SIGNUM INVESTIGATIONS Corporate Services Inc

FAX 905-573-6757

tel 905-573-6808 toll-free 1-866-823-7423

ASSIGNMENT ORDER FORM

REQUESTOR

Last Name

First Name

Company Name

Address

City

Province Postal Code

Direct Phone

Fax

Reference Number

Insured

$ Limit

Principals

Previous Investigation YES ☐ NO ☐

SUBJECT OF THE INVESTIGATION [either individual or company]

First Name

Last Name

Address

City

Province Postal Code

Disability Date

Type of Disability

Type of Injury

OR | Company name

Telephone

Birthdate

S.I.N.

Marital Status

Dependents

Loss Date

Type of Loss

EMPLOYER, INSURANCE COMPANY, MEDICAL

Company Name

Occupation

Address

City

Province Postal Code

Emp. Tel

Claimant's Insurer

Policy Number

Physician

Physician's Address

Physiotherapist

Physio Address

Physical Description

Authorization on file YES ☐ NO ☐

Attorney

VEHICLE

Make Model Colour Year Licence Plate

Client Instructions

Call to Discuss YES ☐ NO ☐

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