



Information Request Form

Case Assignment

OSOS SECURITY SERVICES

We Value the Safety of our Clients

PPO#17033

PI# 27847

RPS#1241

P.O. Box 1404 Mill Valley, CA 94942

Tel: (415) 519-3549

Fax: (415) 888-8467

Jeff@OSOSsecurityservices.com

Date: _____

The form on this page is for all investigations other than backgrounds. For Background Investigations and related services, please use the Background Case request form.

CLIENT DETAILS:

Company Name: _____ Ph#: _____

Requested By: _____ First: _____ Last: _____

Company Address: _____

Primary Phone: _____ Ext: _____ Direct Line: _____ Ext: _____

Fax: _____ Email: _____

CASE INFORMATION:

Date of Loss: _____ Your Claim #: _____ Other Claim #: _____

Insured Name: _____ Due Date: _____

Injury and/or Restrictions: _____

Claim Type:

Auto

Property

Disability

Workers' Compensation

Liability

Pre-employment/Background

Medical Malpractice

Background

Personal Injury

Other

Special Instructions: _____

Subject Represented

E-Mail/Verbal Report

Scheduled Appointment

Previous Surveillance

Sending Previous Report

Video Copy Requested

SUBJECT INFORMATION:

Name: _____ First: _____ Last: _____

Alias: _____ First: _____ Last: _____

Address 1: _____

Address 2: _____

Phone: _____ DOB: _____ SSN: _____

Drivers License#: _____ Vehicle: _____ Make: _____

Model#: _____ Year: _____ Color: _____ Lic.# _____

Spouse: _____ First: _____ Last: _____

PHYSICAL DESCRIPTION:

Race:

White

Black

Hispanic

Asian

Middle Eastern

Native

Sex:

Male

Female

Unknown

Hair:

Black

Brown

Blond

Red

Grey

Build:

Small

Medium

Large

Height: _____ Weight _____

EMPLOYER INFORMATION:

Occupation: _____

Employer: _____

Address: _____

Phone: _____ Ext: _____ Direct Line: _____ Ext: _____

Other Employment Info: _____

INTERVIEW STATEMENT INSTRUCTIONS:

Contact Interview With:

Claimant/1st Party: Name: _____ Phone: _____

Employer: Name: _____ Phone: _____

Witness: Name: _____ Phone: _____

Other: Name: _____ Phone: _____

Medical Release

Photographs

Medical Records

Police/Accident Report

Personnel Records

Other

Additional Instructions: _____

DEFENSE ATTORNEY (IF APPLICABLE)

Name: _____

Firm: _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Phone: _____ Ext: _____ Direct Line: _____ Ext: _____

E-mail: _____