

INVESTIGATIVE ENGINEERS of GREATER HAMPTON ROADS
by TAM Consultants
ASSIGNMENT SUBMISSION

Please fill out this form and submit via fax (757)564-1806 or e-mail to greaterhamptonroads@ienga.com. **Call (757)564-4434 with any questions.**

Date/Time Field: _____

Priority Level: _____
(Select from dropdown menu.)

ASSIGNMENT TYPE:

- | | |
|---|---|
| <input type="radio"/> Traffic Accident Reconstruction | <input type="radio"/> Mechanical & Electrical |
| <input type="radio"/> Construction Defect | <input type="radio"/> Other |
| <input type="radio"/> Bodily Injury/Slip and Fall | <input type="radio"/> Vehicle Fire Investigation |
| <input type="radio"/> Fire Investigation | <input type="radio"/> Indoor Air Quality /Microbial |
| <input type="radio"/> Property and Structural | |

Description of Occurrence and Instructions: _____

Special conditions on policy: _____

Your Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your E-mail: _____

Cell/Mobile: _____ Office Phone: _____ Fax Number: _____

CLAIM/ASSIGNMENT INSURED/CLIENT CONTACT INFORMATION:

Claim #: _____ Date of Loss: _____

Your Client/Insured Contact Name(s): _____

Insured Company Name (if applicable): _____

Insured Address: _____

City: _____ State: _____ Zip Code: _____

Client Phone: _____ Cell/Mobile: _____

PROPERTY/EVIDENCE INFORMATION (IF DIFFERENT FROM INSURED ADDRESS/LOCATION):

Location(s) of occurrence or property/evidence: _____

Contact Name: _____

Occurrence/Evidence/Property Address: _____

City: _____ State: _____ Zip Code: _____

INVOICING INFORMATION:

Invoice To: _____ Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____