

# SAMPLE THIRD PARTY DEMAND LETTER

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Via Facsimile Number: \_\_\_\_\_

## Re: Demand for Payment

Dear Sir or Madam:

This letter will serve to confirm that \_\_\_\_\_ (Insurance Company) has accepted liability on the below-referenced claim. Please note that there is a deficiency in the amount due to this repair facility. The following is a summary and final billing statement for repairs performed.

Customer Name: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Repair Order Number: \_\_\_\_\_

Total Amount Billed: \$ \_\_\_\_\_

Minus Payments:

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

*\*NOTE THAT: ALL CHECKS HAVE BEEN ACCEPTED AS PARTIAL PAYMENT ONLY AND NO AGREEMENTS OR REPRESENTATIONS TO THE CONTRARY HAVE BEEN MADE TO ANYONE.*

Please be advised that if we do not receive full payment within fifteen (15) days of the date of this demand, we may refer this matter to our attorneys for collection against you. Please issue any further communications about this matter in writing. Thank you in advance for your anticipated cooperation.

Name of Auto Body Shop: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Facsimile #: \_\_\_\_\_

By: \_\_\_\_\_ its: \_\_\_\_\_