

JOHNSON & ASSOCIATES

Attorneys at Law
7631 Elm Ave
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Date: 08/22/2019

Travelers
Claims Department
P.O. Box 12345
Dallas, TX 75705

RE: Demand for Settlement - Susan Johnson

Claim Number: CLM-AU0099
Date of Loss: 08/20/2019
Your Insured: Susan Johnson

Dear Claims Adjuster:

This firm represents Susan Johnson in connection with the above-referenced claim. On 08/20/2019, 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: \$28,200
Lost Wages: \$13,683
Property Damage: \$23,080
Pain and Suffering: \$66,857

TOTAL DEMAND: \$108,506

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,

Sarah Johnson, Esq.
Johnson & Associates
Attorney for Susan Johnson