

Annex-v**To be completed by Inquiry officer**

PLI / RPLI Policy No :- **Policy Type:-**.....
Name of Insurant:-
Date of Acceptance of policy:-
Date of Death:- **Cause of Death:-**
Place of death (full address).....
Premium (in Rs.):- **Premium Frequency: (Monthly/HY/Quarterly/Annually)**
Last premium paid on:-
Premium paid up to the month of :-
Name of Claimant: - **Contact No.**
Full address of Claimant :-
.....
Relationship with Insurant :-

Inquiry related with Death

DETAILS OF DEATH

- Reason of Death |.....|
- Died at: Home Hospital Road Elsewhere, Pls specify
- If in hospital, details of hospital:

4. Name of the Hospital |.....|
 Address |.....|
 |.....| Contact Nos. |.....|
 Date of Admission |D|D|M|M|Y|Y| |Y| Date of Death |D|D|M|M|Y|Y| |Y|
 Name of Attending Doctor |.....|
- What was the disease which caused death |.....|
- Date of Death |D|D|M|M|Y|Y| |Y|
- Place of Death |.....| Time of Death |.....|
- Cause of Death (other than disease) |.....|
- Who certified the cause of death? |.....|
- Was the death reported to police? Yes No
 If Yes - Please provide details (Name, address & contact no. of police station where reported along with the copy of FIR and result of inquiry made with police station concerned, if any)
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 |.....|
- Was a Post Mortem Examination performed? Yes No
 If Yes - Please provide details (Name of Hospital, date, time, and contact no. e-mail and result of inquiry along with the copy of Post-mortem report, if any made with Hospital concerned)
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12. Mention any critical information related to health and habits of the insurant gathered during the enquiries (information from Relative, Friend, Neighbor and Employer etc)

13. Are you satisfied with the identity of the claimant? Yes No

If No- Please provide the reason with full particulars

14. On the basis of the enquiry made and the information obtained, are you satisfied that the insurant was well aware of the disease prior to submitting PLI/RPLI proposal, if so, cite and enclose supporting documents, if any ?

Name of the Inquiry Officer:

Designation and present posting:

Place:

Date :

Signature with seal