

BROWN & PARTNERS LLP

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Date: 09/24/2019

Allstate
Claims Department
P.O. Box 12345
Dallas, TX 79389

RE: Demand for Settlement - Sarah Wilson

Claim Number: CLM-HO0071
Date of Loss: 09/19/2019
Your Insured: Sarah Wilson

Dear Claims Adjuster:

This firm represents Sarah Wilson in connection with the above-referenced claim. On 09/19/2019, 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: \$17,298
Lost Wages: \$3,664
Property Damage: \$72,759
Pain and Suffering: \$44,130

TOTAL DEMAND: \$116,298

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 Sarah Wilson