

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

[Date]

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

RE: Claim Number: [Claim Number]
Policyholder: [Name of Insured]
Date of Incident: [Date of Loss]

Dear [Adjuster's Name],

I am writing to formally reject your settlement offer of \$[Amount Offered] dated [Date of Offer]. After reviewing the details of my claim and the expenses incurred, I find this offer to be inadequate and it does not fully compensate me for my losses.

The offer provided does not sufficiently cover the following items:

- [Reason 1: e.g., Actual cost of medical treatment]
- [Reason 2: e.g., Total cost of vehicle repairs based on independent estimates]
- [Reason 3: e.g., Lost wages or future rehabilitation needs]
- [Reason 4: e.g., Pain and suffering]

Enclosed/Attached you will find supporting documentation, including [list documents, e.g., medical bills, repair estimates, or photos], which justify a higher settlement amount. Based on this evidence, I am requesting a counter-offer of \$[Your Desired Amount] to resolve this claim.

I look forward to receiving a revised offer that reflects the true value of my claim within [Number] business days. Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]