

CIRB ANNEXURE B

CLAIM INVESTIGATION REPORT OF CRITICAL ILLNESS RIDER BENEFIT (CONFIDENTIAL)

Report should be submitted latest by _____

Policy No. :

Name of Life Assured :

Occupation :

Age :

Date of FPR :

Date of Revival :

Agent :

Dev.Officer :

The Investigator has to ensure that

i) There is no **non-disclosure** as per details given below :

a) The Life Assured having suffered from the reported critical illness before the date of proposal/date of risk or date of revival.

b) The critical illness having occurred during the period of six months from the date of risk/revival.

c) The Life Assured having suffered from illness/complaints before the date of commencement of risk/date of revival which led to the present critical illness.

d) Due to past history, before the date of commencement/date of revival, of any illness, or any physical deformity or for reasons of build, the Life Assured would not have been eligible to obtain Critical Illness Rider Benefit.

ii) Claims are made for critical illness which are covered under the policy and that the Life Assured has **suffered from the specified critical illness** . At the time of investigation, it may also be ascertained whether the LA was suffering from any other disease/ailment, prior to taking the policy; if so, details thereof may be obtained.

iii) As the claim under the above critical illness is made during the life time of the Life Assured, the identity of the Life Assured is to be established by ensuring that the Reports submitted pertained to him only, by making enquiries with the usual Medical Attendant/Specialists.

iv) In respect of hospital reports received from the Life Assured that authenticity of the reports including the existence of the Hospital/Medical Centre should be ascertained.

PART I (To be completed by Branch Office)

1) Critical illness for which claim is preferred:

2) Date from which treatment taken:

3) Name & Address of Doctors/Specialist from:
whom treatment taken

4) Name & Address of Hospitals/Medical:
Centre/s where treatment taken

5) Any other instructions, if any, for lines of:
Enquiry

PART II (To be completed by the Investigating Officer)

1 (a) State the details of enquiry made with the:
Assured with respect to the critical illness for
which claim has been preferred.:

(b) Are you satisfied that the person who is
reported to have suffered from critical illness
which resulted into the claim is the Life Assured
under the above policy?

(c) Describe any peculiarities in the physique:
deformity, etc, health or habits discovered
during the enquiry indicating the date of onset.

2) Whether age stated in the proposal is in order:
or whether there is any understatement of age
keeping in view the maximum age at entry
allowed under Critical Illness Rider which is 50
years

3) What is the Assured's average monthly income? Whether in your opinion he/she could afford the total insurance looking to the members of his family to be supported by him/her?

4) Whether the Life Assured has any relationship with Agent or Development Officer and whether any of them has got a pecuniary interest in the claim amount?

5) State whether any of the parent of the assured: died of Heart Attack, Kidney failure, cancer, stroke, etc.

6) (a) What was the general state of health of the Assured at the time of commencement or before the date of revival?

(b) If not in good health, whether you have got any proof to that effect. Give details.

7) Whether his/her habits are sober and temperate?

8) Give a short history of last illness including: the date when symptoms were first observed, actual cause of illness and the Doctors who attended with respective dates.

9) Ascertain the name and address of the Assured's usual Medical Attendant and enquire of him whether he had occasion to treat the Assured for illness which resulted into the present critical illness or for any other ailment prior to the date of commencement or revival of the policy and if so, for what ailment and how long?

10) Give a short history of last illness which led to the present critical illness, with the date of symptoms first observed, actual cause of the illness and Doctors who attended.

11) Whether the Life Assured had been treated for any illness (other than those resulting into present critical illness) in a Hospital before the date of commencement or revival? If so, please give details such as name of hospital, date of admission, case No, etc.

12) Whether the Assured is undergoing or undergoes treatment in a Hospital concerning the present critical illness? Please state name of hospital, date of first admission, present position of treatment, etc.

13) Are you satisfied that all the Doctors whom you contacted were frank and gave full facts? If not, do you suspect any of them is concealing something? If so, give name of the Doctor and his address and whether he/she is an appointed Doctor of LIC?

14) Whether any x-ray, blood or urine test, or ECG or any other Special Medical Reports were taken before the date of commencement/ revival of policy, If so, give details.

15) If the Life Assured was employed, make careful enquiry of the Employer (s). Whether the Assured had availed of any sick leave on grounds of health any time during the period of three years before the date of commencement or revival of the policy and six months from effecting the policy? If so, ascertain the exact dates of such leave and obtain from Employers certified copies of the Medical Certificates submitted by him/her in support of such leave.

16) Ascertain from Assured's Employers, the nature of his/her duties if the LA was eligible for any reimbursement of medical expenses incurred by him/her and if so, the details of reimbursement availed by him/her for his/her own sickness prior to the date of commencement/revival of the policy.

17) If the Assured is in business, please ascertain:

i) How long he/she is in business?

ii) Nature of his/her business

iii) Address of his/her business premises

iv) Please enquire from neighbouring Businessman the usual state of health and habits of the Assured.

18) Whether the Agent, Development Officer, Medical Examiner have conspired with the Assured in perpetrating a fraud on the Corporation? If so, how?

19) On the basis of enquiries made, have you got any reasonable suspicion regarding the bonafides of the claim?

20) Any other information that you desire to give and your conclusions on the result of investigation.

Name :

Office Address :

Signature:

Designation :

Place :

Date :