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***** Please forward completed forms to intake@mw-law.com *****

AUTO SUBROGATION – PROPERTY, MED PAY, PIP FILE REFERRAL FORM

Date:

CONTACT INFORMATION:

Name:

Company:

Company Address:

Phone:

Fax:

E-Mail:

CLAIM INFORMATION:

Full Name of Automobile Insurance Company (not TPA) or Name of Self-Insured Paying Benefits:

Your Insured/Vehicle Owner:

Your Insured/Vehicle Owner Contact:

Your Driver's Name:

Date of Loss:

Type of Loss:

Claim Number:

Injured Party(s):

Accident Location:

Total Claim Paid (Including Deductible):

Property Damage:

Med Pay:

PIP:

UM:

Other (Describe):

Deductible: _____ Reserves: _____

Facts of Loss:

Other Vehicle(s)/Party(s) Involved:

Driver's Name:

Liability Carrier:

Driver's Name:

Liability Carrier:

Driver's Name:

Liability Carrier:

Insured/Injured Party's Attorney:

Suit Filed? No Yes Where Was Suit Filed

Proposed Fee Arrangement:

Special Handling Instructions:

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Disclaimer: Sending a file to MWL through this feature, e-mail, fax, regular mail, or by other means, doesn't guarantee our retention, as that determination will be made after MWL's evaluation of the file. Upon MWL's receipt of a new file, clients are contacted via e-mail to confirm the file has been received and that it is in the process of being evaluated for possible handling by MWL. Following said evaluation, clients receive written notification as to whether MWL will be willing to handle your file. If you send a file and don't hear from us within an appropriate amount of time, please contact MWL to ensure we received your file.