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## ASSIGNMENT REFERRAL FORM

Submitted by:		Date:	
Company:		Phone:	
Address:		Fax:	
		Email:	
File/Claim #:		Date of Loss:	
Description Of Loss:			
Insured:		Phone:	
Address:			

Claimant:		Phone:	
Address:			
Age, D.O.B.:		Employer:	
Social Sec. #:		Occupation:	

Type of Investigation Request:     WC     Auto     GL     Disability     Life

<b>STATEMENTS:</b> <input type="checkbox"/> Signed <input type="checkbox"/> Recorded <input type="checkbox"/> Name Insured <input type="checkbox"/> Claimant(s) <input type="checkbox"/> Insured Driver <input type="checkbox"/> Claimant Driver <input type="checkbox"/> Insured Passenger <input type="checkbox"/> Claimant Passenger <input type="checkbox"/> Witness(es) <input type="checkbox"/> Interview Police Officer <input type="checkbox"/> Other:	<b>PHOTOS/SCENE/DIAGRAM:</b> <input type="checkbox"/> Scene Photos <input type="checkbox"/> Insured Vehicle Photos <input type="checkbox"/> Scene Diagram <input type="checkbox"/> Claimant Vehicle Photos <input type="checkbox"/> Photo Claimant(s) <input type="checkbox"/> Canvass for Witness Photos <input type="checkbox"/> Other:
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<b>RECORDS/REPORTS/DOCUMENTATION:</b> <input type="checkbox"/> Medical Records <input type="checkbox"/> Med/Wage Auth <input type="checkbox"/> Employer Records <input type="checkbox"/> Police <input type="checkbox"/> Subrogation <input type="checkbox"/> Fire <input type="checkbox"/> Background <input type="checkbox"/> DMV <input type="checkbox"/> Court Check <input type="checkbox"/> Asset Check <input type="checkbox"/> Other:	<b>OTHER INVESTIGATION:</b> <input type="checkbox"/> Vehicle Appraisal <input type="checkbox"/> Obtain Estimates <input type="checkbox"/> Trial Preparation <input type="checkbox"/> Locate <input type="checkbox"/> Criminal History <input type="checkbox"/> Medical History <input type="checkbox"/> Second Injury <input type="checkbox"/> Activity Check <input type="checkbox"/> Surveillance <input type="checkbox"/> Expert <input type="checkbox"/> Other:
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<b>Other instructions/information:</b> <i>(submit as many separate sheets as necessary)</i>	
Physical Description of Claimant:	
Description of Injuries:	
Description of Disability:	
Other Comments:	