

JOHNSON & ASSOCIATES

Attorneys at Law
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Date: 11/12/2019

Liberty Mutual
Claims Department
P.O. Box 12345
Dallas, TX 72711

RE: Demand for Settlement - Sarah Anderson

Claim Number: CLM-HO0197
Date of Loss: 11/07/2019
Your Insured: Sarah Anderson

Dear Claims Adjuster:

This firm represents Sarah Anderson in connection with the above-referenced claim. On 11/07/2019, 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: \$18,252
Lost Wages: \$12,140
Property Damage: \$24,865
Pain and Suffering: \$43,425

TOTAL DEMAND: \$74,455

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.
Johnson & Associates
Attorney for Sarah Anderson