#### Case Details

#### Status At The Time Of Investigation

Claim Number - 20110001162 Claim Amount - 35000

Claim Status - Claim Sub Status - Finalization

#### **Current Status From GIST**

Claim Status - Open Claim Sub Status - Finalization

Claim Date - Fri Dec 16 2022 11:54:43 Settled Amount GMT+0530 (India Standard

Time)

## **Policy Details**

Product Name - Kotak Health Care Policy Number - 1043075000

IMD NAME - BANC ASSURANCE A GST IMD Code - 1171360000

IMD Flag - Red Policy Type - Individual

Policy Start Date - 01-01-1900 Policy End Date - 01-01-1900

Policy Category - Policy Sub Type -

Policy Holder - ROOM NO. 8, BUILIDING SECTOR 9, KOPER KAIRANE THANE MAHARASHTRA Address

### Member Details

Member Name Member ID 1000376246

Certificate Number -Relation Self

Addition Effective -Sum Insured 16/12/2021 500000

Date

First Policy Incept

Data

Member Flag

Member Contact -Number

6789087677

Member Email Id -

NOEMAIL@KOTAK.COM

### Claim Details

Nature Of Loss **Hospital Daily Cash** Claim Type

Diagnosis Diseases of the blood and

blood-forming organs and certain disorders involving the

immune mechanism

Claim Reported In -

Days

Date Of Admission -Date Of Discharge -01-01-1900 01-01-1900

Number Of Days

Hospitalised

## **Hospital Details**

Hospital Code Rohini Code 60000019

Name Of Hospital Hospital Type

No Of Beds Hospital Flag

Address Of Location Of Hospital Hospital

# Claim Trigger Point

Trigger 1 Auto			
migger 1 / tate			
Remark			

# Office / School / Collage Visit

Visit done	□ Yes □ No	If No - Reason	
If Yes - Visit Date		If Yes - Visit To	□ Office □ School □ Collage
Attandence Record Collected	□ Yes □ 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 / Schiool Then Check Enrolment Status	□ Yes □ No	Name Of Person With Whom Information Was Collected	
Mobile Of Person With Whom Information Was Collected		Address of Office / School / Collage	
Statement Collected	□ Yes □ No	If No Than Reason / Yes Then Finding	
Any Other Observation	r Yes r No	If YES – Findings	

If No Than Reason / Yes Then Finding	Any PED / Non- Disclosure findings	r Yes r No
Any other Investigation findings		