

Subrogation Claim Introduction Letter

Date: _____

To:

Insurance Carrier Name
Attention: Subrogation Department
Address Line 1
Address Line 2
City, State ZIP

Re: Policyholder: _____

Claim Number: _____

Date of Loss: _____

Your Insured: _____

Dear Sir or Madam,

We are writing to notify you of our subrogation claim arising from the above-referenced loss. Our insured has suffered damages for which we believe your insured may be responsible. Please be advised that we are pursuing recovery for the amounts paid under our policy.

Attached are relevant claim documents supporting this request. We ask that you provide the name and contact details of your claims representative assigned to this file. Kindly acknowledge receipt of this correspondence at your earliest convenience.

Please contact us if you need further information. We look forward to your cooperation in resolving this matter.

Sincerely,

Name

Title

Company Name

Contact Information