



A PROFESSIONAL INVESTIGATION CORPORATION

901 Dover Dr. Suite #202  
Newport Beach, CA 92660

Tel: (949) 515-9505  
Fax: (949) 515-9507

DATE:

**Company Information:**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Assignment Information:**

Case Title: \_\_\_\_\_ Due Date: \_\_\_\_\_  
Claim Number: \_\_\_\_\_ Reference Number: \_\_\_\_\_ Date of Loss: \_\_\_\_\_  
Assigning Rep: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Case Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- AOE/COE  Disability  Liability  Surveillance  Activity  Background  Other

Direct Reports to Defense Council:

Yes  No

Send Report by:

- Fax \_\_\_\_\_
- Mail \_\_\_\_\_
- Email \_\_\_\_\_
- Rush
- Call to Discuss Before Proceeding



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**Subject Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Social Security: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Sex: \_\_\_\_\_

Occupation: \_\_\_\_\_ Subject's Attorney: \_\_\_\_\_

Vehicle: \_\_\_\_\_ License Plate: \_\_\_\_\_ Other: \_\_\_\_\_

Specific Injuries/Limitations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employer/Insured Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_