

[Your Company Name]
[Your Address Line 1]
[Your Address Line 2]
[City, State, ZIP Code]

Date: _____

[Third Party Insurer Name]
[Address Line 1]
[Address Line 2]
[City, State, ZIP Code]

Subject: Formal Subrogation Notification

Dear Sir/Madam,

We write to formally notify you that [Your Company Name], as insurer of our insured, [Insured Name], has made payments for damages arising from an incident which occurred on [Date of Incident], involving your insured, [Third Party Name], under policy number [Third Party Policy Number].

Pursuant to the terms and conditions of our policy, and in accordance with applicable law, we hereby exercise our rights of subrogation to recover the amounts paid, which are attributable to the fault or liability of your insured.

Please acknowledge receipt of this notification and advise of your process for handling subrogation claims. We request all future correspondence and documentation regarding this matter be directed to the contact details provided above.

Should you require any additional information or documentation, please contact us at your earliest convenience.

Sincerely,

[Authorized Representative Name]
[Title]
[Phone Number]
[Email Address]
[Company Name]