

INVESTIGATION REPORT

Case Allocation Date:	isSelfFunded/001	Report Date:
Name of the driver partner :	Age :	Sex :
Vehicle Registration No. :	Contact No. :	
Uber Claim No. :	PHM Claim No. :	

Hospital Info

Network Status :	Date of Admission:
Date of Discharge:	Date of Death:
Details of Treatment :	
Diagnosis:	

Incidence History

Cause of Death

PHM Doctor Comments

Documents Received

**For Paramount Healthcare Management Private Ltd.
Authorized Signatory**