

WILLIAMS LAW FIRM

Attorneys at Law
841 Park Dr
Miami, FL 58483
Phone: 354-913-2445 | Fax: 463-953-2768

Date: 07/27/2019

Travelers
Claims Department
P.O. Box 12345
Dallas, AZ 81235

RE: Demand for Settlement - Barbara Rodriguez

Claim Number: CLM-AU0028
Date of Loss: 07/25/2019
Your Insured: Barbara Rodriguez

Dear Claims Adjuster:

This firm represents Barbara Rodriguez in connection with the above-referenced claim. On 07/25/2019, our client sustained injuries and property damage as a direct result of the incident described in your claim file. Our client has incurred substantial medical expenses lost wages, and continues to suffer from pain and limitations in daily activities.

DAMAGES SUMMARY:

Medical Expenses: \$21,993
Lost Wages: \$5,281
Property Damage: \$8,578
Pain and Suffering: \$63,400

TOTAL DEMAND: \$80,888

This demand is made in good faith based on the injuries, damages, and losses sustained by our client. We request that you respond to this demand within 30 days of receipt. Should you fail to respond appropriately, we are prepared to pursue all available legal remedies including filing

Please direct all communications to our office.

Sincerely,

Robert Williams, Esq.
Williams Law Firm
Attorney for Barbara Rodriguez