

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

CALL BEFORE COMMENCING ASSIGNMENT / Phone: \_\_\_\_\_

**RUSH**

Need by: \_\_\_\_\_  
 (Date)

**Special Instruction/Facts of Loss:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

