



New Assignment Form

Your Name: _____ Your Company: _____

Insurance Company: _____

If new client: Mailing Address: _____

Office Number: _____ Cell Number: _____ Fax Number: _____

Email: _____

Insured Name: _____

Insured Address: _____

Insured Phone Numbers: Home/Office: _____ Cell: _____

Insured Email: _____

Date of Loss: _____

Loss Site Address: _____

Loss Site Contact: _____

L/S Contact Phone Numbers: Home/Office: _____ Cell: _____

L/S/ Contact Email: _____

Claimant Name: _____

Claim Number: _____ Policy Number: _____

Client File Number: _____ Civil Action Number: _____

Loss Type:

<i>Property – Fire/Heat/Smoke/Soot Damage</i>	<i>Property – Oil/Chemical Spill</i>
<i>Property – Surge Damage</i>	<i>Property – Water/Mold/Mildew Damage</i>
<i>Personal Injury - Burn</i>	<i>Personal Injury - Air Quality</i>
<i>Personal Injury - Impact</i>	<i>Personal Injury - Shock</i>

Scope of Work:

<i>Failure Analysis</i>	<i>Origin & Cause</i>
<i>Accident Reconstruction</i>	<i>Damage Assessment</i>

Specific Instructions: _____

Fax: 781-297-7050

Email: office@gaiengineers.com