



Assignment Sheet

CLIENT INFORMATION

Date of Request:	<input type="text"/>	
Requesting Firm:	<input type="text"/>	
Contact Name:	<input type="text"/>	
Phone number:	<input type="text"/>	Ext. <input type="text"/>
Client File Number:	<input type="text"/>	
Date of Loss:	<input type="text"/>	
Insurance Company:	<input type="text"/>	
Insured:	<input type="text"/>	
File Budget:	<input type="text"/>	

CLAIMANT INFORMATION

Claimant Name:	<input type="text"/>	
Address:	<input type="text"/>	
City:	<input type="text"/>	
Phone Number:	<input type="text"/>	
S.I.N.:	<input type="text"/>	
D.O.B.:	<input type="text"/>	
Alleged Injury:	<input type="text"/>	
Photo Enclosed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments:

Employment Information

Employer:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
Phone No.:	<input type="text"/>
Position Held:	<input type="text"/>
Restrictions:	<input type="text"/>
Comments:	<input type="text"/>

CLIENT INSTRUCTIONS

Surveillance Investigation

Determine Activities:

Consecutive Days: How Many:

Other: _____

Video Preference VHS: Compact Disk: Copies:

Background Investigation

Vehicle Search: Employment Status:

Security Agreement: Business License:

Property Search: Corporate Search:

Bankruptcy: Criminal:

Civil Claims: Out of Province:

Divorce: Other: _____

Interviews/Statements

Other Insurers: Police:

Co-workers: Neighbors:

Family: Claimant:

Employer: Other: _____

Comments:

Additional Information

Is the Claimant currently receiving benefits? Yes No

Does the Claimant have other sources of income? Yes No

Was the Claimant previously investigated? Yes No

Does the Claimant have legal representation? Yes No

Claimant's doctors:

Claimant's activities and lifestyle:
