

## Case Details

### Status At The Time Of Investigation


Claim Number	-	20110001045	Claim Amount	-	40500
Claim Status	-	Open	Claim Sub Status	-	Surveyor Appointed After Registration

---


### Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	Surveyor Appointed After Registration
Claim Date	-		Settled Amount	-	

## Policy Details

Product Name	-	Kotak Health Care	Policy Number	-	1031127200
IMD NAME	-	BANCA IMD HDFC	IMD Code	-	1172860000
IMD Flag	-		Policy Type	-	Individual
Policy Start Date	-	01-01-1900	Policy End Date	-	01-01-1900
Policy Category	-		Policy Sub Type	-	
Policy Holder Address	-	ROOM NO. 8, BUILDING SECTOR 9, KOPER KAIRANE THANE MAHARASHTRA			


## Member Details

Member Name	-	NIKHIL BUGADE	Member ID	-	1000536908
Certificate Number	-		Relation	-	Self
Sum Insured	-	1000000	Addition Effective Date	-	05-06-2021
First Policy Incept Data	-		Member Flag	-	
Member Contact Number	-	6789087677	Member Email Id	-	NOEMAIL@KOTAK.COM

## Claim Details

Nature Of Loss	-	Critical Illness Cover	Claim Type	-	
Diagnosis	-	Certain infectious and parasitic diseases	Claim Reported In Days	-	
Date Of Admission	-	01-01-1900	Date Of Discharge	-	01-01-1900
Number Of Days Hospitalised	-				

## Hospital Details

Hospital Code	-	60000001	Rohini Code	-	
Name Of Hospital	-		Hospital Type	-	
No Of Beds	-		Hospital Flag	-	
Address Of Hospital	-		Location Of Hospital	-	

## Claim Trigger Point

Trigger 1 Auto  
Remark

Trigger Remark

## Investigation Finding (Hospital Verification)

Hospital Registration Number	<input type="text" value="2811"/>	OT	<input type="text" value="no"/>
ICU/ICCU/ PICU/CCU	<input type="text" value="no"/>	Visit To Hospital	<input type="text" value="no"/>
Hospital Visit Date	<input type="text"/>	How Far From Member Address (Approx Km)	<input type="text"/>
Any Relative Near Hospital Where Insured Stayed	<input type="text" value="no"/>	Comments	<input type="text" value="testing"/>

---

IP Register Entry (Entry Found)	<input type="text" value="no"/>	If No - Reason	<input type="text" value="testing"/>
---------------------------------	---------------------------------	----------------	--------------------------------------

If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document	If Not Matching - Observations	<input type="text"/>
--------	--	--------------------------------	----------------------

ICPs Collected	<input type="text" value="no"/>	If Yes - Observations	<input type="text"/>
----------------	---------------------------------	-----------------------	----------------------

If No - Reason	<input type="text" value="testing"/>
----------------	--------------------------------------



If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted

If Yes

---

TPR/BP/VITAL Charts

If Yes - Observations

If No - Reason

---

**In Case Of Medical Management**

Active Line Of Treatment

**In Case Of Surgical Management**

Operative Notes

If Provided - Findings

If Not Provided - Reason

Anaesthesia Notes

If Provided - Findings

If Not Provided - Reason

---

Any PED History

---

Any Implants Used

If Yes - Invoice / Sticker Number

Invoice Verified

Reason / Findings

---

MLC Details

MLC Copy Received

If Yes - Date Of MLC

If No

Is MLC Verification Done

If Yes-Observations

If No - Reason





FIR Details

FIR Copy Received

If Yes - Date Of FIR

Is FIR Verification Done

If Yes-Observations

If No - Reason

Any alcohol /Drug Intoxication Found As Per Documents

If Yes - Details

MRD Records checked

If Yes-Observations

If No - Reason

Bill Book collected

If Yes-Observations

If No - Reason

Tariff Details Card Collected

If Yes-Observations

If No - Reason

---

Hospital Authority Statement

If Yes-Observations

If No - Reason

If Yes - Any findings

## Treating Doctor Visit

Name of doctor

test

Qualification

bca

Registration Number

2811

Doctor Flag

Treating Doctor  
Statement Collected

no

If No - Reason

testing

If Yes - Any PED  
findings

Any discrepancy  
noted

no

If Yes-Observations

Lab Verification Details

Lab Name  Lab Location

Lab Flag

Inhouse  If No, then Distance from hospital / Resident

Lab Register Entry Verified  If Yes  Matching With Claim Document  Not Matching with Claim Document

If No

Bill Book  If Yes  Matching With Claim Document  Not Matching with Claim Document

If No

Report Validation  Name Of Empanelled Pathologist

Reg Number  Visit Done

Visit Date  Finding

Past Record Checked  Finding

Lab Verification  
Summary

testing

Lab Option

Chemist Verification

Visit Done  If No - Reason

If Yes - Visit Date  Pharmacy Name

Inhouse  If No, then Distance from hospital / Resident

Bill Book  If Yes  Matching With Claim Document  Not Matching with Claim Document

If Not Match

Bill Records  Findings

Purchase invoices Collected  If No - Reason

Past Records Checked  Findings

Chemist Statement Collected

no

If No - Reason

testing

If Yes - Findings

If Yes - Any PED findings

Overall Chemist Verification Summary

testing

Past Records Details

Any Other Observations/Findings

If Yes - Any PED Findings

---

Over All Hospital Virification Findings

## Home Visit

Visit done

No

If No - Reason

Reason

If Yes - Visit Date

Appointment Taken

Yes

If No - Reason

If Yes - Name of insured with whom appointment was taken

Reason

Mobile no

8737536454

Member Address

Reason

Name of Patient

Reason

Date of Birth of Patient

01-12-2022

Gender

Female

Statement Collected

Yes

If No - Reason

If Yes - Finding

Reason

Any discrepancies

Yes



If Yes - Finding

Any PED / Non-Disclosure findings

Insured Habits

Past documents collected

If No - Reason

If Yes - please specify

KYC Documents collected

If No - Reason

If Yes

- Matching With Claim Document
- Not Matching with Claim Document

If No - Reason

Vicinity verification

Visit done

If No - Reason

If Yes - please specify

If Yes - Visit Date

Visit to Family Physician

Name of Family Physician

Location

Contact number

Distance from Insured Home

Visit to Family Physician

if No - Reason

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings

In Cases of First Consultant / Referral doctor

Name of Family Physician

Location

Contact number

Distance from Insured Home

Visit to Family Physician

if No - Reason

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings

# Office / School / Collage Visit

Visit done

No

If No - Reason

testing

If Yes - Visit Date

If Yes - Visit To

Attendance Record Collected

No

If Yes Check Whether Patient Was Present In Office / School / Collage During Hospitalization Period

If Patient Is Employee - Then Check Employment Status If Patient Is Student In Collage / School Then Check Enrolment Status

Employee  Student in College/School

Name Of Person With Whom Information Was Collected

Mobile Of Person With Whom Information Was Collected

Address of Office / School / Collage

Statement Collected

No

If Yes Then Finding

If No Than Reason

testing

Any Other Observation

No

If YES - Findings

Any PED / Non-Disclosure findings

No

Any other Investigation findings

testing

# External 3rd Party Investigation Final Conclusion

Investigators Final  
Observation &  
suggetion

Reason

Investigators Final  
Conclusion

Payable

Investigators Final  
Recommenndation

Genuine

