



FAS INVESTIGATIONS LLC.
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Due Date:

ASSIGNMENT REQUEST

WC AUTO GL TRIAL PREP DBL OTHER

COMPANY: _____ FAX: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ DATE OF REQUEST: _____
 ADJUSTER: _____ EMAIL: _____
 CLAIM#: _____ #WCB: _____ DATE OF ACCIDENT: _____

CLAIMANT (FIRST): _____ (LAST): _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 OCCUPATION: _____ INJURY: _____
 TEL: _____
 DESCRIPTION: M/F: _____ HT. _____ / WT. _____ SS#: _____
 D.O.B: _____ HAIRCOLOR: _____ EYE COLOR: _____ ETHNICITY: _____
 OTHER DISTINGUISHING FEATURES: _____

CLAIMANT ATTORNEY: _____ TEL: _____

INSURED: _____ CONTACT: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 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-

FAS FILE #:	REC: / /	SUPERVISOR:	INVESTIGATOR:
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