**CAR ACCIDENT DEMAND LETTER**

[CLAIMANT'S NAME]

[STREET ADDRESS]

CITY, STATE, ZIP CODE

[E-MAIL ADDRESS]

[PHONE]

Date: [DATE]

[INSURANCE COMPANY'S NAME]

[STREET ADDRESS]

[CITY, STATE, ZIP CODE]

[E-MAIL ADDRESS]

Dear [RECIPIENT'S NAME],

I am writing to formally demand compensation for the motor vehicle accident that occurred with the following details:

* Driver’s Name (at-fault): [DRIVER'S NAME]
* Vehicle: [VEHICLE DESCRIPTION]
* Date: [DATE]
* Location: [LOCATION]

As a result of this accident, I sustained the following:

* Property Damage: $[AMOUNT]
* Medical Expenses: $[AMOUNT]
* Loss of Income: $[AMOUNT]
* Out of Pocket Expenses: $[AMOUNT]
* Pain and Suffering: $[AMOUNT]
* **Total Demand: $****[AMOUNT]**

Please find attached copies of my medical bills, records, proof of lost wages, and other supporting documents.

I expect a prompt response to this demand letter within [#] days of receipt. If I do not hear from you by that time, I will consider pursuing legal action to recover these damages.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_