[DATE]

[INSURANCE COMPANY]
[ADDRESS LINE 1]
[ADDRESS LINE 2]

Your Claim Number*:*   ################
Date of Loss: [DATE]
Your Insured: [CLAIMANT NAME]
My Client: [DRIVER NAME AND EMPLOYER]

To Whom it May Concern:

Please consider this a formal demand for full reimbursement of the damages caused by the collision on [DATE]. Our liability investigation determined your client to be 100% at fault for the crash. Should you deny payment, we will seek to recover these damages from your insured, [CLAIMANT], direct.

ECONOMIC DAMAGES:
As a result of your client's negligence, [CLIENT] and [DRIVER] have incurred costs for damage to both person and property. The damages total $$$$, as detailed below.
(Repairable Paragraph): Attached, please see the repair invoices, rental bill, and medical expenses directly related to this crash. The supporting documentation and photos are also attached for your review.
(Total Loss Paragraph): The severe nature of the damages as resulted in the vehicle being a total loss. I have attached the market valuation report showing a settlement valued at $$$$. As discussed previously, [CLIENT] self-insures their vehicles so the entirety of this loss has come out of pocket for them.
(Limits Issue): We understand your insured carries liability limits of $$$$$. As the damages caused by your client's negligence exceed the available policy limits, we hereby demand full policy limits of $$$$$.

ITEM	COST
INVOICE	$$$$$$
Invoice	$$$$$$
TOTAL	$

SETTLEMENT DEMAND:
The total cost of damages is $$$$$$. **We demand the sum of $$$$$$$ to settle all claims against your client as a result of this collision.** If we are unable to reach a settlement, we retain the right to take further legal action. **Please contact my office or remit payment in above amount no later than 30 days from the date of this letter.**

We request that all payments for property damage are sent directly [INSTRUCTION FOR HOW TO SEND IN PAYMENT]

Sincerely,

[YOUR CONTACT INFO]