

BROWN & PARTNERS LLP

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Date: 10/14/2019

Geico
Claims Department
P.O. Box 12345
Dallas, AZ 74557

RE: Demand for Settlement - Robert Jackson

Claim Number: CLM-AU0045
Date of Loss: 10/09/2019
Your Insured: Robert Jackson

Dear Claims Adjuster:

This firm represents Robert Jackson in connection with the above-referenced claim. On 10/09/2019, 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: \$34,606
Lost Wages: \$9,094
Property Damage: \$53,624
Pain and Suffering: \$55,776

TOTAL DEMAND: \$101,172

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 Robert Jackson