



# New Claim Assignment Fax Form

**Fax: 800-214-6385 / 204-235-0100**

**Phone: 800-214-6377 / 204-233-0000**

Adjusting Company
Insurer
Adjuster Name

Adjuster Contact Info.

Address	Phone
City	Fax
State/Prov.          Postal	Email

Claim Information

Claim/Policy #	DOL	Deductible
Type	home phone	
Insured Name	work phone	
Address	other phone	
City/St-Prov.          Postal	email	

Additional

Priority	Language	Return Reports
<input type="checkbox"/> Standard	<input type="checkbox"/> English	<input type="checkbox"/> Email
<input type="checkbox"/> Urgent	<input type="checkbox"/> French	<input type="checkbox"/> Fax

Notes

**No. of Pages (including cover)** \_\_\_\_\_

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