

# INSURORS SERVICE BUREAU

Fax this assignment to: 401-233-8129 WWW

Date: \_\_\_\_\_ Company: \_\_\_\_\_ Office: \_\_\_\_\_  
From: \_\_\_\_\_ My E-mail: \_\_\_\_\_  
Phone & Ext. \_\_\_\_\_

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**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 (please provide details)

**Collision Damage Analysis:** \_\_\_\_\_ See vehicle(s) \_\_\_\_\_ Via file review  
Collision Scenario:

**Casualty IV:** \_\_\_\_\_ Statement(s) \_\_\_\_\_ Insured \_\_\_\_\_ Claimant  
\_\_\_\_\_ All \_\_\_\_\_ All

Supporting material has been \_\_\_\_\_ will be \_\_\_\_\_ sent by e-mail.

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## INSURED

Representation: \_\_\_\_\_ H Phone \_\_\_\_\_  
Phone \_\_\_\_\_ W Phone \_\_\_\_\_  
C Phone \_\_\_\_\_  
File # \_\_\_\_\_ DOL \_\_\_\_\_ DOR \_\_\_\_\_  
Vehicle \_\_\_\_\_ VIN \_\_\_\_\_  
Vehicle Location: \_\_\_\_\_ Stock # \_\_\_\_\_ Phone \_\_\_\_\_

## CLAIMANT

Representation: \_\_\_\_\_ H Phone \_\_\_\_\_  
Phone \_\_\_\_\_ W Phone \_\_\_\_\_  
C Phone \_\_\_\_\_  
Vehicle \_\_\_\_\_ VIN \_\_\_\_\_  
Vehicle Location: \_\_\_\_\_ Stock # \_\_\_\_\_ Phone \_\_\_\_\_

## INSTRUCTIONS: