

AUTO ACCIDENT DEMAND LETTER

[Date]

[Insurance Company Name or At-Fault Party Full Legal Name]

[Insurance Company Mailing Address or At-Fault Party Mailing Address]

Subject: Demand for Settlement – Auto Accident Claim

Claimant: [Claimant's Full Legal Name]

Date of Accident: [Date of accident]

Location of Accident: [Location of accident]

At-Fault Party: [At-fault party's full legal name]

At-Fault Party's Insurance Policy Number (if known): [At-fault party's insurance policy number]

Dear [Adjuster's Name or At-Fault Party Full Legal Name],

This letter serves as a formal demand for settlement regarding the automobile accident that occurred on [Date of accident] at approximately [Time of accident] at [Location of accident]. This accident was caused by the negligence of [At-fault party's full legal name] (hereinafter "At-Fault Party").

I. PARTIES INVOLVED

Claimant Information:

Full Legal Name: [Claimant's full legal name]

Mailing Address: [Claimant's mailing address]

Phone Number: [Claimant's phone number]

Email Address: [Claimant's email address]

At-Fault Party Information:

Full Legal Name: [At-fault party's full legal name]

Mailing Address: [At-fault party's mailing address]

Phone Number: [At-fault party's phone number]

Email Address: [At-fault party's email address]

At-Fault Party Vehicle Make: [Make of the at-fault vehicle]

At-Fault Party Vehicle Model: [Model of the at-fault vehicle]

At-Fault Party Vehicle Year: [Year of the at-fault vehicle]

At-Fault Party Vehicle Identification Number (VIN): [VIN for the at-fault vehicle]

II. ACCIDENT DETAILS

The accident occurred when the At-Fault Party, operating a [Make of the at-fault vehicle] [Model of the at-fault vehicle], [describe the at-fault party's actions leading to the accident]. This action directly resulted in a collision with the Claimant's vehicle. The Claimant was operating a [Make of the claimant vehicle] [Model of the claimant vehicle], Year [Year of the claimant vehicle], VIN [VIN for the claimant vehicle].

III. DAMAGES CLAIMED

A. Property Damage

The Claimant's vehicle sustained significant damage as a direct result of the At-Fault Party's negligence. The damages include: [describe the damages to the claimant vehicle].

The total cost to repair the Claimant's vehicle is [total repair cost].

B. Bodily Injuries

The Claimant did not sustain any bodily injuries in this accident.

C. Lost Wages or Loss of Earning Capacity

The Claimant is not seeking compensation for lost wages or loss of earning capacity.

D. Pain and Suffering or Non-Economic Damages

The Claimant is not seeking compensation for pain and suffering or other non-economic damages.

IV. DEMAND FOR SETTLEMENT

Based on the property damage incurred, the Claimant hereby demands the total sum of **[total repair cost]** as full and final settlement for all damages arising from this accident.

V. SUPPORTING DOCUMENTATION

Enclosed with this demand letter, please find the following documents to support this claim: *

[Police report number or other official report]

* [Photographs of vehicle damage]

* [Repair estimates or invoices for vehicle damage]

* [Any other relevant documentation]

We expect a response to this demand within [number] days of the date of this letter. We look forward to your prompt attention to this matter and a fair resolution.

Sincerely,

Date: [date signed]

Print Name: [Claimant's full legal name]

Address: [Claimant's mailing address]