

[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 - [Injury Date] - Claim Number: [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to formally demand compensation for my injuries sustained on [date of incident] at [construction site location]. As a [your position or relation to the site], I was involved in an incident where [brief description of the accident].

As a result of this incident, I sustained the following injuries:

- [List of injuries]

My medical treatment has included:

- [Description of treatments, surgeries, and rehabilitation]

The total medical expenses incurred amount to: \$[Amount]. Furthermore, I have experienced [loss of wages, pain and suffering, etc.], which total an additional \$[Amount].

Given the circumstances surrounding the incident, I believe it is reasonable to expect a total compensation of \$[Total Demanded Amount] for my injuries and losses.

Please find attached documents supporting my claim, including medical records, bills, and proof of lost wages. I hope to resolve this matter quickly and amicably.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]