**Shriram Life Insurance Company Ltd**

**Investigation Report**

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| --- | --- |
| Report No. & Date | {{ReportNo\_Date}} |
| Name of Agency & Address | {{AgencyName\_Address}} |
| Email ID & Contact Numbers | {{Email\_Contact}} |

## Policy Extract for Death Claim Investigation

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| Policy No. & Branch | {{PolicyNo\_Branch}} |
| Sum Assured & Benefit | {{SumAssured\_Benefit}} |
| Date of commencement | {{DateOfCommencement}} |
| Product | NA |
| Date of risk reinstatement Or last revival | NA |
| SO Code / Name | Not Known |
| Risk details (Insurance by other companies) | NA |

**Particulars of the Life Assured**

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| Name of the Insured (Deceased) | {{InsuredName}} |
| Address Mailing & Permanent (If different) with Contact Number | {{InsuredAddress\_Contact}} |
| Name of the Proposer | {{ProposerName}} |
| Date of Birth as per proposal | {{DOB\_Proposal}} |
| Has age been submitted in the proposal, if yes, then nature of proof submitted | {{AgeProofSubmitted}} |
| Name of claimant / nominee/s | {{ClaimantName}} |
| Relationship with Insured person | {{ClaimantRelationship}} |
| Address of claimant (if different from insured) | {{ClaimantAddress}} |
| Occupation (as per proposal) | {{Occupation\_Proposal}} |
| Name of the employer (as per proposal) | {{EmployerName}} |
| Address of the employer | {{EmployerAddress}} |
| Date of Death | {{DateOfDeath}} |
| Date of Death intimation recd. | {{DateOfDeathIntimation}} |
| Cause of death (as per death intimation) | {{CauseOfDeath}} |
| Place of death | {{PlaceOfDeath}} |
| Documents for Death Claim submitted0 | {{DocumentsSubmitted}} |

# Part – A (Basic Investigation)

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| 1)Names and addresses of persons with whom enquiries were made and from whom information may be and was obtained (relatives, neighbors, colleagues, friends, doctors, hospitals) | ***{{EnquiryPersons}}*** |
| 2) Confirmation that deceased and person insured under the policy are one and the same? If yes, provide nature of confirmation | {{ConfirmationDeceasedIdentity}} |
| 3) Mention any deformity, peculiarities etc. in the physique, health and habits of the deceased discovered during the enquiry (as per the knowledge of neighbors, friends & local people, etc.) | {{PhysiqueHealthHabits}} |
| 4) What was the age of the Insured at the time of death? Nature of evidence / proof of age and sources from where verified | {{AgeAtDeath\_Proof}} |
| 5) What was the Insured’s occupation and average monthly income? Was the total insurance taken by the insured on his/her life, reasonable and affordable? | {{Occupation\_Income}} |
| 6) Is the place of death different from the district where the insured resided? If yes, then mention the reason for the insured going outstation. | {{OutstationReason}} |
| 7) Relationship, if any of the life assured with the any SO, SM, Medical Examiner and whether any of them has a pecuniary interest in the claim amount. If yes, provide details | {{Relationship\_SO\_SM\_ME}} |
| 8) What were the insured’s attitude & behavior with relatives, colleagues and friends like? If negative, provide details | {{Behavior\_Observation}} |
| 9) Did the insured have any pre-existing disease at the time of and/or before the date of the proposal /revival and whether proof of the same has or can be obtained? | {{PreExistingDisease}} |
| 10) Summary of the last illness / accident with specific reference to the event/cause of death. (In case of unnatural or mysterious death like accident, suicide, murder etc. give summary mentioning details of death with reference to police FIR/ PM/ Inquest).Also mention source of information | {{LastIllnessSummary}} |
| 11) Whether the SO, SM or Medical Examiner have conspired with the deceased or the claimant in perpetuating fraud? Explain the reasons of your suspicion. | {{ConspiracySuspicion}} |
| 12) On the basis of the enquiries is there any reason to suspect the title & bonafides of the claimant? If yes, provide details. | {{ClaimantSuspicion}} |
| 14) Has a Vicinity Check with hospitals, pharmacies, chemists & local doctors revealed any information of relevance? Provide the names and contact numbers of persons and establishments interviewed in this regard. | {{VicinityCheck}} |

