

INSURANCE INDUSTRY REQUEST FOR SERVICES

Once submitted, you will be contacted by a member of our staff to confirm receipt. If you do not receive confirmation by the next business day, please contact our office immediately. Please refrain from including opinions and non-essential information.

Your Name: _____ Date: _____

Company: _____

Mailing Address: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Bill to: _____

Insured: _____ Claim No.: _____

May we contact insured? Yes / No Insured Contact Info: _____

Service Requested For a detailed description of the listed services, please see our website or call our office for additional info.

- Method of Theft Analysis (stolen and recovered vehicle examination and analysis)
 - Keys are with vehicle Keys to be sent to your office Keys not available
 - Please **do not wait** for keys Please **wait for keys** to inspect vehicle
- Forensic Lock Analysis
- Fire Origin and Cause Determination – please specify circumstances of fire in notes
- Accident Reconstruction (Check all that apply) Veh Exam File/Photo Review only
 - Damage Verification Property Damage Occupant Dynamics (Pls. specify insured and/or claimant information)
- Mechanical Systems
 - Brakes Suspension Drivetrain Steering Tires Other – please specify in notes
- Restraint Systems Analysis and/or Event Data Recorder download
- Other (please use note for additional details)
- Attached is additional information Additional information to be provided

Year: _____ Make: _____ Model: _____

V.I.N.: _____ DOL: _____ DOR: _____

Vehicle location: Please include reference/stock numbers (if applicable), phone number and contact name

NOTES: _____

LANGE TECHNICAL SERVICES, LTD. 751 LONG ISLAND AVENUE, DEER PARK, NEW YORK 11729		Rev 2/4/05
(631) 667-6128 FAX (631) 667-6132 e-mail: ServiceRequest@LangeTech.net		
FOR OFFICE USE ONLY:	RECEIVED BY: _____ Fax _____ Via Phone _____ Via Mail _____ Via Email _____ Drop off	
File No.: _____	Date Rec'd: _____ Receipt Confirmed _____ (initial)	