Case Details

Status At The Time Of Investigation

Claim Number	-	20110001261	Claim Amount	-	10000
Claim Status	-	Open	Claim Sub Status	-	Finalization

Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	Finalization
Claim Date	-		Settled Amount	-

Policy Details

Product Name	-	Kotak Health Care	Policy Number	-	1043806400
IMD NAME	-	DUCK PARENT	IMD Code	-	1175190000
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	-	C18 SUMAN NAGAR OPP SAI MANDIR SION MUMBAI MAHARASHTRA			

Member Details

Member Name	-		Member ID	- 1001275317
Certificate Number	-		Relation	- Self
Sum Insured	- 200000		Addition Effective Date	- 28/02/2022
First Policy Incept Data	-		Member Flag	-
Member Contact Number	- 9545879987		Member Email Id	- KGI.AMAAN-HASHMI@KOTAK.COM

Claim Details

Nature Of Loss	- InPatient		Claim Type	-
Diagnosis	- Neoplasms		Claim Reported In Days	-
Date Of Admission	- 01-01-1900		Date Of Discharge	- 01-01-1900
Number Of Days Hospitalised	-			

Hospital Details

Hospital Code	- 60000018		Rohini Code	-
Name Of Hospital	- Aditya Birla Memorial Hospital		Hospital Type	- Private
No Of Beds	-		Hospital Flag	-
Address Of Hospital	- Aditya Birla Hospital Marg		Location Of Hospital	- CHINCHWADGA0N

Claim Trigger Point

Trigger 1 Auto
Remark

Trigger Remark

testing flow

External 3rd PArty Investigation Final Conclusion

Investigators Final Observation & suggetion

testing flow

Investigators Final Conclusion

Payable

Investigators Final Recommenndation

Genuine

Home Visit

Visit done

No

If No - Reason

testing flow

If Yes - Visit Date

Appointment Taken

No

If No - Reason

testing flow

If Yes - Name of insured with whom appointment was taken

Mobile no

Member Address

Name of Patient

tester

Date of Birth of Patient

01-12-2022

Gender

Female

Statement Collected

No

If No - Reason

If Yes - Finding

testing flow

Any discrepancies

No

If Yes - Finding		Any PED / Non-Disclosure findings	No

Insured Habits

Past documents collected	No	If No - Reason	testing flow

If Yes – please specify	

KYC Documents collected	No	If No - Reason	testing flow

If Yes	○ Matching With Claim Document ○ Not Matching with Claim Document	If No - Reason	

Vicinity verification

Visit done

No

If No - Reason

testing flow

If Yes – please specify

If Yes - Visit Date

Visit to Family Physician

Name of Family Physician

tester

Location

test

Contact number

8974536436

Distance from Insured Home

45

Visit to Family Physician

No

if No - Reason

testing flow

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings

No

In Cases of First Consultant / Referral doctor

Name of Family Physician: tester

Location: test

Contact number: 8768658648

Distance from Insured Home: 56

Visit to Family Physician: No

if No - Reason: testing flow

If Yes - Registration Number:

Qualification: testing flow

Statement Collected:

Any PED / Non-Disclosure findings: No

Office / School / Collage Visit

Visit done	No	If No - Reason	testing
If Yes - Visit Date		If Yes - Visit To	
Attandence 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 / Schiool 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 No Than Reason / Yes Then Finding	testing

Any Other Observation	No	If YES – Findings	

Any PED / Non-Disclosure findings	No

Any other Investigation findings	

Pre-Exisiting Details