

**Annex-v**

**To be completed by Inquiry officer**

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

## 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   <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td> </td><td>Y</td></tr></table>   Date of Death   <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td> </td><td>Y</td></tr></table>	D	D	M	M	Y	Y		Y	D	D	M	M	Y	Y		Y
D	D	M	M	Y	Y		Y									
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
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- 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)

| .....

| .....
- 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)

| .....

| .....

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)

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

If No- Please provide the reason with full particulars

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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 ?

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**Name of the Inquiry Officer:**

**Designation and present posting:**

**Place:**

**Date :**

**Signature with seal**