

INVESTIGATION ASSIGNMENT INSTRUCTIONS

(Today's Date)

(Date of Loss)

TO: UTAH ADJUSTER
13332 FOREST MEADOWS
RIVERTON, UT 84065
(877) 253-9994 TELEPHONE
(877) 253-9994 FAX

FROM: _____
(Name and Title)

(Company)
(_____) _____
(Telephone Number)
(_____) _____
(Fax Number)

SUBJECT: _____ (Insured) (_____) (Insured's Telephone) _____ (Location of Loss) _____ (Claim Number)

(Description of Loss) \$ _____ (Deductible)

(Other Coverage Information including Limits of Liability)

SECURE STATEMENT FROM

- | | | |
|--|---|--|
| <input type="checkbox"/> INSURED | <input type="checkbox"/> WITNESS(S) | <input type="checkbox"/> AUTO TECHNICIAN |
| <input type="checkbox"/> INSURED DRIVER | <input type="checkbox"/> POLICE OFFICER | <input type="checkbox"/> CO-WORKER(S) |
| <input type="checkbox"/> INSURED PASSENGER(S) | <input type="checkbox"/> FIRE PERSONNEL | <input type="checkbox"/> TENANT |
| <input type="checkbox"/> CLAIMANT | <input type="checkbox"/> PARAMEDICS | <input type="checkbox"/> CONTRACTOR |
| <input type="checkbox"/> CLAIMANT PASSENGER(S) | <input type="checkbox"/> TOW TRUCK DRIVER | <input type="checkbox"/> OTHER _____ |

INVESTIGATION

- | | | |
|--|--|--|
| <input type="checkbox"/> OBTAIN POLICE REPORT | <input type="checkbox"/> PHOTO ACC SCENE | <input type="checkbox"/> NEIGHBORHOOD CANVASS |
| <input type="checkbox"/> OBTAIN FIRE REPORT | <input type="checkbox"/> DIAGRAM ACC SCENE | <input type="checkbox"/> SUBROGATION POSSIBILITIES |
| <input type="checkbox"/> CONFIRM CAUSE OF LOSS | <input type="checkbox"/> MEASURE ACC SCENE | <input type="checkbox"/> SECURE NON-WAIVER AGREEMENT |

DAMAGE ESTIMATE / APPRAISAL --- **WITH** **WITHOUT AGREED PRICE**

- | | | |
|---|--|--|
| <input type="checkbox"/> INSURED VEHICLE | <input type="checkbox"/> INSURED PROPERTY | <input type="checkbox"/> REVIEW ESTIMATE |
| <input type="checkbox"/> CLAIMANT VEHICLE | <input type="checkbox"/> CLAIMANT PROPERTY | <input type="checkbox"/> DIAGRAM WITH MEASUREMENTS |
| <input type="checkbox"/> VEHICLE ACV | <input type="checkbox"/> CO-INS EVAL _____ % | <input type="checkbox"/> COMPLETE PROOF OF LOSS |
| <input type="checkbox"/> SALVAGE BIDS | <input type="checkbox"/> PHOTOS OF DAMAGE | <input type="checkbox"/> OTHER _____ |

SPECIAL INSTRUCTIONS: _____

SEE ATTACHMENT(S) .