#### Status At The Time Of Investigation

Claim Number	-	20130000892	Claim Amount	-	5000
Claim Status	-	Open	Claim Sub Status	-	Finalization
Current Status From	m G	SIST			
Claim Status	-	Open	Claim Sub Status	-	Finalization
Claim Date	-		Settled Amount	-	
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	-	Red	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
Certificate Number -	1038511300-KGI-GHI	Relation -	Self
Sum Insured -	780000	Addition Effective - Date	15/08/2021
First Policy Incept - Data		Member Flag -	
Member Contact - Number	8329250950	Member Email Id -	KGI.DIPALI-PATIL@KOTAK.COM

### Claim Details

Nature Of Loss -	Mortal Remains/ Funeral expenses	Claim Type -
Diagnosis -	31	Claim Reported In - Days
Date Of Admission -	01-01-1900	Date Of Discharge - 01-01-1900

Number Of Days Hospitalised

## Hospital Details

Hospital Code - 60000077

-

-

-

Name Of Hospital -

No Of Beds

Address Of Hospital

Hospital Type

Rohini Code

-

-

-

-

Hospital Flag

Location Of Hospital

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(1)	Trigger	Doubt
lan		POINT

Trigger 1 Auto Remark

# External 3rd PArty Investigation Final Conclusion

Investigators Final Observation & suggetion	2013000892		
Investigators Final Conclusion	Payable	Investigators Final Recommenndation	Genuine

# Investigation Finding (Hospital Verification)

Hospital Registration Number	Testing	ΟΤ	no
ICU/ICCU/ PICU/CCU	no	Visit To Hospital	no
Hospital Visit Date		How Far From Member Address (Approx Km)	
Any Relative Near Hospital Where Insured Stayed	no	Comments	
IP Register Entry (Entry Found)	no	lf No – Reason	Testing
If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>	If Not Matching – Observations	



lf Yes, Any PED/Non- Disclosure Findings			
Any Other Discrepancy Noted	no	If Yes	
TPR/BP/VITAL Charts	no	lf Yes – Observations	)
lf No – Reason	Testing		
In Case Of Medical Ma	anagement		
Active Line Of Treatment	Testing		
In Case Of Surgical Ma	anagement		
Operative Notes		If Provided - Findings	)

If Not Provided - Reason		
Anaesthesia Notes	If Provided - Findings	
If Not Provided - Reason		
Any PED History		
Any Implants Used	lf Yes – Invoice / Sticker Number	
Invoice Verified	Reason / Findings	

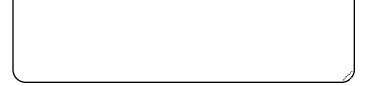
#### **MLC** Details

MLC Copy Received	no	lf Yes - Date Of MLC	
If No	Testing		
Is MLC Verification Done		If Yes-Observations	
If No – Reason			

#### **FIR Details**

FIR Copy Received	no	If Yes - Date Of FIR	
Is FIR Verification Done		If Yes-Observations	
lf No – Reason			
Any alcohol /Drug Intoxication Found As Per Documents	no	lf Yes – Details	
lf No – Reason			

MRD Records checked	no	If Yes-Observations



lf No - Reason

Testing	

Bill Book collected	no	If Yes-Observations	
lf No – Reason	Testing		
Tariff Details Card Collected	no	If Yes-Observations	
If No – Reason	Testing		
Hospital Authority Statement	no	If Yes-Observations	

If No – Reason

Testing	
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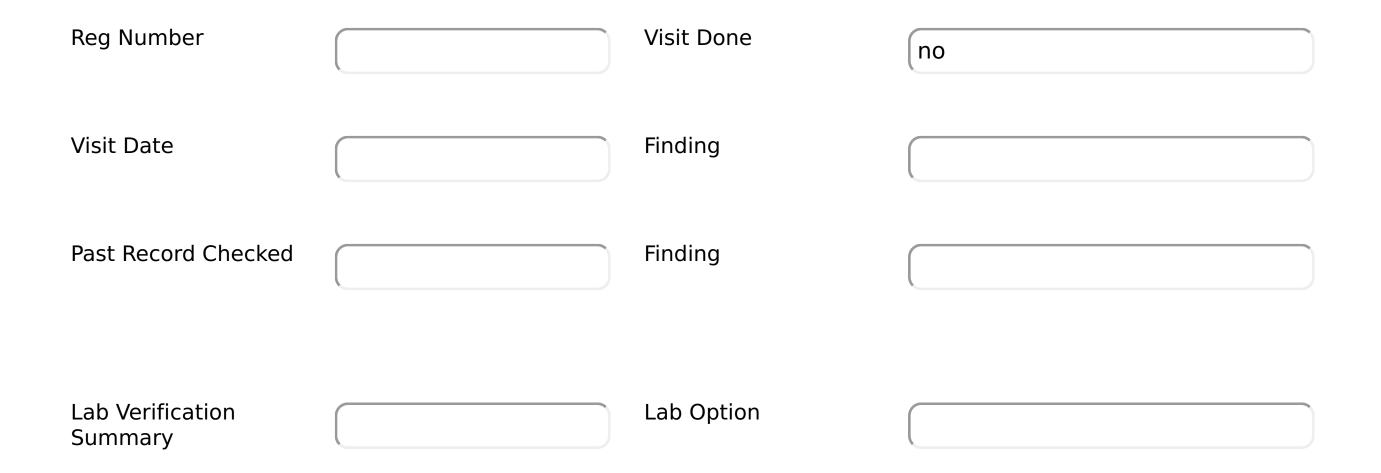
If Yes – Any findings

### Treating Doctor Visit

Name of doctor		Qualification	
Registration Number		Tariff Details Card Collected	no
If No – Reason	Testing	lf Yes – Any PED findings	
Any discrepancy noted	no	If Yes-Observations	

#### Lab Verification Details

Lab Name		Lab Location	
Inhouse	no	lf No, then Distance from hospital / Resident	Testing
Lab Register Entry Verified	no	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
If No			
Bill Book	no	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
If No			
Report Validation	no	Name Of Empanelled Pathologist	



#### **Chemist Verification**

Visit Done	no	If No – Reason	
lf Yes – Visit Date		Pharmacy Name	
Inhouse		If No, then Distance from hospital / Resident	
Bill Book	no	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
lf Not Match			
Bill Records	software records	Findings	



Chemist Statement Collected	no	If No – Reason	Testing
If Yes – Findings		If Yes – Any PED findings	
Overall Chemist Verification Summary			
Past Records Details		Any Other Observations/Findings	
lf Yes – Any PED Findings			

#### Over All Hospital Virification Findings

