



INVESTIGATIVE REPORT ORDER

**VANCOUVER &
LOWER MAINLAND
214 - 4609 Kingsway
Burnaby, B.C. V5H 4L3**

**B.C. INTERIOR REGION
121-3530 Alcan Road,
Kelowna, B.C. V1X 7R4**

**Tel: (604) 671-6715
Fax: (604) 583-5144**

**Tel: (toll free) 1-877-861-2288
Fax: (toll free) 1-877-861-6688**

Claim No. _____
IME: _____

Doctor: _____

Address: _____

Date: _____ Time: _____

Requestor/Client: _____ Phone No.: _____

Company: _____ Date: _____

Check here for call back A.S.A.P.

SUBJECT:

Name: _____

LAST

(GIVEN)

MIDDLE

Address: _____ Phone No.: _____

Date of Birth: _____ / _____ / _____ SIN#: _____

DAY

MONTH

YEAR

Children: No Yes How many? _____ Age(s) _____

Employer: _____

ADDRESS

PHONE

Physical / Medical Injuries: _____ Date of Loss: _____

Lawyer: Yes No

DESCRIPTION:

Height: _____ Weight: _____ Ethnic Origin: _____ Marital Status: _____

Distinguishing Features: _____

VEHICLE(S): _____

YEAR

MAKE

MODEL

PLATE NO.

2nd Vehicle: _____

YEAR

MAKE

MODEL

PLATE NO.

NOTES:

Physio: _____ Chiro: _____

NAME

ADDRESS

NAME

ADDRESS

SERVICES REQUESTED:

Alotted Hours _____ Surveillance Death Claims Activities Check Records Check

Witness Locate Interview Other (specify) _____

COMMENTS:

