

INVESTIGATION REQUEST FORM

Date: _____

I. Petitioner’s Information:

Petitioner’s Name: _____
Postal Address: _____

Contact Information Phone Numbers:

Residential: _____ Work: _____
Mobile: _____
Email: _____

II. Type of Insurance:
(please select one)

- ☐ Life
☐ Disability
☐ Individual Health
☐ Group Health
☐ Health Care Plans (HMOs)
☐ Commercial Property
☐ Personal Property
☐ Medicare and Supplement Plans
☐ Other (Explain) _____
- ☐ Commercial Auto
☐ Personal Auto
☐ Civil Liability
☐ Accident
☐ Guarantee (Bond)
☐ Service Contract
☐ Title

III. Type of Claim:

- ☐ Cancellation/Non-Renewal
☐ Sale or Misleading Information
☐ Premium Issues
☐ Other (Explain) _____
- ☐ Policy Problem
☒ Problems with Your Claim

IV. Insurance Information:

Name of the Insured under the Policy: _____
Policy Number: _____

V. Claim Information:

Claim submitted to the Insurer:

☐ Yes Claim Number: _____ Date: _____
☐ No

VI. Object of the Investigation:

(Identify the name of the Insurer, Producer, Authorized Representative, Solicitor, General Agent, Adjuster, Attorney-in-Fact, or other person or entity)

I request that the following be investigated:

Note: (1) Identify the person or entity that is the subject of your request by their full name; (2) If it is an individual, please identify him by his first name with 2 surnames, or provide a document that properly identifies him; (3) If your investigation relates to the actions of persons not regulated by this Office (car dealers, banks, credit unions, etc.), please provide the mailing address of those persons.

VII. Description of the Controversy:

(Be brief and concise, limiting yourself to the type of problem listed in Section III of this application)

[illegible]

VIII. Solution Requested:

IX. Contact Authorization:

I authorize _____, (relationship or relationship) _____
with the telephone number _____, to receive information about my
investigation request.

X. Check the appropriate alternative:

- ☐ *I am willing that the controversy raised herein be addressed in accordance with the alternative dispute mediation procedure provided for in Rule LXXIX of the Regulations of the Insurance Code of Puerto Rico.*
- ☐ *I am 67 years old or older. (Optionally, at the discretion of the complainant or promoter, the age of the latter, if he or she claims the benefits of Law 147-2019 "Special Law on Expedited Administrative Processes for the Elderly". See Section 2.4(2)(d) of Act 38-2017, as amended) Act 147-2019 provides that in cases where a person 67 years of age or older files a complaint or complaint with an agency regarding his or her health, safety, and/or welfare, the agency concerned must begin the appropriate process within 30 days of receipt of the complaint. Any case submitted to an adjudicative procedure before an Agency under this Law must be resolved within a strict term of ninety (90) days, from the filing of the complaint.*

I certify by my signature that the above information is correct and that the description of the dispute adequately states my position regarding the situation that I wish to be investigated.

Applicant's Signature

Reminder:

As a requirement to begin the investigation you request from us, you are required to provide us with a copy of the following documents, as applicable:

- ☐ The policy in dispute, or failing that, a copy of the declaration sheet or the insurance table of the same.
- ☐ Communications showing that you submitted the complaint in question.
- ☐ Request for the cancellation of the policy and the corresponding refund of premiums.
- ☐ Any document that tends to support its position on this matter.

In case you do not have the aforementioned documents, you must indicate the reason why you cannot submit them to us, as well as describe in detail the dispute raised and its relationship with it.

FOR INTERNAL USE ONLY

Reviewed by: _____
