



# Claim Assignment Form

email: [assignments@nationalrestore.com](mailto:assignments@nationalrestore.com) | Fax: 703.832.0528

Assigned by: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Claim Number \_\_\_\_\_ Loss Date: \_\_\_\_\_

Insured's Street Address \_\_\_\_\_

Insured's City, State, ZIP \_\_\_\_\_

Best Number: \_\_\_\_\_

Alternative Numbers: \_\_\_\_\_

Alternative Contacts: \_\_\_\_\_

(Relative, PA, GC)

Type of Damage: Water, Fire, ...: \_\_\_\_\_

Work Request: ☐ Photo Evaluation ☐ On-site Evaluation

Have you informed insured we will be calling: ☐ Yes ☐ No, please explain who you are

Description of Damaged Items & Special Instructions/Comments:

☐ Furniture ☐ Cabinets ☐ Other

Please send photos of damaged items with the form to: [assignments@nationalrestore.com](mailto:assignments@nationalrestore.com)

This form also available to submit online: <http://www.nationalrestore.com/assignments>

If requesting Cabinet Photo Evaluation **please provide approx.. Linear Foot measurements:**

Uppers: \_\_\_\_\_ Lowers: \_\_\_\_\_ Full Height: \_\_\_\_\_ Island: \_\_\_\_\_