

INSURANCE CORRESPONDENCE

Case #2024-PI-001: John Smith vs. Sarah Johnson/ABC Insurance

DOCUMENT 1: INITIAL CLAIM REPORT

ABC INSURANCE COMPANY

Claims Department
1500 Insurance Plaza
Los Angeles, CA 90015
Phone: (800) 555-0199

Date: March 16, 2024

Claim Number: ABC-2024-789456

Policy Number: ABC-456789012

Insured: Sarah Johnson

Claimant: John Smith

RE: Motor Vehicle Accident - March 15, 2024

Dear Mr. Smith,

We have received notice of the motor vehicle accident that occurred on March 15, 2024, involving our insured, Sarah Johnson, and your vehicle. This letter confirms that we have opened a claim file under the above-referenced claim number.

Preliminary Investigation: Based on the police report and our insured's statement, we acknowledge that our insured was at fault for this accident. Our insured has admitted to being distracted by her cell phone at the time of the collision.

Coverage Verification:

- **Liability Limits:** \$100,000 per person / \$300,000 per accident
- **Property Damage:** \$50,000
- **Policy Status:** Active and in good standing at time of loss

Next Steps:

1. We will be contacting you to schedule an inspection of your vehicle
2. Please obtain repair estimates from licensed auto body shops
3. Forward all medical bills and records related to this accident

4. Provide documentation of any lost wages

Contact Information: Your assigned claims adjuster is Michael Rodriguez. He can be reached at:

- **Phone:** (800) 555-0199 ext. 3847
- **Email:** mrodriguez@abcinsurance.com
- **Direct Line:** (213) 555-7890

We will work with you to resolve this claim promptly and fairly.

Sincerely,

Jennifer Walsh

Claims Supervisor

ABC Insurance Company

DOCUMENT 2: PROPERTY DAMAGE SETTLEMENT

ABC INSURANCE COMPANY

Claims Department

Date: March 25, 2024

TO: John Smith

FROM: Michael Rodriguez, Claims Adjuster

RE: Vehicle Damage Settlement - Claim #ABC-2024-789456

Dear Mr. Smith,

Following our inspection of your 2019 Honda Civic, we have completed our property damage evaluation:

Vehicle Information:

- **Year/Make/Model:** 2019 Honda Civic LX
- **VIN:** 1HGBH41JXMN109876
- **Mileage at Loss:** 48,532

Damage Assessment: Our certified appraiser has determined that your vehicle sustained significant rear-end damage including:

- Rear bumper assembly replacement required
- Trunk lid and rear quarter panel damage
- Rear suspension components affected

- Internal structural damage to rear frame rails

Settlement Calculation:

- **Repair Estimate:** \$11,247.83
- **Pre-Loss Value:** \$16,500
- **Post-Repair Value:** \$14,800
- **Diminished Value:** \$1,700

Total Property Damage Settlement: \$12,947.83

This settlement includes:

- Actual repair costs: \$11,247.83
- Diminished value: \$1,700.00
- Rental car (14 days): \$420.00 (separate payment)

Payment Method: Settlement check will be issued jointly to you and your lienholder (if applicable). Please provide your lienholder information if you have an outstanding loan.

Rental Car: You are authorized for a mid-size rental vehicle while repairs are completed. We have a direct billing arrangement with Enterprise Rent-A-Car. Contact them at (555) 123-RENT and reference claim #ABC-2024-789456.

Please sign and return the enclosed release for property damage only. This release does not affect any potential bodily injury claim.

Best regards,

Michael Rodriguez

Senior Claims Adjuster

Direct: (213) 555-7890

DOCUMENT 3: MEDICAL BILLS ACKNOWLEDGMENT

ABC INSURANCE COMPANY

Medical Review Department

Date: April 10, 2024

TO: John Smith

FROM: Dr. Patricia Lee, Medical Review Consultant

RE: Medical Bills Review - Claim #ABC-2024-789456

Dear Mr. Smith,

We have received and reviewed the following medical expenses related to your March 15, 2024 accident:

Medical Bills Received:

1. **Springfield General Hospital** (ER visit): \$1,200.00
2. **Central Valley Medical Group** (Dr. Jones): \$450.00
3. **Advanced Imaging Center** (MRI): \$1,400.00
4. **Medications** (pharmacy receipts): \$200.00

Total Medical Bills Reviewed: \$3,250.00

Medical Review Findings: Our medical consultant has reviewed your treatment records and confirms that all treatment received appears reasonable and necessary for the injuries described. The diagnostic testing (MRI) was appropriate given your reported symptoms.

Outstanding Issues:

1. We are still awaiting physical therapy bills from your provider
2. Please provide any additional medical expenses incurred
3. Future medical treatment should be pre-authorized through our medical case manager

Pre-Authorization Required: Any ongoing treatment beyond your current physical therapy regimen should be discussed with our medical case manager, Susan Chen, at (800) 555-0199 ext. 4521.

Payment Status: We are currently reviewing these medical expenses as part of your overall bodily injury claim. Payment is being held pending completion of your medical treatment and receipt of a demand letter from your attorney (if represented) or settlement demand from you directly.

