

# **WILLIAMS LAW FIRM**

Attorneys at Law  
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Houston, TX 10931  
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Date: 12/21/2019

State Farm  
Claims Department  
P.O. Box 12345  
Dallas, AZ 73949

**RE: Demand for Settlement - William Smith**

Claim Number: CLM-HO0025  
Date of Loss: 12/16/2019  
Your Insured: William Smith

Dear Claims Adjuster:

This firm represents William Smith in connection with the above-referenced claim. On 12/16/2019, 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: \$11,512  
Lost Wages: \$13,269  
Property Damage: \$171,920  
Pain and Suffering: \$57,017

**TOTAL DEMAND: \$208,378**

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,

**Robert Williams, Esq.**  
Williams Law Firm  
Attorney for William Smith