|  |  |
| --- | --- |
| **Broken Bones Final Closure Report** | |
| **Claim Number.** |  |
| **Policy Number.** |  |
| **Insured name** |  |
| **Claimant name** |  |
| **Sum insured (INR)** |  |
| **Nature of loss** | Broken Bones |
| **Policy type** | PA |
| **Channel / Sourcing** |  |
| **Touch Points :** | **Observation** |
| **Claimant visit** | Family member (family tree)- |
| Relation with insured- |
| Occupation (Insured) – |
| Occupation (claimant) – |
| Event details (Time, place, when, how) -- |
| **As per Insured statement:-**  (Time, place, when, how) – |
| Current condition (disability cases)- |
| Other insurance – |
| **Hospital visit** | MLC - |
| DOA – DOD – |
| PM – |
|  |
| **As per Hospital ICP’s Details - :-** |
| **Police station visit** | Verification details – |
| Final report - |
| case summary - |
| Police document verified - |
| **PM centre visit** | PM centre name -- |
| cause of death -- |
| Viscera status -- |
| PM verified -- |
| **Spot visit** | Photos -- |
| Witness -- |
| Description--- |
| **DL Verification** | DL name-- |
| DL validity -- |
| COV -- |
| Online portal check -- |
| **RC verification** | Owner name -- |
| Registration validity -- |
| Vehicle details -- |
| Online portal check -- |
| **Vicinity check** | Total person inquired -- |
| Event details -- |
| **Media / Newspaper** | Date -- |
| Details -- |
| **Industry feedback** | Other insurance company -- |
| Claim Status -- |
| **Final Conclusion** |  |
| **Intimation Date** |  |
| **Report closed date** |  |
| **TAT** |  |
| **Final Recommendation** |  |
| **Investigator Name** | Ericson HealthCare Pvt. Ltd |
| **State Manager Name** |  |
| **Central Manager Name** |  |