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

[Date]

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

Re: NOTICE OF SETTLEMENT OFFER AND RELEASE OF CLAIMS

Claim Number: [Claim Number]
Insured: [Name of Negligent Party]
Date of Incident: [Date]
Location of Incident: [Location]

Dear [Adjuster Name],

This letter serves as a formal offer to settle all claims arising from the incident involving your insured on the date mentioned above. Based on the evidence of negligence previously submitted, I am prepared to resolve this matter at this time.

Summary of Damages:

- Medical Expenses: $[Amount]
- Property Damage: $[Amount]
- Lost Wages: $[Amount]
- Pain and Suffering: $[Amount]
- **Total Claim Value: $[Total Amount]**

Settlement Offer:

I am offering to settle this claim in its entirety for the sum of **$[Offer Amount]**. This offer is made for the purpose of reaching a compromise and to avoid the necessity of formal litigation.

Release of Claims:

Upon receipt of the settlement funds in the amount specified above, I agree to sign a full and final release of all claims against [Insured Name] and [Insurance Company Name]. This release will cover all past, present, and future damages, known or unknown, resulting from the aforementioned incident.

Timeline:

This offer shall remain open for [Number, e.g., 14] business days from the date of this letter. If a written acceptance is not received by [Date], I will withdraw this offer and proceed with further legal action as necessary.

Please contact me at your earliest convenience to confirm your acceptance of this offer.

Sincerely,

[Your Signature]

[Your Printed Name]