



# Capital Service Bureau

640 Johnson Avenue, Suite 101A, Bohemia, New York 11716

631-981-8877 Fax 631-981-8773

info@capitalservicebureau.com

Due Date: \_\_\_\_\_

## ASSIGNMENT REQUEST

WC  AUTO  GL  TRIAL PREP  DBL  OTHER \_\_\_\_\_

COMPANY: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

ADJUSTER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CLAIM #: \_\_\_\_\_ WCB # \_\_\_\_\_ DATE OF ACCIDENT: \_\_\_\_\_

CLAIMANT: FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SS#: \_\_\_\_\_

INJURY: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_ SEX: M / F HT. \_\_\_\_\_ / WT. \_\_\_\_\_ SSN# \_\_\_\_\_

D.O.B. \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ ETHNICITY \_\_\_\_\_

OTHER DISTINGUISHING FEATURES: \_\_\_\_\_

CLAIMANT ATTORNEY: \_\_\_\_\_ TEL: \_\_\_\_\_

INSURED: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL: \_\_\_\_\_

BROKER: \_\_\_\_\_ TEL: \_\_\_\_\_

ACCIDENT LOCATION / DESCRIPTION (IF AUTO, PLEASE PROVIDE VEHICLE(S) AND DRIVER(S) INFORMATION): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ASSIGNMENT INSTRUCTIONS:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> SIGNED STATEMENT  | <input type="checkbox"/> WITNESS CANVASS  | <input type="checkbox"/> 15.8 RECOVERY    | <input type="checkbox"/> COVERAGE             |
| <input type="checkbox"/> SURVEILLANCE      | <input type="checkbox"/> DISCREET A/C     | <input type="checkbox"/> ASSETS/PROPERTY  | <input type="checkbox"/> VIDEO IME            |
| <input type="checkbox"/> LOCATE            | <input type="checkbox"/> PROCESS SERVICE  | <input type="checkbox"/> DISTRICT JUMPING | <input type="checkbox"/> LITIGATION SEARCH    |
| <input type="checkbox"/> SCENE PHOTOS      | <input type="checkbox"/> MEDICAL RECORDS  | <input type="checkbox"/> THIRD PARTY      | <input type="checkbox"/> COMPENSABILITY       |
| <input type="checkbox"/> ALIVE & WELL      | <input type="checkbox"/> CRIMINAL RECORDS | <input type="checkbox"/> BACKGROUND       | <input type="checkbox"/> CLINICAL INSPECTION  |
| <input type="checkbox"/> TRIAL PREPARATION | <input type="checkbox"/> VIDEO EBT        | <input type="checkbox"/> POLICE REPORT    | <input type="checkbox"/> RECREATIONAL BOATING |

Special Instructions \_\_\_\_\_

\_\_\_\_\_

- Office Use Only -

CSB FILE# \_\_\_\_\_ REC: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ INVESTIGATOR \_\_\_\_\_