

# Claim Assignment Request

Date: \_\_\_\_\_ Attn: \_\_\_\_\_ Total Pages: \_\_\_\_\_

## From

Adjuster/Agent/Contact: _____	Phone: (    ) _____
Insurance Co./Firm: _____	Fax: (    ) _____
Email Address: _____	

## Insured

Claim Policy Number: _____		
Name: _____		
Address: _____		
City: _____	Province: _____	Postal Code: _____
Home Phone: (    ) _____	Bus. Phone: (    ) _____	Email: _____
Contact (If Different From Above): _____		

## Claim Particulars

Type Of Claim:	Fire <input type="checkbox"/>	Lightning <input type="checkbox"/>	Water <input type="checkbox"/>	Theft <input type="checkbox"/>	Other <input type="checkbox"/>
Policy Type:	Acv <input type="checkbox"/>	Deductible To Collect? Y <input type="checkbox"/> N <input type="checkbox"/>			
	Replacement <input type="checkbox"/>	GST To Collect? Y <input type="checkbox"/> N <input type="checkbox"/>	Amount: _____		

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Please contact the above insured and complete the above assigned claim ASAP, Thank you, \_\_\_\_\_

[Signature]

**TechAssist** (a division of AllBrand Inc.) *Technology Powered Precision Restoration™*

☎ 905 479 4141 ext 230 or 800 280 6637 ext 230 | 📠 Fax: 905 479 4142 | ✉ Email [claims@allbrand.ca](mailto:claims@allbrand.ca)