

JOHNSON & ASSOCIATES

Attorneys at Law
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Date: 08/13/2019

State Farm
Claims Department
P.O. Box 12345
Houston, AZ 72256

RE: Demand for Settlement - John Garcia

Claim Number: CLM-AU0176
Date of Loss: 08/11/2019
Your Insured: John Garcia

Dear Claims Adjuster:

This firm represents John Garcia in connection with the above-referenced claim. On 08/11/2019, 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: \$33,515
Lost Wages: \$9,674
Property Damage: \$34,384
Pain and Suffering: \$58,710

TOTAL DEMAND: \$85,490

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.
Johnson & Associates
Attorney for John Garcia