

Forensic Accounting Assignment Form



Please send the completed form to assignments@ingardus.com.

We will contact you within one business day.

Claim Information:

Insured or Claimant: _____
Date of Loss: _____
Loss Location: _____
Date Repairs Completed: _____
Claim, Policy or File Number: _____
Amount(s) Claimed: _____
Event Giving Rise to Claim: _____
Service Requested: _____
Contact Person & Telephone
Number at Insured's, Claimant's,
Plaintiff's or Defendant's office: _____

Coverage Considerations:

Coinsurance: _____
Extended Period of Indemnity (# of days): _____
Deductible: _____

Client Contact Information:

Adjuster or Attorney Name: _____
Adjuster or Attorney Phone Number: _____
Email Address: _____
Company Name: _____
Billing Address: _____

Miscellaneous Information & Comments:

If you do not receive an acknowledgement from us within one business day, please contact us at 317-917-1176.