## Request for reimbursement from

## a third partyClaims adjusters employed by insurers

###

*We suggest that you cut and paste this text and adapt it to your specific needs.*

INSURER’S LOGO
and full contact information

Date

Name

Address

City, QC

Postal code

**Reference: Insured: Name of insured**

 **Full address of risk in question**

 **Loss: Date**

*(Type of loss: optional)*

 **Our file number: Claims file number**

**Re: Request for reimbursement**

Dear Sir or Madam,

The above-mentioned insured suffered damages assessed at $xxxx. Under the terms of his insurance contract, we paid him $xxxx in compensation. In addition, the insured assumed a $xxx deductible.

Our investigation revealed that you are liable for these damages. We therefore request that you send us a cheque to cover the reimbursement of the sum that we paid to our insured. Please note that this payment does not eliminate any recourse that the insured may seek against you, particularly with respect to the deductible and uncompensated damages.

If you have third-party liability insurance, kindly provide us with the name of your insurer as well as your contract number. Furthermore, we encourage you to forward a copy of this letter to your insurer as soon as possible in order to protect your rights.

Please note that if we have not received a response to this request within xx days of your having received it, we will have no alternative but to send our file to our lawyers (or our collections department).

Should you wish to receive further information, please do not hesitate to contact the undersigned.

Thank you for your cooperation.

Sincerely,

Signature

Claims adjuster’s full name

Title appearing on the claims adjuster’s certificate

Name of the insurer to which he/she is attached

*Encl. Copies of amounts paid (optional)*