1. **{iname}**
2. **Health Claim of : {pname} Claim Number : {claimno}**

Questionnaire for Claimant

**1. Please provide your Full name, age and contact details.**

**Ans.**

**2. Please give details about work-place of deceased / Insured.**

**Ans.**

**3. Please give other Insurance policy details? Was the deceased covered under Retail/ Group/ PA or Life Insurance policy? Please provide details of the same & claim status.**

**Ans.**

**4. Please give details of Family Doctor? (Name, Add., Contact No.)**

**Ans.**

**5**. **Please provide details of events leading to death. Also provide all related documents.**

**Ans.**

**6. He was taken to which hospital? Doctor? What treatment provided? Please provide relevant details and documents of all the Hospitalizations.**

**Ans.**

**Signature**

1. **{iname}**
2. **Health Claim of : {pname} Claim Number : {claimno}**

Questionnaire for Claimant

**7. Was any CT Scan / MRI / ECG / Cardiac enzymes / 2 D Echo / Sonography / Blood tests / Any other tests done? if yes kindly provide details and reports.**

**Ans.**

**8. What was the date of death? Kindly provide Cause of death certificate.**

**Ans.**

**9. Was the Postmortem done? Please provide Postmortem report.**

**Ans.**

**10. Any history of Stroke / Paralysis / Neurological problem? When? Kindly give details and documents.**

**Ans.**

**11**. **Any history of Fall down / Trauma / Road Traffic Accident? If yes then Kindly give details and documents.**

**Ans.**

**12**. **Any past history of Heart disease / Heart related problem / Coronary Artery disease? Since when? Kindly give details and documents.**

**Ans.**

**13. Any history of Blood Pressure / Diabetes / Kidney disease / Major illness / Surgery? Kindly give details and documents.**

**Ans.**

**Signature :**

1. **{iname}**
2. **Health Claim of : {pname} Claim Number : {claimno}**

Questionnaire for Claimant

**14. Any past hospitalization? Provide Past hospitalization details and documents.**

**Ans.**

**15. Whether any CT Scan / MRI / Angiography / ECG/ 2D Echo./ Stress Test / Sonography / Blood test was done in the past? When & where? Please provide reports.**

**Ans.**

**16. Had the Insured ever suffered with Cancer / Myocardial Infarction / End Stage Renal Disease / Stroke / Paralysis / Multiple Sclerosis?**

**Ans.**

**17. Any history of Major Organ transplant / CABG / Heart Valve surgery in the Insured? Please provide details.**

**Ans.**

* ***Answers given by me for above mention questions are true to best of my knowledge.***
* ***I give consent and authorize* {iname} *to collect relevant documents from Hospitals/Pathology Labs./Medical Stores in any part of India.***

**Signature :** **Sign. of Witness :**

**Name : Name of Witness :**

**Date : Date :**

Customer Feedback Form

|  |  |
| --- | --- |
| Customer Name: | {pname} |
| Address: |  |
| Email/Phone |  |
| Vendor Name | {vname} |
| Name of Verification Officer |  |

1. Did verification officer explain you the purpose of visit?
2. Did he take consent for verification process ?
3. Did he present you authority letter/ Identity card ?
4. Was there any misbehavior/rude/arrogant behavior from verification officer during verification?
5. Did he take photographs of all the related documents, prescription, reports, and films with willful consent
6. Was the information shared without any force, fear, influence or pressure and without giving money or gift to the representative

Here by you are allowing us to take your Google locations as a part of claim verification

Date Date

Signature of insured Signature of verification officer

Contact No :