



ASSIGNMENT FORM

Assign Online: viewcases.primesource.com

Phone: 1-800-652-7587

Email: insurance@primesourceinvestigations.com

Fax: 1-888-678-0300

Please Check Services Being Requested:

Surveillance S.M.A.R.T. Investigation Social Media Analysis Medical Canvass
 Big Picture Investigation (3 Days of Surveillance which includes a FREE Social Media Analysis)

Claim #: # of Surveillance Days: _____ Date: _____

Company: _____ Claim Rep.: _____

Address: _____

Phone: _____ Ext.: _____ Email: _____

Claimant Information: Name: _____ D.O.B.: _____

Address: _____ SS#: _____

Secondary Address: _____

Name of Significant Other: _____ Children's Names: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Claimant Description: Sex _____ Race _____ Height _____ Weight _____ Hair _____

Facial Hair: _____ Identifying Characteristics: _____

Claimant Work Status: Out of Work Light/Modified Duty Full Time Part Time Unknown

Occupation: _____ Work Schedule: _____

Employer: _____

Work Address: _____

Insured Name: _____

Insurance/Claim Type: Worker's Comp. Med Mal: G.L. Other: _____

Next Medical Appointment: _____ PT Provider: _____

Doctor: _____ Location: _____

Practice: _____ Appt. Dates & Times: _____

Location: _____

Date of Loss: _____ Injuries: _____

Nature of Injury: _____

Restrictions: _____

Special Instructions / Red Flags: _____