



AZDPS License No.: 1003059

CONFIDENTIAL INVESTIGATIVE REPORT

Client Information

Company Name:

Contact:

Address:

Insured:

Claim /Number:

SDS Information

File ID:

Case Manager:

Investigator:

Date(s) of Investigation:

Investigative Contents

- I. Subject Information**
- II. Preliminary Investigation**
- III. Objectives**
- IV. Investigative Summary**
- V. Detailed Investigative Report**

Claimant Information



Claim Type:

Date of Loss:

Reported Injury: Chronic Fatigue Syndrome

Date of Birth: 06/09/1951

Social Security #: 058-88-XXXX

Phone Number:

Claimant's Name:

Address:

Registered Vehicle:

Pre-Investigative

A preliminary investigation of the CLAIMANT was conducted on April 2, 2003. A detailed database search of the CLAIMANT'S name, address and Social Security Number revealed the following:

Name (s): **Date of Birth:**

Social Security #: **Rev. Phone Trace:** (

Current Address: **Prior Address(es):**

Registered Vehicle:

Client Instructions

The following investigative task were requested:

1. Conduct three days of surveillance.
2. Observe and document all INSURED activity.
3. Determine INSURED'S current activity level.

Synopsis

XXXXXXXXXXXXXXXXXXXX

Information removed

Attachments:
CD-ROM (2)

SAMPLE