

## UNDERINSURED SETTLEMENT DEMAND

**Addressee:**

Re:      **My Client:**                      XXXX  
         **At Fault Driver:**  
         **Claim Number:**  
         **Date of Collision:**              October 23, YYYY

Dear \_\_\_\_\_:

Please be advised I represent **XXXX** in regard to injuries and other damages sustained by her as a result of **October 23, YYYY, auto collision**. This collision was caused by the negligence of an underinsured third party. Fortunately, **XXXX** had underinsured coverage under \_\_\_\_\_ Insurance Company policy number \_\_\_\_\_ to protect herself for just such a situation.

This letter is to serve as our demand for payment at this time of the full Underinsured (UIM) benefits contracted by **XXXX** with \_\_\_\_\_ Insurance Company in the full UIM policy limit amount (which we understand to be \$\_\_\_\_\_).

As a result of this accident, **Ms. XXXX** sustained injuries that have required ongoing medical treatment. Enclosed please find copies of medical records and itemized bills delineating the injuries she sustained as a direct result of this accident.

### FACTS AND LIABILITY

Liability in this matter is clear and absolute. On October 23, YYYY, Ms. **XXXX** was rear-ended while waiting at a stop light to make a left turn onto Rindge Avenue from Massachusetts Avenue in Cambridge, MA. Our client was 35 weeks 3 days pregnant at the time of the accident.

### SUMMARY OF PHYSICAL INJURIES

The force of the sudden impact and the severity of the collision caused Ms. **XXXX** who was 34-year-old female to sustain the following injuries:

- **Motor vehicle accident at 35 weeks 3 days pregnant**
- **Lower abdominal pain**
- **Dizziness**
- **Middle low back pain**

## TREATMENT OF INJURIES

Soon after the collision, on October 23, YYYY, Ms. XXXX had a telephone conversation with Jenny Canales, RN at ABC Medical Center (*Exhibit-A*) for the injuries sustained from aforementioned collision. She complained of lower abdominal soreness. She was recommended for OB (Obstetrics) triage for evaluation.

Though, our client felt fine after accident, she was immediately treated as high risk as any jolt could cause problems in the womb. Thereafter, on the same day, Ms. XXXX was evaluated by Kristen Marcella, PA-C at ABC Medical Center for an evaluation of injuries sustained from aforementioned collision. She reported hip pain. She was advised to monitor until 6 hours. Her condition was discussed with Dr. GGGG.

On November 9, YYYY, Ms. XXXX was evaluated by CCCC, M.D. for an history and physical examination at ABC Medical Center. She reported fatigue and new hemorrhoids. She had persistently high fetal heart rate after prolonged doppler monitoring and decreased fetal movement. She was recommended for triage evaluation for monitoring BPP (Biophysical Profile). Recommendation for risk reducing IOL (Induction of Labor) at 39 weeks was discussed. She was advised to follow-up on November 15, YYYY.

Thereafter, on the same day, Ms. XXXX presented for triage examination. She was evaluated by CCCC, M.D. at ABC Medical Center. She reported decreased fetal movement and persistent high fetal heart rate (170 beats per minute). She underwent sterile vaginal examination. Recommendation for risk reducing IOL (Induction of Labor) were discussed. She was advised to follow-up for routine OB as scheduled.

On November 13, YYYY, Ms. XXXX had a telephone conversation with Lauren Bouchard, RN at ABC Medical Center. She reported decreased blood pressure and dizziness while she was at work. She was well hydrated in the morning and had eaten that day. Further, she reported middle lower back pain. She described her pain as new, dull and achy pain. She was recommended to follow-up with NP Cohen and Dr. FFFF.

On the same day, Ms. XXXX reached back to the clinic with plan that she would like to continue with self-monitor at the time. She was not improving 100% and reported back pain. She was instructed to call back anytime if symptoms got worse.

## MEDICAL EXPENSES

The medical expenses (*Exhibit-B*) for treatment of injuries that Ms. XXXX suffered because of the incident amounted to \$9,930.00. Copies of the medical bills are attached and itemized below:



that low back pain has a great impact on quality of life. After being involved in an auto accident, she needs to focus on ensuring her health is intact and she has not suffered any severe injuries. As a result of severe injuries caused by the at fault driver's negligence, our client has to deal with future medical expenses for her ongoing complaints and for ongoing treatment which were all part of post-accident care and management.

Ms. XXXX definitely would not have sustained injuries if the at fault driver had paid attention while driving. The injuries have definitely affected her and have brought about a lot of undesirable physical sufferings, emotional distress, and financial burden for which she must be rightfully compensated.

#### SUMMARY OF DAMAGES

Medical expenses	:	\$9,930.00
Future medical expenses	:	\$7,900.00 - \$12,300.00
Future loss of income	:	Unknown at this time
Lifestyle impact/loss of activities	:	\$

#### CONCLUSION

Obviously, Ms. XXXX, has been through a lot at no fault of her own. At this time and in light of the circumstances surrounding this case, we are hereby demanding payment under the underinsured provision of your insured's policy for the total amount of the full underinsured benefits applicable in this claim (\$ ) as full settlement of all claims, past and future, arising from Ms. XXXX's October 23, YYYY auto collision.

**This offer of settlement will automatically expire at 5:00 p.m. (C.D.S.T.) on Day, MM/DD/YYYY.**

Thank you for your attention and I look forward to hearing from you on this matter.

**Very truly yours,**

**Enclosure**