

Premises Accident Insurance Demand Letter

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Insurance Company

Contact Information

Address

Date

FOR SETTLEMENT PURPOSES ONLY

Re: Claim No.A-123456
Your Insured: John Smith
Date of Loss 06.01.2016
Claimant: Jonathan Rosenfeld
Date of Birth: 02.14.1978

Dear Insurance Contact:

[state facts of premises accident]

Background:

[state background of incident including any relevant medical/work history]

My injuries: The immediate force of the accident:

- List all injuries

[Discuss the immediate medical care given to you following the premises accident]

[Discuss any rehabilitative or subsequent care you received in the weeks and months following the premises accident]

[Discuss how the premises accident still affects your life and has changed your quality of living including any added expenses and costs that it has caused you]

[Discuss how the premises accident has affected your relationships with your friends and family]

Your Insured's Liability:

[State the insurer's liability from the coverage language, premises accident circumstances, as well as any corroborating police or other reports or third-party accounts]

As a result of the premises accident I have experienced the following damages:

Special Damages:

Ambulance	\$
ER Costs	\$
Past medical visits/treatment	\$
Future medical treatment	\$
Rehabilitative treatment	\$
Prescriptions	\$
Lost wages	\$
Property damage	\$
Total amount of specials	\$

General Damages:

- Loss of consortium
- Pain and Suffering
- Disability and Disfigurement

Total Damages:

\$

Thank you for your review of my personal injury demand letter together with its attached supporting documentation. I would appreciate your response within the next thirty (30) days.

Sincerely,

Jonathan Rosenfeld

Attachments: