Investigation Referral

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| **TYPE OF INVESTGATION REQUIRED** |
| [x]  **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:**  |       |  |

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

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

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| **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** |

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| **THEFT/FIRE/OTHER** |
| **Make/ Model of Item:** |        |
| **Year of Manufacture** |       **Registered:** [x]  **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:** |       |

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| **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** |
|       |

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| **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** |       |