

WILLIAMS LAW FIRM

Attorneys at Law
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Date: 12/21/2019

State Farm
Claims Department
P.O. Box 12345
Dallas, AZ 73949

RE: Demand for Settlement - William Smith

Claim Number: CLM-HO0025
Date of Loss: 12/16/2019
Your Insured: William Smith

Dear Claims Adjuster:

This firm represents William Smith in connection with the above-referenced claim. On 12/16/2019, 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: \$11,512
Lost Wages: \$13,269
Property Damage: \$171,920
Pain and Suffering: \$57,017

TOTAL DEMAND: \$208,378

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.
Williams Law Firm
Attorney for William Smith