

BROWN & PARTNERS LLP

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Date: 10/17/2019

State Farm
Claims Department
P.O. Box 12345
Houston, TX 77732

RE: Demand for Settlement - John Anderson

Claim Number: CLM-HO0211
Date of Loss: 10/14/2019
Your Insured: John Anderson

Dear Claims Adjuster:

This firm represents John Anderson in connection with the above-referenced claim. On 10/14/2019, 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: \$21,364
Lost Wages: \$11,461
Property Damage: \$37,195
Pain and Suffering: \$43,266

TOTAL DEMAND: \$85,859

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.
Brown & Partners LLP
Attorney for John Anderson