**Part** – **B** **(Medical Investigation)**

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| 1) Did the deceased suffer from any illness or injury prior to the commencement /revival of the policy? If so give full particulars and name(s) of doctors consulted. | {{IllnessBeforePolicy}} |
| 2) For his/ her last illness (mention the period of hospitalization, name(s) of the doctors attended and IP/OP No.) | {{LastIllnessDetails}} |
| 3) Records maintained by doctor/ Hospital (Collect certified extracts or summary) | {{MedicalRecords}} |
| 4) Date on which the insured person died, first suspected or diagnosed. | {{DateFirstSuspected}} |
| 5) Date on which the last attending doctor was first consulted. (During the last illness and or before that) | {{LastDoctorConsultedDate}} |
| 6) Duration of last illness | {{LastIllnessDuration}} |
| 7) The Medical Cause of Death (if PMR/ viscera report) | {{MedicalCauseOfDeath}} |
| 8) Whether any doctor has treated the insured for the same or any other ailment at any time before the commencement / revival of the policy and if so, for what ailment and for how long? | {{PreviousTreatmentDetails}} |
| 9) Was the advice of a specialist /consultant sought? If so, give the name and address of the specialist and reason for the consultation. | {{SpecialistConsultation}} |
| 10) Apart from the last medical attendant has any other doctor treated the insured in the beginning of the last illness? If so, give the name & address of the doctor and particulars of the treatment availed from him/her. | {{OtherDoctorTreatment}} |
| 11) State the names and addresses of any referring doctors and whether any letter of introduction is available? | {{ReferringDoctors}} |
| 12) Details of any routine examination like X –Ray, Blood, Urine Test, ECG or other special medical reports prior to Date of Commencement of policy. | {{RoutineExamsPriorPolicy}} |
| 13) Particulars of all originals / copies of medical reports which have been collected and the source from where these were obtained. | {{MedicalReportsCollected}} |

**Part** – **C** **(Investigation of employer)**

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| 1) Details of employment for the last 3 years (if more the one employment then provide details for all) | {{EmploymentDetails}} |
| 2) Date of joining service & nature of duties | {{JoiningDate\_Duties}} |
| 3) Regularity in attendance | {{AttendanceRegularity}} |
| 4) leaves records during for last 3 years with reason availed (Obtain extract of leave record maintained by the employer) | {{LeaveRecords}} |
| 5) Usual behavior at the place of work & Relationship with colleagues | {{WorkBehavior}} |
| 6) Details of any medical/hospitalization claim or reimbursement availed during the last 3 years (Obtain records of the same maintained by the employer) | {{MedicalClaimsEmployer}} |
| 7) Is there any fitness or ill health certificate with the employer & whether the issuing doctor has treated the insured and has the relative records? | {{FitnessCertificates}} |
| 8) In case the insured has availed leave of more than ten days during last 3 years, mention the dates and reasons for the same. | {{ExtendedLeaveDetails}} |
| 9) Ascertain from the Insured’s employers whether the insured was eligible and availed any medical reimbursement for his / her own sickness; prior to the date of commencement /revival of the policy. If yes, then the relevant information should be obtained. | {{MedicalReimbursement}} |
| 10) Any relevant information revealed by the employer? | {{EmployerOtherInfo}} |

**Part** – **D** **(Investigation if in Business- enquiries with partners, family & business associates)**

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| 1) How long was Deceased person in the business? | {{BusinessDuration}} |
| 2) Nature of Insured’s business at the time of proposal? | {{BusinessNature}} |
| 3) Address of business premises | {{BusinessAddress}} |
| 4) Usual state of Insured’s health and habits. | {{HealthHabitsBusiness}} |
| 5) Names, Addresses & contact numbers of partners & associates who were interviewed. | {{BusinessPartnersInterviewed}} |
| 6) Any relevant information revealed by any person interviewed? | {{BusinessOtherInfo}} |

