

Insurance Claim Investigation Findings Report

Date: [Insert Date]

Claim Number: [Insert Claim Number]

Insured Name: [Insert Insured Name]

Policy Number: [Insert Policy Number]

Investigative Summary

[Provide a brief summary of the investigation process, including dates, key individuals interviewed, and methods of investigation used.]

Findings

- **Finding 1:** [Description of finding]
- **Finding 2:** [Description of finding]
- **Finding 3:** [Description of finding]

Conclusion

[Summarize the overall conclusions drawn from the findings and any recommendations for processing the claim.]

Submitted by

[Investigator's Name]

[Title]

[Contact Information]

Attachments

[List any attached documents or evidence that support the findings.]