

We are proudly accepting assignments throughout the continental United States. (Excludes Alaska and Hawaii)



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Call Toll Free: (888) 327-5566
Fax: (888) 327-9299

Assignment Referral Options

Submit Directly: www.DynamicClaims.com
E-mail This Form to: Dynamic@DynamicClaims.com
Fax this Form to: (888) 327-9299
Or Call in Referral Directly: (888) 327-5566

Full Assignment Limited Assignment

Assignment Referral Form

Client Information **Date:** _____

Report To: _____
 Company: _____
 Address: _____
 City: _____ State _____ ZIP _____
 cc: _____
 Phone: () _____

	E-mail	
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Insured

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: () _____

Claimant

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: () _____

Type of Claims: Casualty Property Auto

Claim #: _____
 Policy #: _____
 Policy Dates: Inception: _____ Expiration: _____
 Type of Coverage: _____
 Date of Loss: _____
 Loss Location: _____

Witnesses

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: () _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone () _____

Facts: _____

Statements: _____ Signed _____ Recorded

_____ Names Insured'
 _____ Insured Driver _____ Claimant
 _____ Insured Passenger _____ Claimant Driver
 _____ Witness(es) _____ Claimant Passenger
 Other _____

Records/Reports/Documentation

_____ Police _____ Med Authorization
 _____ Fire _____ Wage Authorization
 _____ DMV Report _____ Medical Records
 _____ Driver _____ Employer Records
 _____ Vehicle
 Other _____

Photo/Diagrams

_____ Scene Photos _____ Vehicle Photos
 _____ Scene Diagram _____ Insured's Vehicle
 _____ Photo Claimant(s) _____ Claimant(s) Vehicle
 _____ Other _____
 _____ Conduct Accident Reconstruction

Other Investigation

_____ Court Check (Case # _____)
 _____ City/County _____
 _____ Vehicle Appraisal _____ Obtain Estimates
 _____ Canvass For Witness(es)
 _____ Other _____

Instructions/Information: _____
