

[Your Company Letterhead]  
[Company Name]  
[Company Address Line 1]  
[Company Address Line 2]  
[City, State ZIP]  
[Phone Number]  
[Date]

[Third Party Insurance Company Name]  
[Claims Department]  
[Insurance Company Address]  
[City, State ZIP]

Re: Subrogation Claim â€œ Insured: [Our Insuredâ€™s Name]  
Claim Number: [Our Claim Number]  
Date of Loss: [Date of Loss]  
Your Insured: [Third Party Name]  
Your Claim Number: [Their Claim Number, if known]

To Whom It May Concern,

We are writing to pursue subrogation recovery for damages resulting from the above-referenced incident. Based on our investigation, liability rests with your insured. Please find enclosed documentation supporting our subrogation claim, including the police report, repair estimates, proof of payment, and any other pertinent evidence.

We request reimbursement in the amount of [Amount] for damages paid on behalf of our insured, [Our Insuredâ€™s Name]. Please review the enclosed documents and remit payment within 30 days.

If you require any additional information or have questions regarding this claim, please contact us at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]  
[Your Title]  
[Your Company Name]