

Subrogation Settlement Proposal for Liability Loss

To:

[Name of Responsible Party or Representative]
[Company Name]
[Address Line 1]
[Address Line 2]

From:

[Your Name]
[Insurance Company Name]
[Address Line 1]
[Address Line 2]

Date:

[Insert Date]

Claim Details

Our Insured: [Name]
Claim Number: [Claim #]
Date of Loss: [Date of Loss]
Type of Loss: [e.g. Property Damage, Bodily Injury]
Location of Loss: [Location]

Summary of Loss

[Briefly describe the incident and the liability of the responsible party. Example: On the above-referenced date, our insured suffered a loss as a result of the actions/omissions of your party. Please find the summary of damages and expenses below.]

Damages & Settlement Proposal

Description	Amount
Property Damage	\$[Amount]
Repairs	\$[Amount]
Other (specify)	\$[Amount]
Total Claimed	\$[Total]

We hereby propose a full and final settlement of this loss in the amount of \$[Settlement Amount], representing the damages suffered due to your liability in the incident described above.

Payment Instructions

Please make the settlement payment payable to [Insurance Company Name] and send to the address listed above, referencing our claim number.

If you need further information or wish to discuss this settlement, feel free to contact us at [Phone Number] or

[Email Address].

[Adjuster's Name & Title]
[Insurance Company Name]