

NEW INQUIRY – WHITEHALL BUREAU

File #: _____

Account Number: _____ Date Requested: _____ **Principals:** _____

Customer: _____ Company Name: _____

Tel #: _____ Fax #: _____

CLAIM NUMBER: _____ **INSURED:** _____

Subject Name: _____

Address: _____

Tel. #: (R): _____ (M) : _____

Employer: _____ Occupation: _____

Address: _____ Tel. #: _____

Contact: _____ Wages: _____

Date of Loss/Claim: _____ Nature: _____

Injuries: _____

Lawyer: _____ Address: _____

Doctor: _____ Address: _____

Physiotherapy: _____ Address: _____

Date of Birth: 1) _____ SIN: ____ - ____ - ____ 2) _____ SIN: ____ - ____ - ____

D/L: _____ VEH: _____

3rd Party Insurer: _____ POL #: _____

Examiner: _____ Tel. #: _____

Pro Rated: Y / N CC Report: _____ Invoice: _____ Acct. #: _____

Description: _____

Background: _____

Toronto _____ Hamilton _____ Vancouver _____ Other _____ Budget: _____

DATE DUE: _____

SPECIAL DATES TO HANDLE: _____