date of this letter].

### III. SUMMARY OF DAMAGES

Item	Amount
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Emergency room / hospital bills	\$[Amount]
Physician and specialist visits	\$[Amount]
Physical therapy (X sessions)	\$[Amount]
Prescription medications	\$[Amount]
Diagnostic imaging (MRI, X-ray)	\$[Amount]
Future medical expenses (estimated)	\$[Amount]
Lost wages ([X] days / weeks)	\$[Amount]
Loss of earning capacity	\$[Amount]
Property damage (out-of-pocket)	\$[Amount]
Pain and suffering	\$[Amount]
Emotional distress	\$[Amount]
Loss of enjoyment of life	\$[Amount]
<b>TOTAL DAMAGES</b>	<b>\$\$[Total]</b>

#### IV. SETTLEMENT DEMAND

Based on the facts, injuries, and damages described above, I hereby demand the sum of **\$\$[Demand Amount]** in full and final settlement of all claims arising from this accident. This demand will remain open for **30 days** from the date of this letter. If I do not receive a response within that period, I will consider this offer withdrawn and will pursue all available legal remedies without further notice.

Enclosed with this letter:

- Copies of all medical records and bills
- Police report (Report No.: [XXXX])
- Photographs of vehicle damage and accident scene
- Lost wage documentation
- Any other supporting evidence

Sincerely,

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**[Claimant Full Name]**

[Attorney Name and Bar Number, if applicable]

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DISCLAIMER: This is a sample template for educational purposes only. It does not constitute legal advice. Demand letter requirements and deadlines vary by jurisdiction and insurance policy. Consult a licensed personal injury attorney before submitting a settlement demand. Template by AI For Legal Research — [aiforlegalresearch.com](http://aiforlegalresearch.com)