

JOHNSON & ASSOCIATES

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Date: 08/07/2019

State Farm
Claims Department
P.O. Box 12345
Houston, AZ 71383

RE: Demand for Settlement - Jennifer Smith

Claim Number: CLM-AU0115
Date of Loss: 08/03/2019
Your Insured: Jennifer Smith

Dear Claims Adjuster:

This firm represents Jennifer Smith in connection with the above-referenced claim. On 08/03/2019, 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: \$22,022
Lost Wages: \$10,600
Property Damage: \$33,553
Pain and Suffering: \$57,767

TOTAL DEMAND: \$74,282

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.
Johnson & Associates
Attorney for Jennifer Smith