

*National Subrogation Services*  
350 Jericho Turnpike Ste. 310  
Jericho, NY 11753  
(516) 949-3620 fax (516) 949-3621

To be completed by NSS:  
Assign To: \_\_\_\_\_

Manager: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

Matter #: \_\_\_\_\_

Claim #: \_\_\_\_\_

DOL: \_\_\_\_\_

Client: \_\_\_\_\_

Insured: \_\_\_\_\_

Adjuster: \_\_\_\_\_

Phone #: \_\_\_\_\_

e-mail: \_\_\_\_\_

Loss Location: \_\_\_\_\_

Total Claim Amt. (incl. ded.) \_\_\_\_\_

Deductible: \_\_\_\_\_

Target: \_\_\_\_\_

Type of Claim: (Check all that apply)

1<sup>st</sup> Party Property

Auto Collision/Comprehensive

Workers Comp

Pip/Med Pay

Name of Injured Party \_\_\_\_\_

3<sup>rd</sup> Party Property Damage or Bodily Injury

Other \_\_\_\_\_

Statute of Limitations: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Responsible Party's Carrier: \_\_\_\_\_

Facts of Occurrence:

**Please attach Accord, all Investigation, Proof of Damages,  
Proof of Payment and all File Notes**