

INSURORS SERVICE BUREAU

Fax this assignment to: 401-233-8129

Date: _____ Company: _____ Office: _____

From: _____ My E-mail: _____

My phone & Ext. _____ My fax # _____

ASSIGNMENT TYPE:

Recovered Theft: _____ Mechanical Evaluation & Ignition Analysis

Auto Theft: _____ Full Investigation _____ Interview Insured only _____ Other:

Failure Analysis: _____ Brake Failure _____ Sudden acceleration _____ Engine
_____ Transmission _____ Other:

Accidental Fire: _____ Cause & Origin - circumstances:

Collision Damage Analysis: _____ Full Investigation (interviews etc)

_____ See vehicle(s) _____ Via Photos & appraisals only

Collision Scenario:

ASSIGNMENT INFO:

Insured _____ Phone _____
Phone _____

File # _____ DOL _____ DOR _____

Vehicle Make _____ VIN _____

Vehicle Location: _____

Stock # _____ Phone _____

Claimant _____ Vehicle _____

Phone _____ VIN _____

Vehicle Location: _____

INSTRUCTIONS: