

Consolidated Claim Service

A Division of Stephen J Boyko Inc.

Automobile – Disability – General Liability – Workers Compensation

811 Old Country Road, Plainview, NY, 11803 (800) 735-6699 Fax (516) 935-4259 cclaims@i-2000.com

Assignment Sheet

ClientName:	Date Received:
Examiner Name:	Examiner Phone:
Client File#:	Our File#:

Claim Type: Auto Disability General Liability Workers Comp Other

Region: NYC 5 Boros, LI Upstate NY New Jersey Connecticut Florida Other

Claimant First Name:	Last Name:	
Address:		
City:	State:	Zip:
Phone:	Occupation:	
DOB:	SSN:	
Height:	Weight:	Hair: Eyes:
Other:		

Insured First Name:	Last Name:	
Company:		
Address:		
City:	State:	Zip:
Phone:	Contact Name:	

Accident Details:

Date Of Accident:	Injury:
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Assignment:	<input type="checkbox"/> Full Investigation	<input type="checkbox"/> Surveillance
	<input type="checkbox"/> Insured Investigation	<input type="checkbox"/> Flat Rate Surveillance
	<input type="checkbox"/> Claimant Investigation	<input type="checkbox"/> Flat Rate Activity Check
	<input type="checkbox"/> Witness Investigation	<input type="checkbox"/> Flat Rate Covert Activity Check
	<input type="checkbox"/> 15.8 Investigation	<input type="checkbox"/> Trial Prep, Subpeona's
	<input type="checkbox"/> Other	

Due Date:

Comments: