#### Case Details

#### Status At The Time Of Investigation

Claim Number - 20130000854 Claim Amount - 10000

Claim Status - Close Claim Sub Status - Finalization

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

Claim Status - Open Claim Sub Status - Finalization

Closure Date - 27-12-2022 Settled Amount -

## Policy Details

Product Name - Kotak Group Health Care Non Policy Number - 1039761600

**Employer Employee** 

IMD NAME - BANC ASSURANCE A GST IMD Code - 1171360000

IMD Flag - Individual

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

Policy Category - Policy Sub Type -

Policy Holder - C 60 KAMGAR NAGAR OPP DURGA MATA MANDIR RAIGARH (MH) MAHARASHTRA Address

### Member Details

Member Name Member ID DIPALI PATIL 1000786654

Certificate Number -Relation 1039761600-KGI-GHI Self

Addition Effective Invalid date Sum Insured 4000000

Date

First Policy Incept

Data

Member Flag

Member Contact

Number

8329250950

Member Email Id

KGI.DIPALI-PATIL@KOTAK.COM

### Claim Details

Nature Of Loss **Sports Activity Cover** Claim Type

Claim Reported In -Diagnosis Diseases of the blood and

blood-forming organs and certain disorders involving the

immune mechanism

Days

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

Number Of Days

Hospitalised

0

## **Hospital Details**

**Hospital Code** Rohini Code 60000077

Name Of Hospital Hospital Type

Hospital Flag No Of Beds

Address Of Location Of Hospital

Hospital

# Claim Trigger Point

Trigger 1 Auto Remark	
Trigger Remark	["Supervisor Assign And Return
Trigger Remark	Supervisor Assign And Return
Trigger Remark	Supervisor Assign And Return
Trigger Remark	Supervisor Assign And Return
Trigger Remark	Supervisor Assign And Return
Trigger Remark	Supervisor Assign And Return
Trigger Remark	Supervisor Assign And Return"
Trigger Remark	"Supervisor Assign And Return
Trigger Remark	Supervisor Assign And Return
Trigger Remark	Supervisor Assign And Return
Trigger Remark	Supervisor Assign And Return
Trigger Remark	Supervisor Assign And Return
Trigger Remark	Supervisor Assign And Return

Trigger Remark	Supervisor Assign And Return"		
Trigger Remark	"Supervisor Assign And Return		
Trigger Remark	Supervisor Assign And Return		
Trigger Remark	Supervisor Assign And Return		
Trigger Remark	Supervisor Assign And Return		
Trigger Remark	Supervisor Assign And Return		
Trigger Remark	Supervisor Assign And Return		
Trigger Remark	Supervisor Assign And Return"	]	
Home Visit			
Home Visit			
Home Visit  Visit done	Yes	If No - Reason	
	Yes	If No - Reason	
	Yes 01-12-2022	If No - Reason  Appointment Taken	Yes
Visit done			Yes
Visit done  If Yes - Visit Date		Appointment Taken  If Yes - Name of insured with whom appointment was	

Name of Patient	ayaan	Date of Birth of Patient	12-12-2000
Gender	Male	Statement Collected	No
If No - Reason	Member Address*	If Yes - Finding	
Any discrepancies	No		

Member Address\* mumbai

If Yes - Finding		Any PED / Non- Disclosure findings	No
Insured Habits			
Past documents collected	No	If No - Reason	Member Address*
If Yes – please specify			
KYC Documents collected	No	If No - Reason	Member Address*
If Yes	<ul><li>Matching With Claim Document</li><li>Not Matching with Claim Document</li></ul>	If No - Reason	

## Vicinity verification

Visit done	Yes	If No - Reason	
If Yes – please specify	Member Address*	If Yes - Visit Date	01-12-2022
Visit to Family Physiciar	٦		
Name of Family Physician	Reason	Location	Reason
Contact number	3554356453	Distance from Insured Home	4
Visit to Family Physician	No	if No - Reason	Member Address*
If Yes - Registration Number		Qualification	
Statement Collected		Any PED / Non- Disclosure findings	No

### In Cases of First Consultant / Referral doctor

Name of Family Physician	Name Of Consultant	Location	Name Of Consultant
Contact number	7653453453	Distance from Insured Home	4
Visit to Family Physician	No	if No - Reason	Member Address*
If Yes - Registration Number		Qualification	
Statement Collected		Any PED / Non- Disclosure findings	No

# Office / School / Collage Visit

Visit done	Yes	If No - Reason	
If Yes - Visit Date	01-12-2022	If Yes - Visit To	College
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 Yes Then Finding	
If No Than Reason	Member Address*		
Any Other Observation	No	If YES – Findings	
Any PED / Non- Disclosure findings	No		
Any other Investigation findings	Member Address*		

# External 3rd Party Investigation Final Conclusion

Investigators Final Observation & suggetion	A paragraph is a series of sentences that are organized and coherent, and are all related to a single topic. Almost every piece of writing you do that is longer than a few sentences should			
Investigators Final Conclusion	Query Needed	Investigators Final Recommenndation	Genuine	
Remark	A paragraph is a series of sentences single topic. Almost every piece of worganized into paragraphs.	<u> </u>		
Amount	1000			

