[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Re: Notice of Deductible Recovery Payment

Claim Number: [Claim Number]
Policy Number: [Policy Number]
Date of Loss: [Date of Accident]
Vehicle: [Year/Make/Model]

Dear [Policyholder Name],

We are pleased to inform you that we have successfully recovered the funds related to your recent auto insurance claim from the at-fault party's insurance carrier.

As a result of this successful subrogation process, we are now able to reimburse you for the deductible you paid toward your repairs. Please find the details of your recovery payment below:

- **Total Deductible Paid:** $[Amount]
- **Recovery Percentage:** [Percentage]%
- **Reimbursement Amount:** $[Amount]

A check for the reimbursement amount listed above is enclosed with this letter. If you have opted for electronic funds transfer (EFT), the payment should appear in your account within [Number] business days.

No further action is required on your part regarding this recovery. We appreciate your patience throughout this process and thank you for choosing [Insurance Company Name].

If you have any questions, please contact your claims representative at [Phone Number] or [Email Address].

Sincerely,

[Adjuster Name]
[Title]
[Insurance Company Name]

Enclosure: [Check Number, if applicable]