

SMITH LEGAL GROUP

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Date: 09/07/2019

State Farm
Claims Department
P.O. Box 12345
Dallas, TX 70864

RE: Demand for Settlement - Barbara Johnson

Claim Number: CLM-HO0141
Date of Loss: 09/07/2019
Your Insured: Barbara Johnson

Dear Claims Adjuster:

This firm represents Barbara Johnson in connection with the above-referenced claim. On 09/07/2019, 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: \$15,988
Lost Wages: \$11,461
Property Damage: \$26,181
Pain and Suffering: \$42,290

TOTAL DEMAND: \$66,042

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,

John Smith, Esq.
Smith Legal Group
Attorney for Barbara Johnson