

# Assignment Notice



# Salvage North America

Assignment Date: \_\_\_\_\_ Claim #: \_\_\_\_\_ Loss Date: \_\_\_\_\_

Claim Paid:  Yes  No

Service Requested, check all that apply:  Inventory  Dispose  Pick-up Salvage  Sell Salvage  Valuation

## INSURANCE COMPANY INFORMATION

Insurance Company Name: \_\_\_\_\_

Adjuster Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Adjuster Address: \_\_\_\_\_

## INSURED OR REPRESENTATIVE INFORMATION

Insured Business Name: \_\_\_\_\_

Representative for Insured: \_\_\_\_\_ Insured Email: \_\_\_\_\_

Insured Address: \_\_\_\_\_

Insured Work Phone: \_\_\_\_\_ Insured Cell Phone: \_\_\_\_\_

Driver Name (For Trucking Loss): \_\_\_\_\_

Driver Cell Phone (For Trucking Loss): \_\_\_\_\_

## COMMODITY INFORMATION

Damage Type:  Water  Fire/Smoke  Collision  Theft  Power Surge  Weather  Cargo  Other

Describe Loss: \_\_\_\_\_

Estimate Value: \_\_\_\_\_ Location of Salvage: \_\_\_\_\_

Location Contact: \_\_\_\_\_ Location Phone: \_\_\_\_\_

Notes: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Email this Assignment Form with all instructions, pictures, invoices, inventories, etc. to [info@SalvageNA.com](mailto:info@SalvageNA.com)

1965 East Main Unit 351 Danville, IN 46122 | Office: (317) 606-4065 | SalvageNA.com