



Case Request

AOE/COE Assignment

For Questions, Comments, or Concerns, Please contact our office at 315-527-4976. We appreciate your business and look forward to assisting you with your request. Please fill out all applicable items below:

Bellingham Investigation services
404 Oak St, Suite 266
Syracuse, NY 13203
315-527-4976

AOE/COE Assignment Form

Requester Information:

Name: _____ Company: _____ Phone# _____

Case Information:

File # _____ Case Type: Liability Workers comp. Disability Auto Other

Incident/injury date _____ Additional file # _____ Insured _____

Claimant/Subject Information:

Name _____ Date Of Birth _____ Sex: Male Female

Injury _____ Race _____ Height _____ Weight _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Vehicle Info _____ Claimant represented: Yes No

Additional Info _____

Assignment Details:

Accident Location _____ Insured Contact Person _____

Witnesses _____

Take Statement from claimant: Yes No Take Statement from supervisor: Yes No

Take Statement from Witnesses: Yes No

Rush: Yes No

Additional instructions/details of accident: _____

Fax or email the completed form to
Bellingham Investigation Services
Fax: 315-266-1202 jl@syracuseinvestigator.com