FOR SETTLEMENT PURPOSES ONLY / SUBJECT TO RULE 408

[Date]

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

RE: Final Settlement Offer

- **Claim Number:** [Claim Number]
- **Insured Party:** [Trucking Company Name / Driver Name]
- **Claimant:** [Your Name / Client Name]
- **Date of Loss:** [Date of Accident]

Dear [Adjuster Name],

This letter serves as the final formal demand regarding the commercial trucking accident that occurred on [Date of Accident] involving your insured. We have reviewed your previous offer of [Amount of Last Offer] dated [Date of Last Offer]. We find this amount insufficient as it fails to account for the full extent of the damages caused by the commercial vehicle operator.

To resolve this matter without further litigation, we are presenting this final settlement offer. This amount accounts for all damages including, but not limited to:

- **Medical Expenses:** Total costs for emergency care, surgeries, and ongoing rehabilitation.
- **Future Medical Costs:** Estimated costs for long-term care or permanent disability.
- **Property Damage:** Total loss/repair of the vehicle and personal property.
- **Lost Wages:** Documented loss of income and diminished future earning capacity.
- **Pain and Suffering:** Compensation for physical pain, emotional distress, and loss of enjoyment of life.

Our final demand to settle all claims against your insured is **$[Total Settlement Amount]**.

This offer is valid for [Number, e.g., 10] business days from the date of this letter. If we do not receive a written acceptance by [Expiration Date], this offer will be formally withdrawn, and we will proceed with filing a lawsuit to seek the full value of the claim through the court system.

We look forward to your prompt response.

Sincerely,

[Your Signature]
[Your Printed Name]

[Your Phone Number]
[Your Email Address]