

Harris Investigations, LLC
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**** NEW ASSIGNMENT****

DATE: _____

RUSH? YES NO **FAX?** YES NO

REQUESTED BY: _____ PHONE: _____

FAX: _____ EMAIL: _____

CLAIM/FILE # _____ POLICY #: _____

FILE NAME/INSURED: _____ DATE OF LOSS: _____

CLAIMANT: _____

ADDRESS: _____

PHONE: _____

SS #: _____ DOB: _____ OLN#: _____

PASSENGER/DRIVER/PEDESTRIAN IN THE INSURED/CLAIMANT VEHICLE

DOES YOUR CLAIMANT/SUBJECT RESIDE WITH THE INSURED: YES / NO?

INSURED CLAIMANT VEHICLE: YEAR: _____ MAKE: _____

PLATE: _____ VIN: _____

TITLE NUMBER: _____

OTHER INFORMATION: _____

ASSIGNMENT:

DMV BY NAME DRIVERS RECORD TAG CHECK TITLE HISTORY

HOUSEHOLD CHECK (INCLUDES VEHICLES IN ENTIRE HOUSEHOLD)

MODIFIED HOUSEHOLD CHECK (DON'T GO TO RESIDENCE)

SURVEILLANCE /ACTIVITIES CHECK

SCENE INVESTIGATION / PHOTOS / VIDEO OF ACCIDENT SCENE / SCENE DIAGRAM

LOCATE SUBJECT, SUBJECT VEHICLE, ADVERSE VEHICLE, ETC.

ASSET SEARCH

PHOTOGRAPH / VIDEO SUBJECT VEHICLE, ADVERSE VEHICLE, ETC.

AQUIRE POLICE REPORT, FIRE REPORT, RESCUE SQUAD RUN SLIPS

CIVIL /CRIMINAL RECORDS: FEDERAL, STATE, LOCAL, ETC.

WITNESS INTERVIEWS

OTHER: _____

CASE POINT ENTERED