

# PERSONAL INJURY DEMAND LETTER

[YOUR FULL LEGAL NAME] [YOUR ADDRESS]

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

[RECIPIENT S NAME] c/o [RECIPIENT S INSURANCE CARRIER IF KNOWN] [RECIPIENT S ADDRESS]

**Re: Personal Injury Settlement Demand — Claim No. [INSURANCE CLAIM NUMBER IF KNOWN] Date of Loss: Location: [LOCATION OF THE INCIDENT] Tendered pursuant to Fed. R. Evid. 408 — For Settlement Purposes Only**

Dear Claims Representative:

This letter is a formal **settlement demand** submitted on behalf of [YOUR FULL LEGAL NAME] for personal injuries and damages sustained as a direct and proximate result of the negligent, reckless, and/or wrongful conduct of your insured, [RECIPIENT S NAME].

## I. Liability

On \*\*\*\*, at [LOCATION OF THE INCIDENT], [YOUR FULL LEGAL NAME] sustained bodily injury as a direct and proximate result of [RECIPIENT S NAME]'s conduct. [RECIPIENT S NAME] owed [YOUR FULL LEGAL NAME] a duty of reasonable care, breached that duty, and that breach was the actual and proximate cause of the injuries and damages described below.

## II. Factual Background

[FACTUAL BACKGROUND DATES EVENTS AGREEMENT CONTEXT]

## III. Injuries

[DESCRIPTION OF INJURIES SUSTAINED]

## IV. Damages

### A. Special Damages (Economic) — To Date

| Category | Amount | ---|---| | Medical expenses | | | Lost wages | |

### B. General Damages (Non-Economic)

[YOUR FULL LEGAL NAME] has suffered, and continues to suffer, physical pain, mental anguish, emotional distress, loss of enjoyment of life, impairment, disfigurement, and other non-economic

damages compensable under the laws of the State of [STATE]. These damages are ongoing and, in many respects, permanent.

### **C. Future Damages**

[YOUR FULL LEGAL NAME] will require future medical care, may sustain continued or permanent impairment to earning capacity, and will experience pain, suffering, and loss of enjoyment of life into the future.

### **V. Settlement Demand**

To resolve fully and finally all claims arising out of the incident described above — including bodily injury, past and future medical expenses, past and future lost earnings and earning capacity, and pain and suffering — [YOUR FULL LEGAL NAME] demands the sum of **\$0.00**, payable within **14 (fourteen) days** of receipt of this letter.

[SPECIFIC ACTIONS DEMANDED PAY RETURN]

### **VI. Fed. R. Evid. 408 — Settlement Communication**

This letter is tendered for settlement purposes only pursuant to **Federal Rule of Evidence 408** and the [STATE] state-law counterpart and is **inadmissible** to prove or disprove the validity or amount of a disputed claim or to impeach by prior inconsistent statement.

### **VII. Consequences of Failure to Respond**

If we do not receive compliance by the deadline, we will pursue all available legal remedies without further notice, including filing suit to recover the amount owed plus interest, costs, and attorneys' fees where permitted.

Failure to respond with a good-faith offer within the deadline will result in the filing of a civil action seeking all compensatory damages and, where supported by the facts, **punitive damages**, together with pre- and post-judgment interest and costs. Discovery will extend to your insured's driving/conduct history, prior incidents, and any corporate or supervisory defendants.

### **VIII. Preservation of Evidence**

You and your insured are directed to preserve **all evidence** relating to the incident, including: vehicles, products, and premises in their post-incident condition; surveillance and dashcam video; maintenance, inspection, and repair records; event-data recorder ("black box") data; witness statements; and communications. **Spoliation sanctions** will be sought for any destruction or alteration.

Please forward this letter to your liability carrier immediately and provide confirmation of receipt, the claim number (if not above), and the name and direct contact information of the assigned adjuster.

Sincerely,

**[YOUR FULL LEGAL NAME]**

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PRINTED NAME

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SIGNATURE

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DATE