PFI Phase 4 Investigations

INSURANCE INVESTIGATION REQUEST FORM

REQUESTING COMPANY	Claim No
REQUESTOR	CC To
ADDRESS	PHONE #
E-MAIL	Fax #

Claimant: ______________________________________ (______)______________
Last Name *First Name* *Middle Name or Initial* *Phone No.*

Address: ____
Street *City* *State* *Zip*

Date of Birth: ___________ Sex_________ Social Security #.: ________________________

Race________ Height_________ Weight______ Drivers Lic. #: ___________________________

Hair_________ Eye________ Build__________ Spouse/Dependents: ______________________

Distinguishing Marks: _____________________ Vehicle: ________________ Plate: _____________

Budget_______________ Needed by______________________ Date of Loss ____________ LDW____________

Injury_________________________________ Physical Restrictions_____________________________________

Prior Investigation Conducted______________ When____________________________

Litigated___________ If YES: ____
Attorney Name & Company *Address* *City* *State* *Zip*

Trial, IME, MED: ____________ Location: ____

Insured's Information: ____
Company *Address* *City* *State* *Zip*

Additional Information:

_____ Surveillance
_____ Activities Check
_____ In-Person Recorded Statement
_____ Telephonic Statement
_____ Location Investigation
_____ Scene Diagram
_____ Subrogation / Residency Investigation
_____ Alive & Well Check
_____ Court Record Search
_____ Automotive Theft Investigation
_____ Other Records
_____ Other (Please List Below)

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