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

**Investigation Report – PA Claims**

|  |  |  |  |
| --- | --- | --- | --- |
| **Claim Details** | | | |
| **Claim No.** | {claimno} | **Policy No.** |  |
| **Sum Insured** |  | **Policy Inception Date** | {doj} |
| **Referral Date** | {doi} | **Report Submission Date** |  |
| **Investigator Name** |  | | |
| **Reason for Investigations** |  | | |
| **Insured & Nominee Details** | | | |
| **Name** | {pname} |  |  |
| **Address** |  |  |  |
| **DOB** |  | **Age / Sex** |  |
| **Age Proof** |  |  |  |
| **Any Discrepancy in Age?** |  |  |  |
| **Occupation / Employment Details** |  | **Income Details** |  |
| **Details of other Insurance Policies** |  | | |
| **Bank account of insured is active or not after date of death/if not reason for not deactivating the insure bank account** |  | | |
| **Claimant/ Nominee Name** | {pname} | | |
| **Relationship with Insured** |  | **DOB / Age / Sex** | {age} years |
| **Dependent Details** | **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **Nominee Statement Details** |  | | |
| **Incidence Details / Spot Visit** | | | |
| **Nature of Loss** |  | | |
| **Date & Time of Accident** | {doa} | **Date & Time of Death** | {dod} |
| **Place of Accident** |  | | |
| **Distance of Accident spot from Insured(s) residence & other relevant places (office, nearest visit spot, etc)** |  | | |
| **Brief Description of the Incidence** |  | | |
| **Witness Statement** | Witness 1 | | |
| Witness 2 | | |
| **Photographs of Accident Spot** | Yes / No | | |
| **Spot Visit Findings** |  | | |
| **Hospitalization Details** | | | |
| **Date & Time of First admission to Hospital** |  | | |
| **Name & Address of Hospital (First Admission)** |  | | |
| **IPD Papers** |  | | |
| **Brief Findings** |  | | |
| **Cause of Death** |  | **Form 4A / Form 2** |  |
| **H/O Multiple Hospitalizations?** | Yes / No | | |
| Findings | | |
| Findings | | |
| **Police Station Visit** | | | |
| **Police Station details** |  | **Date of Visit** |  |
| **Documents verified?** |  | | |
| **Incidence details** |  | | |
| **Any Discrepancies?** |  | | |
| **Vehicle Details** | | | |
| **Details of Insurance Claims on the vehicles involved and its status TP Claims** |  | | |
| **Any recorded statement from the co-passengers/Driver** |  | | |
| **Photographs of Vehicles** | Yes / No | | |
| **Post Mortem Details** | | | |
| **Date & Time of Post Mortem** |  | **FIR / GD no mentioned in PM?** |  |
| **Name & Age as per PM register copy** |  | | |
| **Name & Address of Hospital** |  | | |
| **Cause of Death** |  | | |
| **Viscera Report if Any** |  | | |
| **PM Report Verified?** |  | | |
| **PM Doctor Statement** |  | | |
| **Death Certificate Details** | | | |
| **Verified** | Yes / No | **Issued By** |  |
| **Application form collected?** |  |  |  |
| **Other Findings** | | | |
| **Vicinity Check - Findings** |  | | |
| **Anganwadi Statement / Register** |  | | |
| **Cremation Details** |  | | |
| **Any Other Findings** |  | | |
| **Case Summary** | | | |
| **Conclusion** |  | | |
| **Remarks** |  | | |
| **Name of Field Officer** |  | | |
| **Contact No.** |  | | |
|  |  |  |  |
| **Spot Photographs** | **Claimant Photographs** | **Deceased Photographs** | **Vehicle Photographs** |