

Please email completed Claims Assignment

Sheet to:

[claims@irgcanada.com](mailto:claims@irgcanada.com)



Investigative Research Group

Or Fax to:

705-739-0290

Date Assigned:	Account Rep:	File #:	Report #:
Company:		Attention: (your name)	
Address:		Phone:	Fax:
		Email:	
Claim No:	BUDGET (\$):	MAX HOURS: NOT TO BE EXCEEDED WITHOUT AUTHORIZATION	
INSURED:	DATE OF LOSS (dd/mm/yy):		
<b>SUBJECT:</b> (LAST, FIRST)	DOB (dd/mm/yy):		
	PHONE:		
ADDRESS:	Photo Available: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SUBJECT EMAIL:</b>	HEIGHT:	WEIGHT:	
DESCRIPTION:			
MALE: <input type="checkbox"/>	FEMALE: <input type="checkbox"/>	SPOUSE/PARTNER: _____	
SINGLE: <input type="checkbox"/>	MARRIED: <input type="checkbox"/>	SEPARATED: <input type="checkbox"/>	COMMON: <input type="checkbox"/> DIVORCED: <input type="checkbox"/>
If there are multiple subjects, do you require separate reports? <input type="checkbox"/> Yes <input type="checkbox"/> No			CHILDREN: <input type="checkbox"/> Yes <input type="checkbox"/> No
NATURE OF DISABILITY:			
<b>SUBJECT'S VEHICLE INFORMATION</b>			
Plate #1:	Vehicle Description:		
Plate #2:	Vehicle Description:		
<b>Drivers Licence Number:</b>			
<b>SUBJECT'S EMPLOYMENT INFORMATION</b>			
Employer:	Phone:		
Position:			
Address:			
DOCTOR:			
PHYSIO:			
LAWYER:			
Was previous surveillance conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No		When:	
Is the subject aware of the previous surveillance? <input type="checkbox"/> Yes <input type="checkbox"/> No		By Whom:	
<b>SERVICES REQUIRED</b>			
ACTIVITIES CHECK <input type="checkbox"/>	SURVEILLANCE <input type="checkbox"/>		
LOCATE <input type="checkbox"/>	NUMBER OF DAYS: _____		
BACKGROUND <input type="checkbox"/>	NUMBER OF HOURS: _____		
FINANCIAL <input type="checkbox"/>	SPECIFIC DAYS: _____		
OTHER <input type="checkbox"/>	DUE: _____		
COMMENTS / REQUESTS:			
OFFICE USE ONLY			