



Capital Service Bureau

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info@capitalservicebureau.com

C-7

ROCKET DOCKET ASSIGNMENT REQUEST

C7 File Date: _____ WCB File Date: _____ Date Due: _____ WCB Index #: _____
 COMPANY: _____ TEL: _____ FAX: _____
 ADDRESS: _____

 _____ DATE OF REQUEST: _____
 ADJUSTER: _____ E-MAIL: _____
 CLAIM #: _____ # WCB: _____ DATE OF ACCIDENT: _____

CLAIMANT (FIRST) _____ (MIDDLE) _____ (LAST) _____
 ADDRESS: _____

 TEL: _____ OCCUPATION: _____ INJURY: _____
 DESCRIPTION: _____ SEX: M / F HT. _____ / WT. _____ SSN# _____
 DOB _____ 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:

-Office Use Only-

CSB FILE #:	REC: / /	SUPERVISOR:	INVESTIGATOR:
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