

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

[Date]

[Third-Party Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Notice of Subrogation/Recovery Claim

Claimant: [Name of Injured Party/Insured]
Your Insured: [Name of Responsible Party]
Policy Number: [Policy Number]
Claim Number: [Claim Number]
Date of Incident: [Date]

To Whom It May Concern,

Please be advised that [Your Company Name] has a right of recovery/subrogation regarding the incident mentioned above. We have provided benefits/payments for damages and medical expenses incurred by our client due to the negligence of your insured.

Our preliminary investigation indicates that your insured is liable for the damages resulting from this incident. At this time, the total amount paid to date is \$[Amount Paid], and additional costs may be pending.

Attached are the supporting documents, including itemized statements and proof of loss. We request that you acknowledge receipt of this letter and include our interest in any settlement negotiations or payments related to this matter.

Please direct all future correspondence regarding this recovery claim to the undersigned. If you have already settled this claim or require further documentation, please notify us immediately.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title/Department]