

Insurance Evidence Services, LLC - Philadelphia

Evidence Information

Receiving Bin # _____

Date: _____ Time: _____ (Evidence is dropped off at IES Philadelphia)

Person dropping off evidence- Name: _____

PH#: _____ Email: _____

Loss Location: _____

Date of Loss: _____ Type of Loss: Fire Explosion Personal Injury Other

Claim/File #: _____ Client Name: _____

Storage Invoice – Bill to: _____

Property Owner Name: _____

Adjuster Name: _____

Attorney Name: _____

Investigator Name: _____

Engineer Name: _____

Any special handling instruction: _____

(OVER)

