



Casualty Claim Assignment

Fax to:
Nassau 516-931-3068
Rockland 845-627-2304

Today's Date: _____

Your Contact Information:

Name	
Organization	
Address	
Address	
City	
State	
Zipcode	
Work Phone	
Home Phone	
Fax #	
Email	

Location Contact Information:

Name	
Organization	
Address	
Address	
City	
State	
Zip code	
Work Phone	
Home Phone	
Fax #	
Email	

Insured's Contact Information:

Name	
Organization	
Address	
Address	
City	
State	
Zip code	
Work Phone	
Home Phone	
Fax #	
Email	

Contact (if different from Insured):

Name	
Organization	
Address	
Address	
City	
State	
Zip code	
Work Phone	
Home Phone	
Fax #	
Email	

Policy Number

Claim Number

Vehicle Information:

Make/Year

Model

VIN #

Insured Operator

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Date of Occurrence

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Location

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Claimant Contact Information:

Name	
Organization	
Address	
Address	
City	
State	
Zip code	
Work Phone	
Home Phone	
Fax #	
Email	

Claimant Vehicle Information:

Make/Year
Model
VIN

Witness Contact Information:

Name	
Work Phone	
Home Phone	
Email	

Witness Contact Information

Name	
Work Phone	
Home Phone	
Email	

Witness Contact Information

Name	
Work Phone	
Home Phone	
Email	

Witness Contact Information

Name	
Work Phone	
Home Phone	
Email	

Description of Incident

(please continue on another Sheet of paper, if necessary)

[Empty box for Description of Incident]

Instructions

(please continue on another Sheet of paper, if necessary)

[Empty box for Instructions]

Other Comments

(please continue on another Sheet of paper, if necessary)

[Empty box for Other Comments]

Please Fax or Mail this form to:

Nassau County

1025 Old Country Road
Suite 405
Westbury, NY 11590
Phone: 516-931-7585
FAX: 516-931-3068

Rockland County

55 Old Turnpike Road
Suite 109
Nanuet, NY 10954
Phone: 845-627-2300
FAX: 845-627-2304