

JOHNSON & ASSOCIATES

Attorneys at Law
8810 Elm Ct
Miami, FL 69284
Phone: 663-944-9626 | Fax: 734-743-6178

Date: 08/03/2019

State Farm
Claims Department
P.O. Box 12345
Houston, AZ 74533

RE: Demand for Settlement - Jennifer Moore

Claim Number: CLM-AU0129
Date of Loss: 08/03/2019
Your Insured: Jennifer Moore

Dear Claims Adjuster:

This firm represents Jennifer Moore in connection with the above-referenced claim. On 08/03/2019, 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: \$31,207
Lost Wages: \$9,113
Property Damage: \$34,563
Pain and Suffering: \$60,121

TOTAL DEMAND: \$121,817

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 Jennifer Moore