

SMITH LEGAL GROUP

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Date: 08/02/2019

State Farm
Claims Department
P.O. Box 12345
Dallas, AZ 70431

RE: Demand for Settlement - William Hernandez

Claim Number: CLM-HO0155

Date of Loss: 07/28/2019

Your Insured: William Hernandez

Dear Claims Adjuster:

This firm represents William Hernandez in connection with the above-referenced claim. On 07/28/2019, 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: \$11,403

Lost Wages: \$12,872

Property Damage: \$26,098

Pain and Suffering: \$33,407

TOTAL DEMAND: \$79,911

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.
Smith Legal Group
Attorney for William Hernandez