

URGENT: NOTICE OF SUBROGATION DEMAND

Date: [Insert Date]

To: [Name of Uninsured Driver/Owner]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

RE: Notice of Claim for Damages

Claim Number: [Insert Claim Number]

Date of Loss: [Insert Date of Accident]

Location of Loss: [Insert Location/Street/City]

Our Insured: [Insert Name of Insured Party]

Dear [Insert Name of Uninsured Driver/Owner],

Please be advised that [Insert Your Insurance Company Name] represents [Insert Name of Insured Party] regarding the motor vehicle accident that occurred on the date and location referenced above.

Our investigation indicates that you are responsible for the damages resulting from this accident. At the time of the collision, you failed to provide evidence of valid liability insurance coverage. As a result, [Insert Your Insurance Company Name] has made payments to or on behalf of our insured under their Uninsured Motorist coverage.

Pursuant to our right of subrogation, we hereby demand reimbursement from you for the following amounts paid to date:

- Property Damage: \$[Insert Amount]
- Medical Expenses: \$[Insert Amount]
- Other Costs: \$[Insert Amount]
- **TOTAL DEMAND: \$[Insert Total Amount]**

Failure to pay this debt or establish a formal payment plan within [Insert Number, e.g., 15] days may result in further legal action. This may include a lawsuit against you and, where permitted by state law, a request to the Department of Motor Vehicles to suspend your driver's license and vehicle registration until this claim is satisfied.

Please make your check or money order payable to [Insert Your Insurance Company Name] and mail it to the address listed below. Be sure to include the Claim Number [Insert Claim Number] on your payment.

If you had insurance at the time of this accident, please provide your insurance company name and policy number immediately so that we may contact them directly.

Sincerely,

[Your Name/Signature]

[Title/Department]

[Insurance Company Name]

[Phone Number]

[Mailing Address for Payments]