

Case Details


Status At The Time Of Investigation

Claim Number	-	20130000849	Claim Amount	-	23000
Claim Status	-	Open	Claim Sub Status	-	

Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	
Closure Date	-		Settled Amount	-	2600

Policy Details

Product Name	-	Kotak Group Health Care Non Employer Employee	Policy Number	-	1039736200
IMD NAME	-	BANC ASSURANCE A GST	IMD Code	-	1171360000
IMD Flag	-		Policy Type	-	Individual
Policy Start Date	-	20-08-2021	Policy End Date	-	19-08-2022
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	-	1039736200	Relation	-	Self
Sum Insured	-	8000000	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 Hospitalisation Medical Expenses	Claim Type	-	REIMBURSEMENT
Diagnosis	-	Diseases of the digestive system	Claim Reported In Days	-	11
Date Of Admission	-	31-08-2021	Date Of Discharge	-	01-01-1900
Number Of Days Hospitalised	-	-44437			

Hospital Details

Hospital Code	-	60000019	Rohini Code	-	546546465
Name Of Hospital	-	Kokilaben Dhirubhai Ambani Hospital	Hospital Type	-	Private
No Of Beds	-		Hospital Flag	-	

Address Of
Hospital

- RAO SAHEB ACHUTRAO
PATWARDHAN MARG,

Location Of
Hospital

- ANDHERI HEAD POST OFFICE

Claim Trigger Point

Trigger 1 Auto Remark

Trigger Remark

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Home Visit

Visit done

Yes No

If No - Reason

If Yes - Visit Date

Appointment Taken

Yes No

If No - Reason

If Yes - Name of insured with whom appointment was taken

Mobile no

Member Address

Name of Patient

Date of Birth of Patient

Gender

Male Female Other

Statement Collected

Yes No

If No - Reason

If Yes - Finding

Any discrepancies

Yes No

If No - Reason

If Yes - Finding

Any PED / Non-Disclosure findings

Yes No

Insured Habits

Past documents collected

Yes No

If No - Reason

If Yes - please specify

KYC Documents collected

Yes No

If No - Reason

If Yes

- Matching with Claim Document
- Not Matching with Claim Document

If No - Reason



Vicinity verification

Visit done

Yes No

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

Yes No

if No - Reason

If Yes - Registration Number

Qualification

Statement Collected

Yes No

Any PED / Non-Disclosure findings

Yes No

In Cases of First Consultant / Referral doctor

Name of Family Physician

Location

Contact number

Distance from Insured Home

Visit to Family Physician Yes No

if No - Reason

If Yes - Registration Number

Qualification

Statement Collected Yes No

Any PED / Non-Disclosure findings Yes No

Office / School / Collage Visit

Visit done

Yes No

If No - Reason

If Yes - Visit Date

If Yes - Visit To

Office School Collage

Attendance 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 / School 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

Yes No

If YES - Findings

If No Than Reason /
Yes Then Finding

Any PED / Non-
Disclosure findings

Yes No

Any other
Investigation
findings