

Subrogation Recovery Demand Letter

Date: [Insert Date]

[Your Company's Name]

[Your Company's Address]

[City, State, Zip Code]

[Claim Number]

[Recipient's Name]

[Recipient's Company Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Re: Subrogation Recovery Demand for Claim [Claim Number]

We are writing to formally demand recovery for the bodily injury claim arising from the incident on [Insert Date of Incident] involving our insured, [Insured's Name], and your insured, [Other Party's Name].

As a result of the incident, our insured incurred medical expenses totaling [Insert Amount] and has faced additional losses due to [briefly explain loss, e.g., lost wages, pain and suffering]. This demand is made under the principle of subrogation, which allows us to recover the costs from the negligent party.

We request that you provide compensation in the amount of [Insert Amount] to cover the damages sustained by our insured. Please respond to this demand within [Insert Timeframe, e.g., 30 days] to avoid further action.

If you have any questions or require additional documentation to support this claim, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company's Name]

[Your Phone Number]

[Your Email Address]