[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Adjuster Name]
[Insurance Company Name]
[Address]
[City, State, Zip Code]

RE: Notice of Counter-Offer
Claim Number: [Claim Number]
Date of Incident: [Date of Accident]
Insured: [Trucking Company/Driver Name]

Dear [Adjuster Name],

I am writing in response to your settlement offer dated [Date of Offer] in the amount of $[Amount of Initial Offer]. After reviewing the details of the offer, I find it insufficient to cover the total losses and damages resulting from the collision with your insured commercial vehicle.

I am rejecting your offer for the following reasons:

- **Severity of Impact:** The size and weight of the commercial truck caused significant damage that exceeds your estimation.
- **Medical Expenses:** My total medical bills to date are $[Total Medical Bills], and I require future treatment including [List Treatments].
- **Loss of Income:** I have documented lost wages in the amount of $[Total Lost Wages] due to my inability to work following the accident.
- **Pain and Suffering:** The offer does not account for the ongoing physical pain and emotional distress caused by this incident.

Based on the evidence provided and the liability of your insured driver, I am prepared to settle this claim for the sum of $[Your Counter-Offer Amount]. This amount represents a fair and reasonable compensation for my medical costs, property damage, lost earnings, and general damages.

Please review this counter-offer and respond in writing within [Number of Days, e.g., 14] business days. I look forward to resolving this matter promptly.

Sincerely,

[Your Signature]

[Your Printed Name]