



THE RENWICK GROUP INC.

Claim Investigation Form

For Immediate Processing Fax To: (705) 722-5829

Date Assigned: _____ RGI File #: _____
 Company: _____ Attn: _____
 Address: _____
 Telephone #: () _____ Fax: () _____

Claimant/Third Party Information

Insured: _____ Claim #: _____
 Date of Loss: _____ Adjuster: _____
 Third Party: _____ S.I.N.#: _____
 Address: _____ Tel. #: _____
 D.O.B.: _____ Height: _____ Weight: _____ Description: _____
 Male Female Single Married Separated Common-Law Divorced

Vehicle Information

Driver's License #: _____ Other: _____
 Vehicle #1: _____ Plate #: _____
 Vehicle #2: _____ Plate #: _____

Professional Information

Employer: _____ Position: _____
 Address: _____ Tel. #: _____
 Doctor's: _____ Address: _____ Tel. #: _____
 Physio /Rehab: _____ Address: _____ Tel. #: _____
 Lawyer's: _____ Address: _____ Tel. #: _____
 Nature of Disability: _____

Instructions

Activities Check	Locate	Background	Finance	Subrogation
Surveillance:	Video	35 mm	Number Of Days: _____	Other: _____
Previous Accidents: _____				
Statements: _____				
Comments/Requests: _____ Limit \$: _____				

"YOUR THOUGHTS":

