

CAR ACCIDENT DEMAND LETTER

From

Date _____, 20____

Dear _____,

This letter is recognized as official notice that payment is being demanded for the car accident that occurred on _____, 20____. The total demand amount, after calculating direct payments along with the pain and suffering of the event, is \$_____.

A breakdown of the total amount is as follows:

INJURIES/TREATMENT: \$ _____
OUT-OF-POCKET EXPENSES: \$ _____
LOST WAGES/EARNINGS: \$ _____
PAIN AND SUFFERING: \$ _____

STATEMENT OF FACTS: CAR ACCIDENT

On _____, 20____, at approximately ____:____ AM PM the following accident occurred as described: _____

INJURIES AND TREATMENT

Directly due to the car accident I had to sustain the following medical treatment: _____

OUT-OF-POCKET EXPENSES

As a result of the car accident I was required to come up with the following out-of-pocket expenses: _____



LOST WAGES/EARNINGS

After the car accident, I lost the following wages and earnings as described: _____

PAIN AND SUFFERING

In consequence to the described events, I suffered the following: _____

After careful consideration of the issues involved in this claim, and a review of jury verdicts and insurance company settlements with similar fact patterns, I believe the total demand amount is represents a fair and equitable settlement amount.

Sincerely,
