

**PROFESSIONAL INVESTIGATIVE GROUP**  
**PHOTO REQUEST FORM**

Please fax toll free to 877-730-1588 or send a request over the Internet utilizing an online order form at [www.pigroup.net](http://www.pigroup.net).

**CLAIMANT INFORMATION**

Claimant's Name:	
Address:	
Phone (s):	
Employer/Address:	

**INSURED INFORMATION**

Insured's Name:	
Address:	
Phone (s):	
Employer/Address:	

**VEHICLE INFORMATION**

Year:	
Make and Model:	
Color:	
State and Tag:	
VIN:	
<b>DAMAGED AREA:</b>	

**CLAIM INFORMATION**

Claim No.:	
Date of Loss:	

**CLIENT INFORMATION**

Requester:	
Company:	
Mailing Address:	
Phone:	

**COMMENTS AND SPECIAL INSTRUCTIONS**

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