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

[Date]

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

RE: REVISED SETTLEMENT OFFER
Claimant: [Client Name]
Insured: [Trucking Company/Driver Name]
Claim Number: [Claim Number]
Date of Loss: [Date of Accident]

Dear [Adjuster Name],

We have received your previous settlement offer dated [Date of previous offer] in the amount of $[Amount]. After reviewing the current status of my client's recovery and the comprehensive evidence regarding liability, we find this amount insufficient to cover the total damages incurred.

This revised demand takes into account the following factors:

- **Medical Expenses:** Total costs for emergency care, surgeries, and ongoing rehabilitation to date.
- **Future Medical Care:** Estimated costs for necessary future treatments and therapies as documented by [Doctor Name].
- **Lost Wages:** Documented loss of income and diminished future earning capacity.
- **Pain and Suffering:** The significant physical pain and emotional distress caused by the severity of the commercial vehicle impact.
- **Property Damage:** Total loss/repair costs for the vehicle involved.

The evidence clearly establishes the negligence of your insured driver and the trucking company, specifically regarding [mention specific violation, e.g., Hours of Service, improper maintenance, or driver error].

Based on these facts, we are submitting a revised settlement demand of **$[New Total Amount]**. This offer is made for the purpose of settlement only and is valid for [Number] days from the date of this letter.

We believe this figure represents a fair and reasonable resolution. If we are unable to reach an agreement within the specified timeframe, we are prepared to proceed with formal litigation.

Sincerely,

[Signature]

[Your Printed Name]