Investigation Referral

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF INVESTGATION REQUIRED** | | | | |
| **Surveillance** | **Workplace Investigation**   **CTP** | | | |
| **Factual** | **Machinery**   **Public Liability** | | | |
| **Workers Compensation** | **Motor Vehicle**  **Background Check** | | | |
| **Life and Income Protection** | **Vessel**   **Code of Conduct/Council** | | | |
| **Public Liability** | **Forensic Fire**  **Forensic IT/Data Recovery** | | | |
| **Date of Instructions:** |  | **Report Due Date:** |  |  |

|  |  |  |
| --- | --- | --- |
| **CASE MANAGERS CONTACT DETAILS** | | |
| **Name** |  | |
| **Company** |  | |
| **Contact Numbers** | **Work:** | **Mobile:** |
|  | **Email:** |  |

|  |  |
| --- | --- |
| **CLAIM DETAILS** | |
| **Claim/Reference No.** |  |
| **Date of Injury/Incident** |  |
| **Date Reported** |  |
| **Injury/Incident Type** |  |
| **Brief Circumstances of Incident** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLAIMANT’S CONTACT DETAILS (if applicable)** | | | | | | | | | | |
| **Salutation** | | **Mr**  **Mrs**  **Miss**  **Ms**  **Unknown** | | | | | | | | |
| **First Name** | |  | | | | **Surname** | |  | | |
| **Last Known Address** | |  | | | | | | | | |
| **Contact Numbers** | | | **Work**: | |  | | **Home:** | |  | |
|  | | | **Mobile**: | | ==== | | **Email:** | |  | |
| **Interpreter Required** | | | **Language:** | | | | | |  | |
| **Current Status (if w/c) WoStatus** | | | **Totally** **Unfit**  **Suitable** **Duties**  **Full** **Duties**  **No** **Longer** **Employed** | | | | | | | |
|  | | |  | | | | | | | |
| **EMPLOYER/INSURED CONTACT DETAILS** | | | | | | | | | | |
| **Company Name** | **Department** | | | | | | | | |
| **First Name** |  | | | | | | | | | |
| **Surname** |  | | | | | | | | | |
| **Position** |  | | | | | | | | | |
| **Contact Numbers** | **Work**: | | |  | | | | | | |
|  | **Mobile**: | | | **Email:** | | | | | | |
| **Special Instructions** (please specify) | **Yes**  **No** | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **THEFT/FIRE/OTHER** | | | | | | |
| **Make/ Model of Item:** |  | | | | | |
| **Year of Manufacture** | **Registered:**  **If Yes. Details**:        **Expiry:** | | | | | |
| **Colour/Features** |  | | **Vin/Chassis:** | |  | |
| **Engine/Motor Capacity** |  | | **Engine No.** | |  | |
| **Trailer Details (if applicable)** |  | | | | | |
| **Other Details** |  | | | | | |
| **Usual/Last Driver Name** |  | **Contact No.** |  | **License:** | |  |

|  |  |
| --- | --- |
| **SUPPORTING DOCUMENTS** | |
| **Medical Certificates** | **Yes**  **No** |
| **Claim Forms** | **Yes**  **No** |
| **Documents provided by Insured or Employer** | **Yes**  **No** |
| **Proofs of Purchase** | **Yes**  **No** |
| **Identification/License Documents** | **Yes**  **No** |
| **Other** (please specify) | **Yes**  **No** |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FOR SURVEILLANCE MATTERS ONLY** | | | | | |
| **Date of Birth** |  | | | | |
| **Height and Weight** |  | **Build:** | | |  |
| **Nationality** |  | | **Marital Status** | |  |
| **Distinguishing Features** |  | | | | |
| **Dependents** |  | | | | |
| **Right of Left Handed** | **Right**  **Left** | | | | |
| **Current Restrictions/Incapacity** |  | | | | |
| **Known Vehicle Details** |  | | | | |
| **Social Media Details** |  | | | | |
| **Photo ID Attached** | **Yes**  **No** | | | |  |
| **Hours for Surveillance** |  | | | **Days/Split** |  |
| **Special Instructions** |  | | | | |