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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Death Claim Investigation Report** | | | | | | | |
| **Policy Number(s)** | |  | | | **KRN No.** | |  |
| **LA information\*** | | | | | | | |
| **Name of LA** | |  | | | **DOB** | |  |
| **Occupation** | |  | | | **Income** | |  |
| **House** (Independent/Apartment) | |  | | | **First Report Date** | |  |
| **Residential Status** (Owned/Rented) | |  | | | **Final Report Date** | |  |
| **Claimant Information\*** | | | | | | | |
| **Name** | |  | | | **DOB** | |  |
| **Relationship with LA** | |  | | | **Mobile No** | |  |
| **Address-** | |  | | | | | |
| **State** | |  | | | **City** | |  |
| **Policy Details/ Claim Details** | | | | | | | |
| **Product** | |  | | | **SA** | |  |
| **RCD** | |  | | | **DOD/ Date of illness** | |  |
| **Cause of illness** | |  | | | **Duration** | |  |
| Place of Death | |  | | | | | |
| Part 1: Checks of details mentioned in Proposal form / claim form | | | | | | | |
| **Profile of the life assured\*** | | | | | | | |
| **Details** | | **As per investigation** | | | | **Mismatch noted (Yes/No)** | **Evidence procured (Yes/No)** |
| **Name** | |  | | | |  |  |
| **Date of Birth** | |  | | | |  |  |
| **Age** | |  | | | |  |  |
| **Marital Status** | |  | | | |  |  |
| **Occupation** | |  | | | |  |  |
| **Annual Income** | |  | | | |  |  |
| **Education** | |  | | | |  |  |
| **Other life/health insurance** | |  | | | |  |  |
| **Address** | |  | | | |  |  |
| **Nominee Relationship** | |  | | | |  |  |
| **Family details\*** | | | | | | | |
| **Name** | **Age & relation with LA** | | | **Occupation** | | **Contact no** (reason if of available) | **Address same as claimant** (provide details if different) |
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| **Collect Ration Card / Parivar Card/Voter ID or other possible age proofs of all family members\*** | | | | | | | |
| **Ration card / Parivar Card collected:**  **Voter ID Card Collected**:  **PAN Card Collected**:  **Aadhar Card collected:** | | | | | | | |
| **Signed declaration from Nominee - All documents collected from nominee to be mandatorily countersigned, including nominee declaration & medical records\*** | | | | | | | |
| ***Meeting with Nominee:*** | | | | | | | |
| **LA residence check(collect photograph of residence/premises)\*** | | | | | | | |
| **Standard of Living** | | | |  | | | |
| **KYC & contact number** | | | |  | | | |
| **Past & present medical records, Consultation notes** | | | |  | | | |
| **Annual income with supporting documents(bank statement/ITR/F-16)** | | | |  | | | |
| **Purpose for insurance** | | | |  | | | |
| **Other insurance details** (including Health insurance) | | | |  | | | |
| **Part II-Detailed investigation report** | | | | | | | |
| **Discreet check findings at LA's residence & work place - *to be checked with at least 5-6 people\**** | | | | | | | |
| *Basic details to be checked are: LA’s existence, identity verification (verify photograph of LA as per the proposal form by neighbours), age, habits, occupation, illness, hospitalization detail & get the written statement along with name & contact number & date.* | | | | | | | |
|
| **Name:**  **Place (residence):**  **Contact number:**  **Name:**  **Place (residence):**  **Contact number:**  **Name:**  **Place (residence):**  **Contact number:**  **Name:**  **Place (residence):**  **Contact number:**  **Name:**  **Place (residence):**  **Contact number:**  **Summary of the details shared by the above listed individuals:** | | | | | | | |
| **Family doctor check** | | | | | | | |
| **Collect Family doctor certificate** **Ensure the certificate is completely filled & date, sign & stamp of the doctor is duly updated**  **Consultation notes if collected, ensure the same is signed & stamped by the doctor**  ***Could not find any detail regarding the family doctor.*** | | | | | | | |
| **Hospital check \*** | | | | | | | |
| **Verify hospitalization documents if submitted at claims stage, Any previous history of Hospitalization/treatment noted, all such documents to be procured. Checks at all nearby hospitals**  **Name of Hospital/Doctor:**  **Contact person:**  **Contact number:**  **Observation:**  **Name of Hospital/Doctor:**  **Contact person:**  **Contact number:**  **Observation:**  **Name of Hospital/Doctor:**  **Contact person:**  **Contact number:**  **Observation:** | | | | | | | |
| **Check all the chemists/medical shops/Laboratories/medical practioners near residence, work place, treating doctors place, hospitals etc., & procure necessary documents\*** | | | | | | | |
| **Name of store/Doctor/Lab:**  **Contact person: chemist -**  **Near (residence / work place):**  **Contact number:**  **Name of store/Doctor/Lab:**  **Contact person:**  **Near (residence / work place):**  **Contact number:**  **Name of store/Doctor/Lab:**  **Contact person:**  **Near (residence / work place):**  **Contact number:**  **Summary of the details shared by the above listed individuals:**  **Observation:** | | | | | | | |
| **Occupation / Workplace check if LA Employed / businessman(photograph of shop/office if LA businessman,self-employed)\*** | | | | | | | |
| **Mandatory requirements** | | | | | | | |
| **• Duly filled employer certificate to be collected:**  **• Salary slip:**  **• Leave records:**  **• Reason for availing sick leaves:**  **• Collect medical documents submitted for sick leaves/Health Card no/TPA Name/General Insurance co details:**  **• Name & contact details of the contact person/manager:** | | | | | | | |
| **Contact at least 2-3 adjacent shop owners, colleagues / HR, office security staff & record their statement & contact no.\*** | | | | | | | |
| S**ummary of the details shared by the above listed individuals:** | | | | | | | |
| **Collect identification documents of LA (Passport copy, School Leaving Certificate, PAN, Voter ID, Aadhar etc.)\*** | | | | | | | |
|  | | | | | | | |
| **Collect all possible income documents of LA \*** | | | | | | | |
|  | | | | | | | |
| **Cremation documents to be verified/cremation related findings\*** | | | | | | | |
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| **Advisor/sales involvement observed** | | | | | | | |
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| **Observation/findings about the location, whether fraud/nexus observed\*** | | | | | | | |
|  | | | | | | | |
| **Date wise summary of investigation carried by the Agency\*** | | | | | | | |
|  | | | | | | | |
| **Overall remarks should not be repetitive from the above remarks. Agency should mention the crux of the investigation, negative findings, recommendation\*** | | | | | | | |
| **Remarks:** | | | | | | | |
| **Findings on the re-actionable given, if any** | | | | | | | |
|  | | | | | | | |
| **Name of the investigating agency:** | | |  | | | | |
| **Name of the investigator & contact details:** | | |  | | | | |
| **Important points to remember:** | | | | | | | |
| Investigator to provide affidavit for all negative cases | | | | | | | |
| Incase documents procured form the family, it is mandatory to get it attested by claimant as well as from the issuing authority | | | | | | | |
| Affidavit to be collected from Claimant/LA's family member in case of discrepancy with respect to age/income/occupation/health | | | | | | | |
| Dispatch all documents in originals to the Risk Manager post closure confirmation of investigation. | | | | | | | |
| **Findings of Advisor/FSC/Sales interrogation by Risk controller during final report\*** (Filed to be populated by RC only) | | | | | | | |
|  | | | | | | | |

**ISSUED WITHOUT PREJUDICE**

**AUTHORIZED SIGNATORY**

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