

Date: _____

To:

Name: _____

Address: _____

City, State, Zip: _____

Re: **Subrogation Demand Letter** " Auto Liability Insurance

Our Insured: _____

Claim Number: _____

Date of Loss: _____

Loss Location: _____

Subrogation Demand

Dear Sir/Madam:

This letter is to formally notify you that our company, as the insurer of the above referenced insured, has made payment for damages sustained in an automobile accident that occurred on the aforementioned date. Based on our investigation, it has been determined that your insured is liable for the damages resulting from this incident.

We have subrogated the amount paid as follows:

- Amount Paid: \$ _____
- Deductible: \$ _____
- Total Demand: \$ _____

Please remit payment in full to the address below within thirty (30) days. Enclosed are copies of all supporting documentation, including the police report, repair estimates, payment proof, and photos.

Should you have any questions or require further documentation, please contact us at your earliest convenience.

Sincerely,

Claims Representative

Insurance Company:

Address:

Phone:

Email: