

RAIL SERVICES

6700 N. Linder Rd. Suite 156/256, Meridian, ID 83646
office: (208) 287-4467 fax: (208) 957-5819 www.sosrail.com

Please email the requested assignment to: claims@sosrail.com

Claim Intake Form

- Requesting Assignment
 - Company Name:
 - Your Name:
 - Phone Number:
 - Email:
 - Mailing Address:

- Insured Information
 - Your Insured:
 - Contact for Insured (If applicable):
 - Phone Number:
 - Email:

- Your File Number:
- Date of Loss:
- Description of Loss:
- Date of Assignment Request to Rail Services:
- Time Sensitive Dates (Statute, Depositions, etc...):
- Assignment Summary:

Please send all relative claim documents with the assignment:

Demands, Invoices, Police Report, Photos of Damages, etc.