VictimsGuide.com

Integrated Claim Statement Template

A structured claim-presentation template for auto-crash matters

CLAIM STATEMENT TEMPLATE

Version 2.1 - October 2, 2026

Educational notice

Public-interest education and claim-organization material only. This toolkit is not legal advice and does not create an attorney-client relationship. Law, policy language, deadlines, insurance structures, liens, and release consequences vary by jurisdiction and claim. Verify current primary authority and obtain professional review when appropriate.

Use

Replace bracketed prompts with claim-specific facts. Attach exhibits and use the exhibit index. Do not send a final demand or sign a release until coverage, lien, reimbursement, deadline, and first-party preservation issues have been reviewed.

Claim Identification

Field	Information
Claimant	
Date of crash	
Location	
Other driver / vehicle	
Vehicle owner	
Insurer and claim number	
Adjuster / contact	
Purpose of statement	Policy disclosure / benefit request / claim evaluation / demand / mediation / other
Prepared / updated	

1. Executive Summary

[Write one to three paragraphs. State what happened, whether responsibility is clear or disputed, the principal injuries, treatment status, known damages, coverage questions, and the action requested.]

Suggested opening framework

On [date], [driver/entity] [describe the unsafe act or event]. The incident caused [principal injuries and treatment]. Responsibility is supported by [key evidence]. Before final settlement or release, the claimant seeks complete evaluation of the available responsibility and coverage layers, damages, liens/reimbursement, and any first-party preservation requirements.

2. Parties and Coverage Map

Identify every reasonably relevant person, vehicle, owner, insurer, employer, principal, commercial relationship, and claimant-side coverage source. Do not rely on the first disclosed policy limit alone.

Source	Known information	Requested / received	Unresolved issues
At-fault driver liability			
Vehicle owner / permissive-use coverage			
Employer / commercial auto			
Rideshare / delivery / business-use coverage			
Contractor / principal / other responsibility layer			
Excess / umbrella			
Claimant MedPay/PIP			
Claimant UM/UIM or similar first-party protection			
Collision / rental / towing / roadside			
Health insurance / reimbursement			
Other lien or reimbursement source			

3. Crash Chronology

[Write the crash story in time order. Include traffic controls, lane positions, direction of travel, impact points, police response, witnesses, photos, videos, vehicle evidence, and post-crash events. Cite exhibits.]

Time / sequence	Fact	Proof / exhibit
Before impact		
Impact		
Immediately after impact		
Police / witnesses		
Vehicle disposition / evidence preservation		
Post-crash events		

4. Responsibility / Liability Analysis

[Explain the supported responsibility theory in plain language. Tie facts to unsafe conduct, applicable rules, causation, ownership/use, employment or business activity, and any comparative-fault position. Identify unresolved factual or legal issues rather than overstating them.]

Responsibility position: [supported conduct or rule].
Causation: [how the conduct caused the crash and injuries].
Other responsible parties/entities: [if applicable].
Comparative-fault response: [if applicable].

5. Injury and Medical Causation Chronology

[Organize medical proof by date. Connect crash, symptoms, diagnosis, treatment, recovery, and ongoing limitations. Explain gaps, prior conditions, delayed symptoms, or unrelated conditions honestly.]

Date	Provider / event	Finding / treatment	Exhibit
	Emergency response / ER		
	Hospital / imaging / surgery		
	Follow-up provider		
	Therapy / rehabilitation		
	Current status / future care		

6. Economic Damages

[Use totals supported by bills, receipts, wage records, estimates, valuations, and other proof. Keep bills separate from medical records.]

Category	Amount	Paid / unpaid	Proof / exhibit	Notes
Emergency transport	$			
Emergency / hospital	$			
Surgery / physicians / imaging	$			
Therapy / prescriptions / devices	$			
Future medical care	$			
Lost income / earning loss	$			
Vehicle damage / total loss	$			
Rental / towing / storage	$			
Out-of-pocket expenses	$			
Other	$			
Total economic damages	$			

7. Human Damages Narrative

- Describe pain, sleep, mobility, breathing, lifting, sitting, driving, concentration, and daily-activity limits with specific examples.
- Describe missed family events, work disruption, caregiving burdens, household responsibilities, recreation, and independence.
- Describe emotional strain, anxiety, embarrassment, scarring, or loss of normal activities where supported.

8. Liens and Reimbursement Status

Entity / source	Type	Amount claimed	Status	Notes
Hospital / provider		$		
Health insurer / plan		$		
Medicare / Medicaid		$		
Workers' compensation / ERISA		$		
Collection / reimbursement source		$		
Other		$		

9. Deadline / Preservation Calendar

Issue	Deadline / requirement	Source	Status / notes
Limitation period			
Government notice			
MedPay/PIP/no-fault			
UM/UIM / first-party notice or consent			
Policy contractual deadline			
Lien / reimbursement			
Litigation / court deadline			

10. Settlement Demand or Next-Step Request

[State the action requested: policy information, first-party benefit payment, claim conference, settlement evaluation, mediation, policy-limits tender, or other action. Include an appropriate response date.]

Request: [specific action or amount].
Response date: [date].
Unresolved issues: [coverage / medical / lien / deadline / factual issues].

Reservation

Nothing in this statement itself authorizes a release, waives first-party rights, resolves liens or reimbursement claims, or releases any person, entity, owner, employer, insurer, or coverage source unless expressly agreed in a separate written settlement or release.

11. Exhibit Index

Exhibit	Description	Date	Notes
A-__			
B-__			
C-__			
D-__			
E-__			

Exhibit	Description	Date	Notes
F-__			
G-__			
H-__			
I-__			
J-__			
K-__			
L-__			

Final Review Before Sending

- Every major fact is supported by an exhibit where reasonably possible.
- The tone is professional and factual.
- Weak or disputed facts are addressed honestly.
- The coverage map is not artificially limited to the first disclosed liability limit.
- The deadline calendar has been reviewed.
- The lien and pre-release audits are not skipped.
- Professional review has been obtained when the claim presents serious injury, disputed responsibility, work/commercial use, complex coverage, UM/UIM or other first-party issues, substantial liens, broad release language, or approaching deadlines.

Reviewer Notes / Next Action

Issue / question	Next action	Responsible person	Target date