

Car Accident Settlement Letter

From: _____

Sender's Name

Sender's Address

City, State, ZIP Code

Date

To: _____

Recipient's Name

Recipient's Address

City, State, ZIP Code

Dear _____,

Recipient's Name

This letter is recognized as official notice that payment is being demanded for the car accident that occurred on _____. 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: \$_____.

1. Statement of Facts. On _____, at approximately _____ the following accident occurred as described:

2. Injuries and Treatment. Directly due to the car accident I had to sustain the following medical treatment:

3. Lost Wages/Earnings. After the car accident, I lost the following wages and earnings as described:

4. 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 represents a fair and equitable settlement amount.

Sincerely,

Sender's Name

Sender's Signature