

# Verification Report

**20110001072**

Product Name: Kotak Health Care

Report Dated: 17-02-2023

## Insured Details

Claim No.: 20110001072

Insured Name:

Insured Location:

**Prepare by**

### **Disclaimer:**

The Verification report is being issued without prejudice, which is meant strictly confidential and subject to terms & condition of Insurance policy under which the subject claim is lodged.

**Case Details****Status At The Time Of Investigation**

Claim Number	Claim Amount	Claim Status	Claim Sub Status
20110001072	12000	Open	

**Policy Details**

Product Name	Policy Number	Policy Type	Policy Start Date	Policy End Date	Policy Category	Policy Subtype
Kotak Health Care	1031126800	Individual Basis	06-05-2021	05-05-2022	Indemnity	

<b>Policy Holder Address</b>	4-444 KRISHNA NAGAR, MUMBAI, , 400001 - BAZARGATE MUMBAI, MUMBAI, MAHARASHTRA, India
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Imd Details	Imd name	Imd code	Imd flag
	CORPORATE AGENT B GST	2171280000	

**Member Details**

Member Name	Member ID	Member Flag	Member Email Id
	1000013227		KGI.SUPRIYA-GUNJAL@KOTAK.COM

Certificate Number	Relation	Insured	Addition Effective Date	Deletion Effective Date	First Policy Incept Data
1031126800					

**Claim Details**

Nature Of Loss	Claim Type	Diagnosis	Claim Reported In Days	Date Of Admission	Date Of Discharge	Number Of Days Hospitalised
InPatient			151	04-10-2021	16-12-2022	438

**Hospital Details**

Hospital Code	Rohini Code	Name Of Hospital	Hospital Type	No Of Beds	Hospital Flag
				04-10-2021	

<b>Address Of Hospital</b>	
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<b>Location Of Hospital</b>	
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