

Investigation Summary Report For Insurance

Claim Information:

- **Claim Number:** [Insert Claim Number]
- **Policyholder Name:** [Insert Policyholder Name]
- **Policy Number:** [Insert Policy Number]
- **Date of Loss:** [Insert Date of Loss]
- **Claim Type:** [Insert Claim Type (e.g., auto, home, health)]

Investigation Details:

- **Investigation Start Date:** [Insert Date]
- **Investigator Name:** [Insert Investigator Name]
- **Contact Information:** [Insert Investigator Contact Information]

Summary of Incident:

- **Description of Incident:** [Provide a detailed description of the incident leading to the claim]
- **Location of Incident:** [Insert Location]
- **Time of Incident:** [Insert Time]

Investigation Findings:

- **Witness Statements:**
 - **Witness 1:** [Name, Contact Information, Summary of Statement]
 - **Witness 2:** [Name, Contact Information, Summary of Statement]
- **Photographs and Videos:**
 - [Description of photos/videos, including dates and relevance]
- **Expert Opinions:**

- [Details of any expert opinions obtained, including names and conclusions]
- **Police Report:** [Summary of the police report, if applicable]
- **Medical Reports:** [Summary of any medical reports, if applicable]

Document Review:

- **Policy Documentation:** [Summary of relevant policy terms and conditions]
- **Previous Claims History:** [Summary of the policyholder's previous claims, if relevant]

Conclusion:

- **Findings Summary:** [Summarize the key findings of the investigation]
- **Liability Determination:** [State whether the policyholder is found liable or not liable based on the investigation]
- **Recommendations:** [Any recommendations for claim approval, denial, or further investigation]

Investigation Costs:

- **Total Costs:** [Insert total cost of the investigation]
- **Breakdown of Costs:**
 - **Labor:** [Insert cost]
 - **Materials:** [Insert cost]
 - **Other Expenses:** [Insert cost]

Signature:

- **Investigator Signature:** _____
- **Date:** [Insert Date]