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 :**

**TATA AIG General Insurance Co. Ltd.**

**Customer Feedback Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Claim Details** | | | |
| **Claim No.** |  | **Policy No.** |  |
| **Insured Name** |  | **Patient Name** |  |
| **Date of Visit** |  | **Place of Visit** |  |
| **Field Officer Name & Contact No.** |  | | |

Thank you for taking the time to provide feedback. Your Opinion is important to us and will help us improve our processes. Please take a moment to answer the following questions honestly.

1. **Please rate the Field officer’s behavior during the interaction.**

**Excellent Good Average Poor**

Please specify (if Average or Poor selected)

1. **Did the field officer ask for any favor or special treatment during the interaction?**

**Yes No**

1. **Did the investigator hint at or suggest receiving a bribe?**

**Yes No**

1. **Did the field officer take permission from you to check your personal information such as Google timelines, WhatsApp details, money transaction details, Photographs, etc.?**

**Yes No**

1. **How satisfied are you with the overall approach of the Field Officer?**

**Satisfied Dissatisfied**

Please specify (If Dissatisfied)

Thank you for your feedback. We appreciate your time and honesty.

**Signature Witness Signature**

**Insured Name / Patient Name Name**

**Contact No. Contact No.**