

ASSIGNMENT SHEET

File #: _____ Adjuster: _____ Co. Claim #: _____

Date Assigned: _____ By: _____	Accident Date: _____ Time: _____
Agent: _____	Place: _____
Type of Loss: _____	Summary: _____
Company: _____	_____
Policy #: _____ Period: _____	_____
Insured: _____	Citations: _____
Address: _____	To: _____ By: _____
Phone: _____	CLAIMANT
Occupation: _____	Owner: _____
Insured Driver: _____	Address: _____
Endorsements: _____	Phone: _____
_____	Driver: _____
_____	Address: _____
Serial #: _____ Item #: _____	Car Location: _____
Date Purchased: _____ Cost: _____ New/Used: _____	License #: _____ Est: \$ _____
Mortgagee: _____	Witnesses or Instructions: _____
_____	_____
Car Location: _____ Est. \$ _____	_____
Estimates: _____	_____
License #: _____ Mileage: _____	_____
Condition: _____ Color: _____	_____
Extras: _____	_____
_____	_____
_____	_____
Doctor or Hospital: _____	Doctor or Hospital: _____
_____	_____
_____	_____
_____	_____
_____	_____