

Incident or Non-Compliance Investigation Report

GENERAL INFORMATIONS

Date of Incident

Policy Number(s) Involved

Certificate Number(s) Involved

Name of Policy Owner

Name of Employee Involved

Name of Departement or Partnership

Other Persons Involved

(E.g. Advisors, Suppliers, Other)

BUSINESS LINE

- Individual Insurance
- Group Insurance
- Travel Insurance
- Partnership

DESCRIPTION OF INCIDENT

WHAT ARE THE POTENTIAL CONSEQUENCES OF THIS INCIDENT ?

WHAT MEASURES HAVE BEEN TAKEN TO PREVENT THIS TYPE OF INCIDENT FROM RECURRING ?

Signature

Date