

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Re: Demand for Compensation - [Your Policy Number / Claim Number]

Dear [Insurance Adjuster's Name],

I am writing to formally demand compensation for damages resulting from the car accident that occurred on [date of accident] at [location of accident].

I was involved in a collision with [description of the other party involved], which was due to [brief description of how the accident happened, e.g., negligence of the other driver]. As a result of this accident, I sustained the following damages:

1. ****Medical Expenses****:

- Emergency room visit: \$[amount]
- Treatment and therapy: \$[amount]
- Medications: \$[amount]

2. ****Vehicle Damage****:

- Repair costs: \$[amount]
- Loss of use (rental car): \$[amount]

3. ****Lost Wages****:

- Time off work: [number of days] at \$[amount] per day = \$[total amount]

4. ****Pain and Suffering****:

- [Brief description of the emotional and physical impact] = \$[amount]

The total amount of damages is \$[total amount]. I have attached copies of all relevant documentation, including medical bills, repair estimates, and evidence of lost wages.

Please process this claim promptly. I expect a response within [number of days, usually 30 days], and I am hopeful for a fair settlement to resolve this matter amicably.

Thank you for your attention to this serious matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]