

# **BROWN & PARTNERS LLP**

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Date: 09/18/2019

Liberty Mutual  
Claims Department  
P.O. Box 12345  
Houston, AZ 83376

**RE: Demand for Settlement - Patricia Hernandez**

Claim Number: CLM-HO0154

Date of Loss: 09/18/2019

Your Insured: Patricia Hernandez

Dear Claims Adjuster:

This firm represents Patricia Hernandez in connection with the above-referenced claim. On 09/18/2019, 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: \$10,805

Lost Wages: \$11,562

Property Damage: \$31,120

Pain and Suffering: \$27,223

**TOTAL DEMAND: \$72,025**

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.**  
Brown & Partners LLP  
Attorney for Patricia Hernandez