



CLAIM/CASE SUBMISSION FORM

YOUR FULL NAME *

YOUR COMPANY

STREET ADDRESS

CITY, STATE, ZIP

EMAIL*

PHONE NUMBER*

CLAIM/FILE NUMBER*

DATE OF LOSS

INSURED'S FULL NAME

CLAIMANT'S FULL NAME

CASE DESCRIPTION *

PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE TO HELP US DETERMINE THE APPROPRIATE EXPERT FOR YOUR CASE

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> VEHICLE | <input type="checkbox"/> FIRE | <input type="checkbox"/> PROPERTY LOSS | <input type="checkbox"/> MECHANICAL/ELECTRICAL |
| <input type="checkbox"/> PERSONAL INJURY | <input type="checkbox"/> PRODUCT DEFECT | <input type="checkbox"/> WRONGFUL DEATH | <input type="checkbox"/> OTHER |

ISSUES TO BE ADDRESSED

INSPECTION LOCATION ADDRESS, CONTACT NAME, PHONE NUMBER, STOCK/LOT NUMBER, SPECIAL INSTRUCTIONS

INSPECTION CONTACT FOR INVESTIGATOR NAME, PHONE NUMBER, EMAIL ADDRESS

INSURED'S VEHICLE INFORMATION MAKE, MODEL, COLOR, LICENSE NUMBER, VIN NUMBER

CLAIMANT VEHICLE INFORMATION MAKE, MODEL, COLOR, LICENSE NUMBER, VIN NUMBER

ACCIDENT RECONSTRUCTION YES NO

EVENT DATA RECORDER DOWNLOAD YES NO

DOCUMENTS ATTACHED: PLEASE INCLUDE ALL OF THE FOLLOWING DOCUMENTS RELATED TO THIS CASE. PLEASE EMAIL TO ASSIGNMENTS@GARRETT-ENGINEERS.COM

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|---------------------------------------|---|---|---------------------------------|
| <input type="checkbox"/> FIRE REPORTS | <input type="checkbox"/> POLICE REPORTS | <input type="checkbox"/> PARTICIPANT & WITNESS STATEMENTS | <input type="checkbox"/> VIDEOS |
| <input type="checkbox"/> INVOICES | <input type="checkbox"/> REPAIR ESTIMATES | <input type="checkbox"/> PHOTOGRAPHS | <input type="checkbox"/> OTHER |