

## Case Details


### Status At The Time Of Investigation

Claim Number	-	20130000845	Claim Amount	-	12000
Claim Status	-	Open	Claim Sub Status	-	


### Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	
Closure Date	-	31-01-2023	Settled Amount	-	5000

## Policy Details

Product Name	-	Kotak Group Health Care Non Employer Employee	Policy Number	-	1038511300
IMD NAME	-	BANC ASSURANCE A GST	IMD Code	-	1171360000
IMD Flag	-		Policy Type	-	Floater
Policy Start Date	-	15-08-2021	Policy End Date	-	14-08-2022
Policy Category	-	Indemnity	Policy Sub Type	-	
Policy Holder Address	-	SION 400022, , , 400022 - CHUNABHATTI MUMBAI, MUMBAI, MAHARASHTRA, India			

## Member Details

Member Name	-	DIPALI PATIL	Member ID	-	1000786654
Certificate Number	-	1038511300	Relation	-	Self
Sum Insured	-	7800000	Addition Effective Date	-	15-08-2021
Deletion Effective Date	-				
First Policy Incept Data	-	2021-08-15 00:00:00.0000000	Member Flag	-	
Member Contact Number	-	8097594027	Member Email Id	-	KGI.GUNJAN-MAYEKAR@KOTAK.COM

## Claim Details

Nature Of Loss	-	Pre and Post Natal Care	Claim Type	-	REIMBURSEMENT
Diagnosis	-	Neoplasms	Claim Reported In Days	-	0
Date Of Admission	-	01-09-2021	Date Of Discharge	-	
Number Of Days Hospitalised	-	0			

## Hospital Details


Hospital Code	-	60000077	Rohini Code	-	
Name Of Hospital	-		Hospital Type	-	

Ashwini Kamble

null

Mobile No. -9999999999 , Email -kgi.ashwini-kamble@Kotak.com

No Of Beds -

Hospital Flag - 

Address Of Hospital -

Location Of Hospital -

Ashwini Kamble

null

Mobile No. -9999999999 , Email -kgi.ashwini-kamble@Kotak.com

## Claim Trigger Point

Trigger 1 Auto  
Remark

Trigger Remark

20130000845 20130000845

# Home Visit

Visit done	<input type="text" value="No"/>	If No - Reason	20130000845
If Yes - Visit Date	<input type="text"/>	Appointment Taken	<input type="text"/>
If No - Reason		If Yes - Name of insured with whom appointment was taken	
Mobile no	<input type="text"/>	Member Address	
<hr/>			
Name of Patient		Date of Birth of Patient	<input type="text"/>
Gender	<input type="text"/>	Statement Collected	<input type="text"/>
If No - Reason		If Yes - Finding	
Any discrepancies	<input type="text"/>		

If Yes - Finding

Any PED / Non-Disclosure findings

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**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

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### Vicinity verification

Visit done	<input type="text" value="No"/>	If No - Reason	20130000845
If Yes - please specify		If Yes - Visit Date	<input type="text"/>

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### Visit to Family Physician

Name of Family Physician		Location	
Contact number	<input type="text"/>	Distance from Insured Home	<input type="text"/>
Visit to Family Physician	<input type="text" value="No"/>	if No - Reason	20130000845
If Yes - Registration Number	<input type="text"/>	Qualification	
Statement Collected	<input type="text"/>	Any PED / Non-Disclosure findings	<input type="text"/>

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In Cases of First Consultant / Referral doctor

Name of Family Physician		Location	
Contact number	<input type="text"/>	Distance from Insured Home	<input type="text"/>
Visit to Family Physician	<input type="text" value="No"/>	if No - Reason	20130000845
If Yes - Registration Number	<input type="text"/>	Qualification	<input type="text" value="20130000845"/>
Statement Collected	<input type="text"/>	Any PED / Non-Disclosure findings	<input type="text"/>



## Office / School / Collage Visit

Visit done

If No - Reason

20130000845

If Yes - Visit Date

If Yes - Visit To

Attendance Record  
Collected

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

If No Than Reason /  
Yes Then Finding

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Any Other  
Observation

If YES - Findings

Any PED / Non-  
Disclosure findings

Any other  
Investigation  
findings

## External 3rd Party Investigation Final Conclusion

Investigators Final  
Observation &  
suggetion

Investigators Final  
Conclusion

Investigators Final  
Recommenndation

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### Current Status From GIST

Remark

Amount

Ashwini Kamble

null

Mobile No. -9999999999 , Email -kgi.ashwini-kamble@Kotak.com

## Pre-Existing Details

## Final Closure Comment

Verification Manager  
Comment

20130000845- test

Recommendation\*

Seems Genuine

Investigation Status

Open

Closure Date

31-01-2023