



ASSIGNMENT FORM – INTEGRA INVESTIGATION SERVICES LTD.

DATE:

CLIENT INFORMATION					
Requester Name		Phone #			
Company Name					
Client File #		Client's Email			
Principal		Principal's File #			
LOSS INFORMATION					
Insured Name					
Date of Loss/Disability		Circumstance of Loss/Disability			
SUBJECT INFORMATION					
Name					
Address					
Phone Number(s)					
Date of Birth		Driver's Licence #			
Vehicle Information					
Marital Status/Living Arrangements				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Children (Including ages)					
Subject Description				Photo to come: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Occupation			Currently Working: Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Employer & Address					
Injury/Limitations					
Plaintiff Firm & Address					
Treatment Facilities & Address					
INVESTIGATION INSTRUCTIONS & TIMELINE					
Budget	\$	All Inclusive <input type="checkbox"/>	Plus Tax <input type="checkbox"/>	Consecutive Days: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Daily Updates Required	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Phone/Email		
Upcoming Appointments Dates					
Types of Investigation					
Additional Subject Information					
Specific Investigation Instructions					