

WILLIAMS LAW FIRM

Attorneys at Law
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Date: 09/03/2019

State Farm
Claims Department
P.O. Box 12345
Phoenix, AZ 79085

RE: Demand for Settlement - Christopher Anderson

Claim Number: CLM-AU0225

Date of Loss: 09/01/2019

Your Insured: Christopher Anderson

Dear Claims Adjuster:

This firm represents Christopher Anderson in connection with the above-referenced claim. On 09/01/2019, 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: \$24,720

Lost Wages: \$9,764

Property Damage: \$20,734

Pain and Suffering: \$50,469

TOTAL DEMAND: \$55,168

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.

Williams Law Firm

Attorney for Christopher Anderson