|  |  |  |  |
| --- | --- | --- | --- |
| *Referral Date:* |  | *Due Date:* |  |

**Services Requested:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Factual:* |  | *Surveillance:* |  | *Corporate:* |  | *Other:* |  |

**Delivery of Instructions & Supporting Documents:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Email:* |  | *Post:* |  | *Courier:* |  | *Pickup by Huxley Hill:* |  |

**Client Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Case Mgr. / Client:* |  | *Claim Number:* |  |
| *Company:* |  | *Client Solicitor Firm:* |  |
| *Address:* |  | *Solicitor Name:* |  |
| *Phone:* |  | *Solicitor Address:* |  |
| *Email:* |  | *Original to Solicitor:* |  |

**Employer Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Company Name:* |  | *Employer Contact:* |  |
| *Street Address:* |  | *Title:* |  |
| *Suburb:* |  | *Phone:* |  |
| *Postcode:* |  | *Email:* |  |

**Claimant Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Claimant Name:* |  | *Date of Birth:* |  |
| *Street Address:* |  | *Date of Injury:* |  |
| *Suburb:* |  | *Home Phone:* |  |
| *Postcode:* |  | *Mobile Phone:* |  |
| *Height:* |  | *Weight:* |  |
| *Build:* |  | *Hair:* |  |
| *Marital Status:* |  | *No. Dependents:* |  |
| *Vehicle:* |  | *Photo ID:* |  |
| *Other Features (tattoos, etc.)* |  | | |
| *Other Premises:* |  | | |
| *Injury Restrictions:* |  | | |

**Employer Contact & Liaison:**

|  |  |  |
| --- | --- | --- |
| *Can Huxley Hill contact the Employer for additional information?* | Yes | No |
| *Should Huxley Hill liaise with & provide verbal updates to the Employer?* | Yes | No |

**Factual Investigation Instructions:**

|  |  |  |
| --- | --- | --- |
| *Full Factual Investigation:* |  | *(Including but not limited to all interviews; photographs assessment of negligence; assessment of work systems; assessment of recovery potential)* |

**Alternative Instructions:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Interview Insured:* |  | *Interview Claimant:* |  | *Interview Witnesses:* |  | *Assess Negligence:* |  |
| *Inspect Location of Incident* |  | *Assess Recovery Potential* |  | *Assess System of Work* |  |  |  |

**Surveillance Special Instructions:**

|  |  |
| --- | --- |
| *Hours Budgeted:* |  |
| *Specific Hrs / Days:* |  |
| *Specific Objectives:* |  |
| *Any Additional Information or Attachments:* |  |