

CAR ACCIDENT DEMAND LETTER

Sender's Name: _____

Sender's Address: _____

Sender's Phone / Email: _____

Insurance Company Name: _____

Insurance Company Address: _____

Claim Number: _____

Date of Incident: _____

To Whom It May Concern,

This letter serves as a formal demand for compensation related to injuries and damages I sustained due to the automobile accident caused by your insured party. The incident occurred as described below and directly resulted in personal injury, property damage, medical costs, lost wages, pain and suffering, and other related damages for which I hold your insured responsible.

Incident Details:

The accident occurred at the intersection or location described herein, involving the vehicle operated by your insured. Your insured breached their duty of care by failing to obey traffic laws and exercising reasonable caution, resulting in the collision with my vehicle and causing the injuries and damages sustained.

Injuries Sustained:

As a direct result of the accident, I suffered the following injuries: [Provide detailed list of all injuries]. These injuries have caused significant pain, suffering, and have required medical treatment, therapy, and recovery time.

Medical Treatment and Expenses:

I have undergone medical treatment from qualified healthcare professionals, including but not limited to emergency care, hospitalization, surgery, medication, physical therapy, and follow-up visits. The total medical expenses incurred to date amount to \$_____ and are expected to continue.

Property Damage:

The vehicle I was operating sustained significant damage due to the collision, including but not limited to: [Describe damage]. Repairs or replacement costs are estimated at \$_____.

Lost Wages and Income:

Due to injuries sustained in the accident, I have been unable to work and have suffered lost wages and income in the

amount of \$_____, with an expectation of continued loss during recovery.

Demand for Settlement:

Based on the foregoing, I hereby demand compensation in the amount of \$_____ to cover all damages, including medical expenses, property damage, lost wages, pain and suffering, and any other losses incurred. Please consider this letter a formal notice of claim and a demand for fair settlement.

If this matter is not resolved promptly, I reserve the right to pursue all available legal remedies, including filing a lawsuit to recover damages and costs, including attorney's fees, as permitted under applicable United States law. I encourage your prompt attention to this demand to avoid protracted litigation.

Please direct all future communications regarding this matter to my attorney or to me at the above address. Thank you for your immediate attention to this serious matter.

Sincerely,

CLAIMANT'S SIGNATURE

ATTORNEY'S SIGNATURE (if applicable)

Signature: _____

Signature: _____

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