

# SUBROGATION FILE REFERRAL FORM

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## AUTO SUBROGATION - PROPERTY, MED PAY, PIP

Date: \_\_\_\_\_

Company: \_\_\_\_\_ Claim Adjuster: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Claim Adjuster's E-Mail: \_\_\_\_\_

Full and Correct Name of Carrier/Company Paying Benefits: \_\_\_\_\_

Insured/Vehicle Owner: \_\_\_\_\_ Contact: \_\_\_\_\_

Insured/Vehicle Owner's Address: \_\_\_\_\_

Insured/Vehicle Owner's Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Type of Loss (Property, UM, Med Pay, PIP): \_\_\_\_\_

Claim No.: \_\_\_\_\_ Injured Party: \_\_\_\_\_

Accident Location: \_\_\_\_\_

Total Claim Paid: \_\_\_\_\_ Property Damage: \_\_\_\_\_ Med Pay: \_\_\_\_\_

PIP: \_\_\_\_\_ UM: \_\_\_\_\_ Other (Describe): \_\_\_\_\_

Deductible: \_\_\_\_\_ Reserves: \_\_\_\_\_

Facts of Loss: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statute of Limitations: \_\_\_\_\_

Other Vehicles/Parties Involved:

Driver's Name: \_\_\_\_\_ Liability Carrier: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Liability Carrier: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Liability Carrier: \_\_\_\_\_

Insured/Injured Party's Attorney: \_\_\_\_\_

Insured/Injured Party's Attorney's Address: \_\_\_\_\_

Attorney's Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Suit Filed? No \_\_\_\_\_ Yes \_\_\_\_\_ Where Was Suit Filed? \_\_\_\_\_

Who is a fault and why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Proposed Fee Arrangement: \_\_\_\_\_

Special Handling Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_