

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

[Property Owner/Insurance Company Name]
[Address]
[City, State, Zip Code]

Re: Demand for Compensation - Slip and Fall Accident on [Date of Accident]

Dear [Property Owner/Insurance Adjuster's Name],

I am writing to formally demand compensation for injuries sustained in a slip and fall accident that occurred on [specific date] at [location of accident].

On that date, I slipped and fell due to [describe the condition - e.g., wet floor, uneven surface, lack of proper signage], resulting in [brief description of injuries sustained].

I have attached copies of my medical records and bills, which total [amount] for my treatment. Additionally, I have incurred [mention any other costs, such as lost wages] as a result of the accident.

I am seeking a total of [total amount demanded] to cover my medical expenses, lost wages, and pain and suffering. I believe this amount is fair considering the circumstances and the impact this injury has had on my life.

Please respond to this demand within [insert a time frame, typically 30 days]. If we cannot reach an agreement, I may have no choice but to pursue legal action to protect my rights.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title, if applicable]

[Attachments: Medical Records, Bills, Photographs of the Incident, etc.]