

# CARDINAL CLAIM SERVICE CASUALTY CLAIM ASSIGNMENT

Today's Date

Fax to:

Nassau: 516-931-3068

Rockland: 845-627-2304

## Your contact information:

Name

Organization

Address

Address

City

State

Zip

Work Phone

Home Phone

Fax

E-mail

## Location Contact Information:

Name

Address

Address

City

State

Zip

Phone

Fax

E-mail

## Insured's Contact Information:

Name

Address

Address

City

State

Zip

Work Phone

Home Phone

E-mail

Policy  
Number

Claim  
Number

## Contact (if different from Insured):

Name

Address

Address

City

State

Zip

Work Phone

Home Phone

E-mail

## Vehicle Information:

Make/Year

Model

VIN

**Insured Operator**

**Date of Occurrence**

**Location**

**Claimant Vehicle Information:**

**Make/Year**

**Model**

**VIN**

**Witness Contact Information:**

**Name**

**Work Phone**

**Home Phone**

**E-mail**

**Claimant Contact Information:**

**Name**

**Organization**

**Address**

**Address**

**City**

**State**

**Zip**

**Work Phone**

**Home Phone**

**Fax**

**E-mail**

**Witness Contact Information:**

**Name**

**Work Phone**

**Home Phone**

**E-mail**

**Witness Contact Information:**

**Name**

**Work Phone**

**Home Phone**

**E-mail**

**Witness Contact Information:**

**Name**

**Work Phone**

**Home Phone**

**E-mail**

**Witness Contact Information:**

**Name**

**Work Phone**

**Home Phone**

**E-mail**

**Please fax or mail this form to:**

**Nassau County**

**100 Stewart Avenue, CS 9013**

**Hicksville, NY 11802-9013**

**Phone: 516-931-7585**

**Fax: 516-931-3068**

**Rockland County**

**55 Old Turnpike Road, Suite 109**

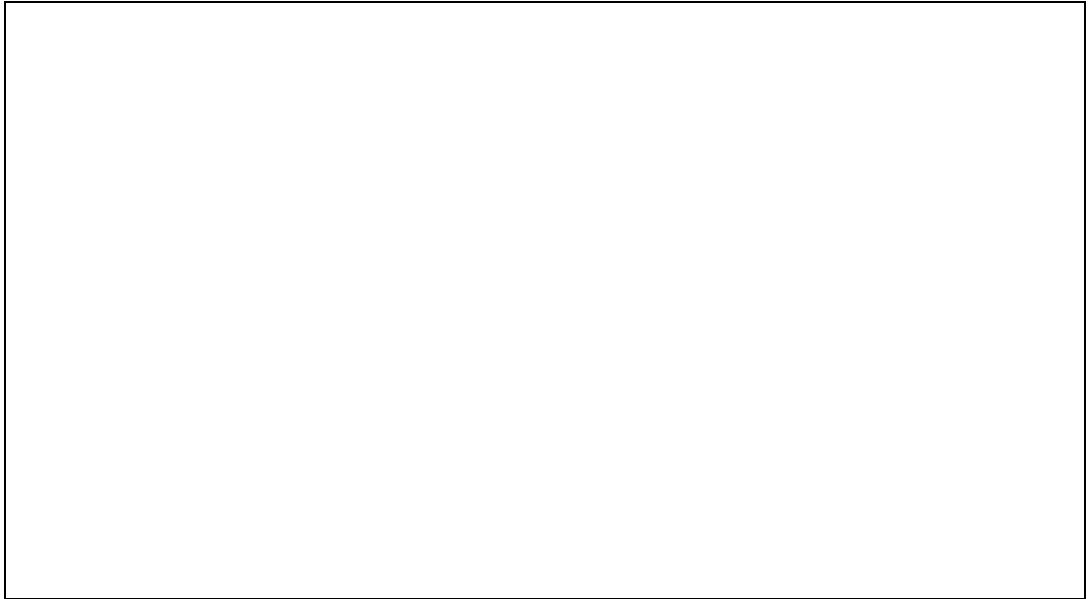
**Nanuet, NY 10954**

**Phone: 845-627-2300**

**Fax: 845-627-2304**

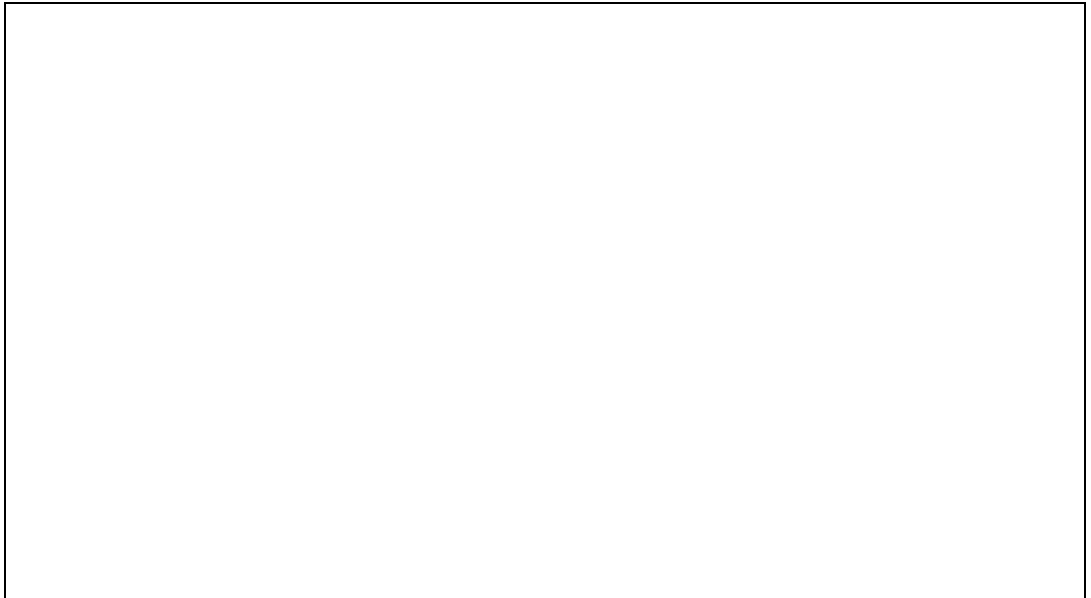
**Description  
Of Incident:**

*(please continue on another  
sheet of paper, if  
necessary)*



**Instructions:**

*(please continue on another  
sheet of paper, if  
necessary)*



**Other Comments:**

*(please continue on another  
sheet of paper, if  
necessary)*

