

INVESTIGATION ASSIGNMENT REQUEST

FAX 800.861.5311

Date / /

Client Information
 Company: _____ Claims Rep or Requestor: _____
 Address: _____ Phone No: _____
 Attorney: _____ Fax No: _____
 Address: _____ Phone No: _____

Case Title: _____
 Claim or your file No: _____ Attorney File No: _____
 Date of Loss: _____ Court Case No: _____

Insured/Client: _____ Driver _____
 Address: _____ Phone No: _____
 CDL: _____ SSN: _____ DOB: _____
 Vehicle Make _____ Model: _____ Year: _____ Plate: _____ Color: _____

Claimant/Other Party 1: _____ Claimant/Other Party 2: _____
 Address: _____ Address: _____
 City, State, Zip: _____ City, State, Zip: _____
 Phone No: _____ Phone No: _____
 Vehicle Make _____ Model: _____ Year: _____ Plate: _____ Color: _____
 Address: _____ Phone No: _____

Witness 1: _____ Witness 2: _____
 Address: _____ Address: _____
 City, State, Zip: _____ City, State, Zip: _____
 Phone No: _____ Phone No: _____

INVESTIGATION

OBTAIN

- | | | |
|---|--|---|
| <input type="checkbox"/> Insured/Client Statement | <input type="checkbox"/> Photo & Diagram Scene | <input type="checkbox"/> Payroll Records |
| <input type="checkbox"/> Other party's Statement | <input type="checkbox"/> Inspect & Photo Vehicle | <input type="checkbox"/> Police Report |
| <input type="checkbox"/> Recorded witness Statement | <input type="checkbox"/> Medical Clinic Inspection | <input type="checkbox"/> Death Certificate |
| <input type="checkbox"/> In Person Witness Statement | <input type="checkbox"/> Medical Clinic Background | <input type="checkbox"/> Driving Record |
| <input type="checkbox"/> In Person Recorded Witness Statement | <input type="checkbox"/> Surveillance/Activity Check | <input type="checkbox"/> Vehicle Registration |
| <input type="checkbox"/> UM Statement | <input type="checkbox"/> Employment/LOE | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Neighborhood Canvas | |
| <input type="checkbox"/> Court Index | <input type="checkbox"/> Asset Check | |
| <input type="checkbox"/> Product Liability | <input type="checkbox"/> Other _____ | |

CALL BEFORE COMMENCING ASSIGNMENT / Phone: _____

RUSH

Need by: _____
 (Date)

Special Instruction/Facts of Loss: _____

