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

[Date]

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

RE: Uninsured Motorist Claim Counteroffer
Claim Number: [Claim Number]
Date of Loss: [Date of Accident]
Insured: [Your Name]

Dear [Adjuster Name],

I am in receipt of your settlement offer dated [Date of Offer] in the amount of $[Offer Amount]. I have reviewed your proposal and find it insufficient to cover the full extent of my losses and injuries resulting from the accident with the uninsured motorist.

While I appreciate the promptness of your initial offer, it does not adequately account for the following factors:

- **Medical Expenses:** My total medical bills to date are $[Total Medical Bills]. I still require [mention any ongoing treatment or physical therapy].
- **Lost Wages:** I have missed [Number] days of work, resulting in a loss of $[Amount] in income, which has been documented by my employer.
- **Pain and Suffering:** The injuries I sustained have significantly impacted my daily life, including [mention specific limitations or physical pain].
- **Future Costs:** [Mention any expected future medical costs if applicable].

Based on the evidence provided and the severity of the incident, I am prepared to settle this claim for the amount of $[Your Counteroffer Amount]. This figure represents a fair and reasonable valuation of my damages.

Please review this counteroffer and respond within [Number, e.g., 10] business days. I am eager to resolve this matter equitably without the need for further legal action or arbitration.

I look forward to hearing from you.

Sincerely,

[Your Signature]

[Your Printed Name]