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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 Carrier/Company Paying Benefits: _____

Insured/Vehicle Owner: _____

Insured/Vehicle Owner Contact: _____

Driver's Name: _____

Date of Loss: _____ Type of Loss: _____

Claim Number: _____

Injured Party(s): _____

Accident Location:

Total Claim Paid (Excluding 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:

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' evaluation of the file. Upon MWL' 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 or not 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.