**Part** – **E** **(Investigation if Insured changed his Business in the last 2 years)**

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| 1) Date of change in business | {{BusinessChangeDate}} |
| 2) Nature of Insured’s previous business & reason for change | {{PreviousBusinessReason}} |
| 3) Address of previous business premises | {{PreviousBusinessAddress}} |
| 4) Usual state of Insured’s health and habits to be enquired from previous associates. | {{HealthHabitsPrevAssociates}} |
| 5) Names, Addresses & contact numbers of partners & associates who were interviewed. | {{PrevBusinessPartnersInterviewed}} |
| 6) Any relevant information revealed by any person interviewed? | {{PrevBusinessOtherInfo}} |

**Part – F Miscellaneous / General**

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| 1) What was the general mental state of the insured as observed by his colleagues/staff? | {{MentalState}} |
| 2) Did the insured have any financial liabilities? Is there any reason to suspect that the death is related to the same | {{FinancialLiabilities}} |
| 3) Any other relevant information which has not been reflected in the questionnaire? If yes, provide details | {{MiscOtherInfo}} |
| 4) Was the Insured person a member of any health insurance scheme? If so, the particulars of benefits availed from the Insurers should be obtained. | {{HealthSchemeMembership}} |
| 5) Any Information that you desire to provide/ report with reference to the Highlighted Points in the entrusting Letter | {{AdditionalInfo}} |
| 6) During the course of investigations did any person make any statement of relevance that needs to be highlighted? | {{InvestigationStatements}} |
| 7) Investigative Findings that need to be highlighted | {{InvestigativeFindings}} |
| 8) Reason for the above conclusion | {{ConclusionReason}} |
| 9) Conclusive Remarks | {{ConclusiveRemarks}} |
| 10) Enclosures (Evidences & Documents collected) | {{Enclosures}} |

**Part** – **G** **(Investigation Police Station)**

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| 1) Who has lodged the FIR ( Name of the complaint & relation with LA | {{FIR\_LodgedBy}} |
| 2) Name of the investigation officer along with complete address & contact number police station. | {{InvestigationOfficerDetails}} |
| 3) FIR No , Charge sheet number . | {{FIR\_ChargeSheetNo}} |
| 4) Case summary as per FIR. | {{CaseSummaryFIR}} |
| 5) Case summary as per FIR & Panchanama. | {{CaseSummaryFIR\_Panchanama}} |
| 6) Any relevant information revealed to the case. | {{PoliceOtherInfo}} |
| **Declaration:**  *I, the undersigned,* {{InvestigatorName}} *hereby declare that the information, documents and evidences submitted along with my Investigation Report are genuine and obtained without any threat, force, coercion or bribery, from the relevant parties and I agree to indemnify the Company against any losses, financial or otherwise, in case the information, evidence or documents are found to be untrue.*  *I also agree to stand by my investigation report in any court of law as and when required by the company.*  Date: {{DeclarationDate}} Name of the Investigator: {{InvestigatorSignature}}  (Signature of Investigator)  Date: {{SignatorySignatureDate}}  Name of Signatory Authority: {{SignatoryAuthorityName}}  Signature/Date: {{SignatorySignatureDate}}  Stamp of Agency: {{AgencyStamp}}  ***Disclaimer: Bullet Healthcare Services conducts investigations and prepares reports based on the data provided and the information gathered during the field investigation. While we strive to ensure accuracy, Bullet Healthcare Services and its representatives do not assume legal responsibility for the final decisions made by the insurance companies or other entities based on this report. The conclusions and findings in this report are intended to assist in the decision-making process and should not be construed as legal advice or a definitive determination of the claim’s validity.*** | |