

JOHNSON & ASSOCIATES

Attorneys at Law
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Date: 11/15/2019

Travelers
Claims Department
P.O. Box 12345
Dallas, TX 75222

RE: Demand for Settlement - Jennifer Martinez

Claim Number: CLM-HO0223
Date of Loss: 11/12/2019
Your Insured: Jennifer Martinez

Dear Claims Adjuster:

This firm represents Jennifer Martinez in connection with the above-referenced claim. On 11/12/2019, 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: \$15,614
Lost Wages: \$13,031
Property Damage: \$30,396
Pain and Suffering: \$58,957

TOTAL DEMAND: \$129,060

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,

John Smith, Esq.
Johnson & Associates
Attorney for Jennifer Martinez