



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 _____