

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Recipient Name/Insurance Company]
[Recipient Address]
[City, State, Zip Code]

RE: FINAL NOTICE OF SUBROGATION SETTLEMENT

Claim Number: [Your Claim Number]
Your File Number: [Opposing Party File Number]
Date of Loss: [Date]
Insured: [Name of Your Insured]
Subject Party: [Name of Adverse Party]

Dear [Contact Name or Claims Department],

This letter serves as our final demand for the recovery of payments made regarding the above-referenced claim. Our investigation has concluded that your insured is liable for the damages resulting from the incident on [Date of Loss].

To date, we have paid a total of \$[Amount] for damages and expenses. A detailed breakdown of these costs is attached for your review.

Total Amount Due: \$[Total Amount]

We are prepared to settle this matter for the full amount stated above. Please issue a check payable to "[Your Company Name]" and mail it to the address listed at the top of this letter within [Number] days of receipt of this notice.

Failure to respond or provide payment by [Deadline Date] may result in further action, which may include referring this file to our legal counsel or an external collection agency.

If you have any questions or wish to discuss this settlement, please contact me directly at [Your Phone Number].

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]

Enclosures: [List of documents, e.g., Repair Estimates, Photos, Police Report]