[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

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

Re: Claim Number: [Insert Claim Number]
Date of Incident: [Insert Date]
Claimant: [Your Name]

Dear [Adjuster's Name],

I am writing in response to your settlement offer dated [Date of Offer] regarding the above-referenced claim. I have carefully reviewed your offer of $[Amount Offered]. After considering the extent of my injuries, the impact on my daily life, and the ongoing medical costs, I find this amount to be insufficient to fully compensate me for my losses.

While I appreciate the promptness of your response, the current offer does not adequately address the following points:

- **Medical Expenses:** My total medical bills to date are $[Total Amount], and I am still undergoing [Treatment/Physical Therapy].
- **Lost Wages:** I have missed [Number] days of work, resulting in a loss of $[Amount] in income.
- **Pain and Suffering:** The injuries sustained, specifically [Mention Specific Injuries], have caused significant physical pain and have prevented me from [Mention Activities You Can No Longer Do].

Given the facts of the case and the documentation provided in my initial demand package, I am prepared to move forward with a counteroffer of $[Insert Your Counteroffer Amount]. I believe this figure represents a fair and reasonable settlement for the damages I have incurred.

Please review this counteroffer and provide a response within [Number] business days. I am open to discussing this matter further to reach a mutually agreeable resolution without the need for formal litigation.

Sincerely,

[Your Signature]
[Your Printed Name]