AD HOC INVESTIGATIONS INC.

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ASSIGNMENT

Client Information

Company Name	Client Name
Client Phone	Client Email Address

Assignment Information

Your Insured	☐ Surveillance	☐ Background
Your File Number	Would you like us to call for details? ☐ Yes ☐ No	
Date of Loss	Do you require a progress report? ☐ Yes ☐ No	
Budget	Number of client copies of surveillance video VHS tape ____ DVD ____	

Subject Information

Surname	Residence Address	Phone
Given Name	Subject's Employer	Phone
Middle Name	Vehicle Make / Vehicle Model / Vehicle Year / Vehicle Colour	
Date of Birth	Vehicle Plate	Name of Subject's Insurer
Driver's Licence Number	Subject's Physicians	Subject's Lawyer
Height / Weight / Hair Colour	Has Surveillance been done on Subject previously? ☐ Yes ☐ No	
Gender ☐ Male ☐ Female / Marital Status	**Please provide Police or Accident Report**	

Injury / Claim

Additional Information