Sincerely,

Dr. Patricia Lee, MD

Medical Review Consultant

ABC Insurance Company

DOCUMENT 4: WAGE LOSS VERIFICATION REQUEST

ABC INSURANCE COMPANY

Claims Department

Date: April 15, 2024

TO: John Smith

FROM: Michael Rodriguez, Claims Adjuster

RE: Wage Loss Documentation - Claim #ABC-2024-789456

Dear Mr. Smith,

To properly evaluate your lost wage claim, we need the following documentation from your employer:

Required Documentation:

1. **Employment Verification Letter** confirming:

- Your position and hire date
- Regular hourly wage and overtime rate
- Normal work schedule and average hours worked
- Dates you were unable to work due to accident injuries

2. **Payroll Records** showing:

- Pay stubs for 3 months prior to accident
- Pay stubs showing time missed after accident
- Any sick time or vacation time used

3. **Tax Documentation:**

- W-2 forms for 2022 and 2023
- Recent tax returns (if self-employed)

4. **Medical Work Restrictions:**

- Doctor's notes restricting work activities
- Return to work authorizations
- Any ongoing work limitations

Wage Loss Calculation: Based on preliminary information, we understand you earn approximately \$32.50 per hour plus overtime. We will calculate your wage loss based on:

- Actual time missed from work
- Reduced earning capacity due to work restrictions
- Lost overtime opportunities
- Documentation from your treating physician

Current Status: We understand you missed approximately 10 weeks of work and have returned with some restrictions. Please provide the requested documentation so we can accurately calculate your wage loss claim.

Submission: Please send all documentation to:

- **Email:** claims@abcinsurance.com (Reference Claim #ABC-2024-789456)
- **Fax:** (213) 555-7899
- **Mail:** ABC Insurance, Claims Dept., 1500 Insurance Plaza, Los Angeles, CA 90015

If you have retained an attorney, please have them submit this information directly to our claims department.

Best regards,

Michael Rodriguez

Senior Claims Adjuster

DOCUMENT 5: SETTLEMENT AUTHORITY LETTER

ABC INSURANCE COMPANY

Legal Department

Date: May 20, 2024

TO: John Smith / Legal Counsel

FROM: Amanda Foster, Claims Manager

RE: Settlement Authority - Claim #ABC-2024-789456

Dear Mr. Smith,

Following our review of your medical treatment, wage loss documentation, and the circumstances of the March 15, 2024 accident, we are prepared to discuss settlement of your bodily injury claim.

Liability Assessment: We have completed our investigation and accept 100% liability for this accident. Our insured has admitted fault, and the police report clearly establishes liability.

Damages Review: Based on documentation received to date:

Medical Expenses: \$8,950.00 (confirmed and reasonable) **Wage Loss:** \$4,940.00 (verified with employer)

Future Medical: \$2,000-4,000 (estimated by treating physician)

Settlement Range: Based on similar cases in our claims experience, we are prepared to offer a settlement in the range of \$25,000 to \$35,000 for all bodily injury damages, including:

- Pain and suffering
- Medical expenses (past and future)
- Lost wages

- Diminished earning capacity
- Inconvenience and disruption of normal activities

Policy Limits: Please note our policy provides \$100,000 per person for bodily injury liability. This case appears to fall well within our available coverage limits.

Next Steps: If you are interested in settlement discussions, please contact our office to schedule a settlement conference. If you have retained legal counsel, please have them contact our legal department directly.

Time Considerations: We prefer to resolve claims promptly when liability is clear. However, we want to ensure you have completed your medical treatment before finalizing any settlement.

Contact Information:

- **Amanda Foster, Claims Manager:** (800) 555-0199 ext. 2156
- **Legal Department:** (800) 555-0199 ext. 5000

We look forward to resolving this matter fairly and promptly.

Sincerely,

Amanda Foster

Claims Manager

ABC Insurance Company

DOCUMENT 6: DEMAND LETTER RESPONSE

ABC INSURANCE COMPANY

Legal Department

Date: June 25, 2024

TO: [Attorney for John Smith / John Smith]

FROM: Robert Chen, Senior Claims Examiner

RE: Response to Demand Letter - Claim #ABC-2024-789456

Dear Counsel / Mr. Smith,

We are in receipt of your demand letter dated [DATE] requesting \$75,000 in settlement of Mr. Smith's bodily injury claim.

Our Position: While we acknowledge our insured's liability for this accident, we believe the settlement demand is excessive based on:

1. **Objective Medical Findings:** MRI shows only mild disc bulge with no nerve compression
2. **Treatment Duration:** 12 weeks of treatment with good recovery
3. **Return to Work:** Full return to work duties with minimal restrictions
4. **Future Medical:** Conservative estimate of future treatment needs

Comparable Settlements: Based on our claims experience with similar soft tissue injuries in Central Valley County, settlements typically range from \$15,000 to \$30,000 for comparable injuries and treatment.

Counter-Offer: We are prepared to offer \$28,500 in full settlement of all claims arising from this accident. This offer includes:

- Full medical expenses: \$8,950
- Lost wages: \$4,940
- Pain and suffering: \$12,610
- Future medical reserve: \$2,000

Offer Terms:

- Payment within 30 days of signed release
- Standard liability release required
- No admission of liability beyond our policy limits
- Offer valid for 30 days from date of this letter

Alternative Resolution: If this offer is not acceptable, we are open to mediation through a mutually agreed mediator. We believe mediation could help us reach a fair resolution without the expense and uncertainty of litigation.

Please advise us of your client's position regarding this settlement offer.

Sincerely,

Robert Chen

Senior Claims Examiner

ABC Insurance Company

Phone: (800) 555-0199 ext. 4789

This correspondence is part of settlement negotiations and is inadmissible as evidence of liability under Evidence Code Section 1152.