



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		Female	
Children (Including ages)						
Subject Description			Photo to come:	Yes	No	
Occupation		Currently Working:	Yes	No	Unknown	
Employer & Address						
Injury/Limitations						
Plaintiff Firm & Address						
Treatment Facilities & Address						
INVESTIGATION INSTRUCTIONS & TIMELINE						
Budget	\$	All Inclusive	Plus Tax	Consecutive Days:	Yes	No
Daily Updates Required	Yes	No	Phone/Email			
Upcoming Appointments Dates						
Types of Investigation						
Additional Subject Information						
Specific Investigation Instructions						