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

**Investigation Report –Reimbursement Claims**

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| **Claim Details** | | | |
| **Claim No.** | {claimno} | **Policy No.** |  |
| **Claimed Amount** |  | **Policy Inception Date** | {doj} |
| **Referral Date & Time** | {doi} | **Report Submission Date & Time** |  |
| **Investigator Name** |  | | |
| **Triggers for Investigations** | {triggers} | | |
| **Insured Visit Details** | | | |
| **Patient Name** | {pname} | **Insured Name** | {pname} |
| **Address** |  | | |
| **Patient's DOB** |  | **Patient's Age / Sex** | {age} years |
| **Age Proof** |  | | |
| **Any Discrepancy in Age?** |  | | |
| **Occupation / Employment Details** |  | | |
| **Relationship with Insured** |  | | |
| **Date of Visit** |  | **Place of Visit** |  |
| **Insured Statement Details** |  | | |
| **Hospital Details** | | | |
| **Hospital Name** | {hname}, {hplace} | | |
| **Address** | {hplace} | | |
| **No. Of Beds** |  | **Type** | Primary / Secondary / Tertiary |
| **Network Status** |  | | |
| **Hospital Registration Details** |  | | |
| **Owner Details** |  | | |
| **Date & Time of Admission** | {doa} | **Date & Time of Discharge** | {dod} |
| **Final Diagnosis** |  | **Treatment** | Conservative / Surgical |
| **Tariff Card details** (Discrepancies to be highlighted) |  | | |
| **IP Register Entry & Brief Findings** (Discrepancies to be highlighted) |  | | |
| **Indoor Case Papers** (Including Anesthetist Notes & OT notes if Surgical Case) **Past History / Discrepancies to be Highlighted** |  | | |
| **Treating Doctor** (Name / Qualification/ Contact No.) |  | **Registration No.** |  |
| **Verification Status** |  |
| **Treating Doctor statement details** Past History / Discrepancies to be Highlighted |  | | |
| **If Accidental Case** | | | |
| **Incidence Details** |  | | |
| **MLC Details & Findings** |  | **Alcohol Intoxication/ Drug Abuse / Self Inflicted** |  |
| **FIR Details & Findings** |  | **Alcohol Intoxication/ Drug Abuse / Self Inflicted** |
| **Any Discrepancies** |  | | |
| **Lab Verification** | | | |
| **Pathology Lab Detail** |  | | |
| **Pathologist Details** (Name / Qualification/ Contact No.) |  | **Registration No.** |  |
|  | **Verification Status** |  |
| **Is Pathology lab Inhouse?** |  | | |
| **Verification Findings** (Discrepancies to be highlighted) |  | | |
| **Chemist Verification** | | | |
| **Chemist Details** |  | | |
| **License No.** |  | **GST No.** |  |
| **Is Chemist Inhouse?** |  | | |
| **Medicine Purchasing Invoices collected?** |  | | |
| **Verification Findings** (Discrepancies to be highlighted) |  | | |
| **Any Other Field Visits? Pls specify** | | | |
| **Visit 1** |  | | |
| **Visit 2** |  | | |
| **Visit 3** |  | | |
| **Case Summary** | | | |
| **Conclusion** |  | | |
| **Remarks** |  | | |
| **Name of Field Officer** |  | | |
| **Contact No.** |  | | |
| **Vendor Signature & Stamp** | | | |
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