Case Details

Status At The Time Of Investigation

Claim Number - 20130000877 Claim Amount - 3500

Claim Status - Open Claim Sub Status - Finalization

Current Status From GIST

Claim Status - Open Claim Sub Status - Finalization

Closure Date - Settled Amount -

Policy Details

IMD NAME

Product Name - Kotak Group Health Care Non Policy Number - 1038511300

Employer Employee

BANC ASSURANCE A GST IMD Code - 1171360000

IMD Flag - Policy Type - Floater

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 1000786654 DIPALI PATIL

Certificate Number - 1038511300-KGI-GHI Relation Self

Sum Insured Addition Effective -Invalid date 7800000

Date

First Policy Incept

Data

Member Flag

Member Contact - 8329250950

Number

Member Email Id -

KGI.DIPALI-PATIL@KOTAK.COM

Claim Details

Nature Of Loss Claim Type **OPD Dental Treatment**

Claim Reported In -Diagnosis Neoplasms

Days

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

Number Of Days

Hospitalised

0

Hospital Details

Hospital Code Rohini Code 60000019

Name Of Hospital Hospital Type

Hospital Flag No Of Beds

Address Of Location Of Hospital Hospital

Trigger 1 Auto Remark Trigger Remark testing Office / School / Collage Visit Visit done If No - Reason Yes If Yes - Visit To If Yes - Visit Date 01-12-2022 School **Attandence Record** If Yes Check Whether Office No Patient Was Present Collected In Office / School / **Collage During** Hospitalization Period If Patient Is Employee $_{\bigcirc}$ Student in Name Of Person With Office Employee - Then College/School • Whom Information Check Employment Was Collected Status If Patient Is Student In Collage / Schiool Then Check **Enrolment Status** Mobile Of Person Address of Office / Address Of 8276625245 With Whom School / Collage Office/School/College * **Information Was** Collected

Claim Trigger Point

Statement Collected	Yes	If Yes Then Finding	Office form testing
If No Than Reason			
Any Other Observation	Yes	If YES – Findings	Office form testing
Any PED / Non- Disclosure findings	No		
Any other Investigation findings	Office form testing		

External 3rd Party Investigation Final Conclusion

Investigators Final Observation & suggetion

The element is often used in a form, to collect user inputs like comments or reviews. A text area can hold an unlimited number of characters, and the text renders in a fixed-width font



Investigators Final Conclusion

Payable

Investigators Final Recommendation

Genuine

