**PERSONAL INJURY DEMAND LETTER**

**[Date]**

**[Your Name]**
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

**[Claims Adjuster's Name]**
[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

**Re:** [Your Full Name] - Claim for [Accident Date], Claim Number: [Insert Number]

Dear [Claims Adjuster's Name],

I am writing to formally present my demand for compensation regarding the injuries I sustained in the motor vehicle accident that occurred on [Accident Date]. Your insured, [Defendant’s Name], was at fault for this accident. The injuries and damages I have suffered are a direct result of their negligence, and I am seeking fair compensation to cover my losses.

**Facts of the Accident**

On [Accident Date], I was traveling [briefly describe the conditions, location, and events leading up to the accident]. As a result of [Defendant’s Name]'s negligence, my vehicle was struck, causing significant injuries and damage.

**Liability**

Your insured, [Defendant’s Name], was [explain how the other party was at fault, referring to police reports, witness statements, or other evidence if applicable].

**Injuries Sustained**

As a result of the accident, I sustained the following injuries:

* [List injuries with as much detail as possible, including medical terms]
* [Describe treatments received, ongoing medical care, and potential long-term effects]

**Medical Expenses**

To date, my medical expenses amount to [Insert Total Amount]. Enclosed are copies of the medical bills and treatment records from [list healthcare providers].

**Loss of Income**

Due to the accident, I was unable to work from [date] to [date]. As a result, I have incurred lost wages totaling [Insert Amount]. Documentation from my employer verifying my lost wages is also attached.

**Pain and Suffering**

In addition to the financial losses, the accident has caused me significant physical pain, emotional distress, and a reduced quality of life. I am no longer able to [mention any limitations or lifestyle changes due to the injury].

**Demand for Settlement**

Considering the liability, my medical expenses, lost wages, and the pain and suffering I’ve endured, I am demanding compensation in the amount of [Insert Amount] to resolve this claim.

I expect a response to this demand within [insert timeframe, typically 15-30 days]. If I do not receive a fair settlement offer by that time, I will have no choice but to pursue legal action.

Please contact me if you need additional information to process this claim.

Thank you for your attention to this matter.

Sincerely,
**[Your Name]**
[Enclosures: Medical Bills, Treatment Records, Loss of Income Documentation, Police Report, etc.]