

# **JOHNSON & ASSOCIATES**

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Date: 10/14/2019

Geico  
Claims Department  
P.O. Box 12345  
Phoenix, AZ 80203

**RE: Demand for Settlement - Richard Davis**

Claim Number: CLM-HO0099  
Date of Loss: 10/10/2019  
Your Insured: Richard Davis

Dear Claims Adjuster:

This firm represents Richard Davis in connection with the above-referenced claim. On 10/10/2019, 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: \$22,544  
Lost Wages: \$5,717  
Property Damage: \$42,170  
Pain and Suffering: \$47,543

**TOTAL DEMAND: \$73,969**

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 Richard Davis