

[Your Insurance Company Name]

[Street Address]

[City, State ZIP]

[Phone Number]

[Date]

[Recipient Name / At-Fault Partyâ€™s Insurance Company]

[Recipient Address]

[City, State ZIP]

**Re: Subrogation Recovery â€“ Bodily Injury Claim**

**Our Insured: [Your Policyholder's Name]**

**Date of Loss: [Date of Accident]**

**Claim Number: [Your Claim No.]**

Dear Sir or Madam,

We are writing to notify you of our subrogation rights concerning the above-captioned matter. Our insured, [Policyholderâ€™s Name], sustained bodily injuries in a motor vehicle accident that occurred on [Date of Accident], for which your insured, [At-Fault Partyâ€™s Name], has been deemed at fault.

As a result, our company has made payments in the amount of \$[Amount Paid] on behalf of our insured for medical expenses and related costs arising from the incident. We request reimbursement of this amount in accordance with applicable laws and policies. Documentation supporting our claim, including payment records and medical statements, is available upon request.

Please remit payment to the address listed above within thirty (30) days. If you require further information or wish to discuss this matter, feel free to contact us.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Title/Position]

[Your Insurance Company Name]