

CASE ASSIGNMENT

SUBROGATION CLAIMS

Please fill out this form:



ATTORNEY SERVICE GROUP

A Division of IOS, LLC

Date: _____

Company: _____

Submitted by: _____

Telephone: _____

Type of Loss Auto Property MP / PIP Work Comp Other _____

Claim # _____

Date of Loss _____ Amount of Claim \$ _____

Street _____

City _____ State _____ Zip _____

Loss Location Name _____

Address _____

City _____ State _____ Zip _____

Insured Name Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Tortfeasor #1 Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Tortfeasor #2 Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Brief Background of Case _____

FAX THIS FORM TO: (877) 532-4631