

## Case Details

### Status At The Time Of Investigation


Claim Number	-	20130000918	Claim Amount	-	2000
Claim Status	-	Open	Claim Sub Status	-	Surveyor Appointed After Registration

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### Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	Surveyor Appointed After Registration
Closure Date	-		Settled Amount	-	

## Policy Details

Product Name	-	Kotak Group Health Care Non Employer Employee	Policy Number	-	1040172800
IMD NAME	-	BANC ASSURANCE A GST	IMD Code	-	1171360000
IMD Flag	-		Policy Type	-	Individual
Policy Start Date	-	01-01-1900	Policy End Date	-	01-01-1900
Policy Category	-		Policy Sub Type	-	
Policy Holder Address	-	C 60 KAMGAR NAGAR OPP DURGA MATA MANDIR RAIGARH (MH) MAHARASHTRA			


## Member Details

Member Name	-	GUNJAN B MAYEKAR	Member ID	-	1000786654
Certificate Number	-	1040172800-KGI-GHI	Relation	-	Self
Sum Insured	-	2274000	Addition Effective Date	-	Invalid date
First Policy Incept Data	-		Member Flag	-	
Member Contact Number	-	8329250950	Member Email Id	-	KGI.DIPALI-PATIL@KOTAK.COM

## Claim Details

Nature Of Loss	-	Corporate Buffer Cover	Claim Type	-	
Diagnosis	-	30	Claim Reported In Days	-	0
Date Of Admission	-	01-01-1900	Date Of Discharge	-	01-01-1900
Number Of Days Hospitalised	-	0			

## Hospital Details

Hospital Code	-	60000078	Rohini Code	-	546777
Name Of Hospital	-	AdiHospital	Hospital Type	-	Private
No Of Beds	-		Hospital Flag	-	
Address Of Hospital	-	vashi	Location Of Hospital	-	CHARKOP

## Claim Trigger Point

Trigger 1 Auto  
Remark

Trigger Remark

## Investigation Finding (Hospital Verification)

Hospital Registration Number	<input type="text" value="Hospital Registration Number"/>	OT	<input type="text" value="yes"/>
ICU/ICCU/ PICU/CCU	<input type="text" value="yes"/>	Visit To Hospital	<input type="text" value="yes"/>
Hospital Visit Date	<input type="text" value="01-12-2022"/>	How Far From Member Address (Approx Km)	<input type="text" value="4"/>
Any Relative Near Hospital Where Insured Stayed	<input type="text" value="yes"/>	Comments	<input type="text" value="Hospital Registration N"/>

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IP Register Entry (Entry Found)	<input type="text" value="yes"/>	If No - Reason	<input type="text"/>
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If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document	If Not Matching - Observations	<input type="text"/>
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ICPs Collected	<input type="text" value="yes"/>	If Yes - Observations	<input type="text"/>
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If No - Reason	<input type="text" value="Hospital Registration Numbe"/>
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If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted

If Yes

Hospital Registration Numbe

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TPR/BP/VITAL Charts

If Yes - Observations

Hospital Registration Numbe

If No - Reason

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**In Case Of Medical Management**

Active Line Of Treatment

Hospital Registration Numbe

**In Case Of Surgical Management**

Operative Notes

If Provided - Findings

If Not Provided - Reason

Anaesthesia Notes

If Provided - Findings

If Not Provided - Reason

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Any PED History

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Any Implants Used

If Yes - Invoice / Sticker Number

Invoice Verified

Reason / Findings

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MLC Details

MLC Copy Received

yes

If Yes - Date Of MLC

01-12-2022

If No

Is MLC Verification Done

yes

If Yes-Observations

Hospital Registration Numbe

If No - Reason

Hospital Registration Numbe





FIR Details

FIR Copy Received

If Yes - Date Of FIR

Is FIR Verification Done

If Yes-Observations

If No - Reason

Any alcohol /Drug Intoxication Found As Per Documents

If Yes - Details

MRD Records checked

If Yes-Observations

If No - Reason

Bill Book collected

If Yes-Observations

If No - Reason

Tariff Details Card Collected

If Yes-Observations

If No - Reason

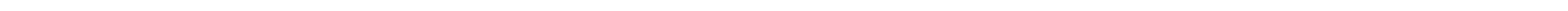
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Hospital Authority Statement

If Yes-Observations

If No - Reason

If Yes - Any findings



Treating Doctor Visit

Name of doctor

Qualification

Registration Number

Doctor Flag

Treating Doctor Statement Collected

If No - Reason

If Yes - Any PED findings

Any discrepancy noted

If Yes-Observations



Lab Verification Details

Lab Name	<input type="text" value="Hospital Registration Numbe"/>	Lab Location	<input type="text" value="Hospital Registration Numbe"/>
Lab Flag	<input type="text"/>		
Inhouse	<input type="text" value="no"/>	If No, then Distance from hospital / Resident	<input type="text" value="Hospital Registration Numbe"/>
Lab Register Entry Verified	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
If No	<input type="text"/>		
Bill Book	<input type="text" value="yes"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
If No	<input type="text"/>		
Report Validation	<input type="text" value="yes"/>	Name Of Empanelled Pathologist	<input type="text" value="Hospital Registration Numbe"/>
Reg Number	<input type="text" value="Hospital Registration N"/>	Visit Done	<input type="text" value="yes"/>
Visit Date	<input type="text" value="01-12-2022"/>	Finding	<input type="text" value="Hospital Registration Numbe"/>
Past Record Checked	<input type="text" value="yes"/>	Finding	<input type="text" value="Hospital Registration Numbe"/>

Lab Verification  
Summary

Hospital Registration N

Lab Option

Sonography

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text" value="Hospital Registration Numbe"/>
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If Yes - Visit Date	<input type="text"/>	Pharmacy Name	<input type="text"/>
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Inhouse	<input type="text"/>	If No, then Distance from hospital / Resident	<input type="text"/>
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Bill Book	<input type="text" value="no"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If Not Match	<input type="text"/>		
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Bill Records	<input type="text" value="carbon copies"/>	Findings	<input type="text" value="Hospital Registration Numbe"/>
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Purchase invoices Collected	<input type="text" value="yes"/>	If No - Reason	<input type="text"/>
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Past Records Checked	<input type="text" value="yes"/>	Findings	<input type="text" value="Hospital Registration Numbe"/>
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Chemist Statement Collected

yes

If No - Reason

If Yes - Findings

Hospital Registration Numbe

If Yes - Any PED findings

no

Overall Chemist Verification Summary

Hospital Registration Numbe

Past Records Details

Hospital Registration Numbe

Any Other Observations/Findings

Hospital Registration Numbe

If Yes - Any PED Findings

no

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Over All Hospital Virification Findings

Hospital Registration Numbe

## External 3rd Party Investigation Final Conclusion

Investigators Final  
Observation &  
suggetion

Scolding is something common in student life. Being a naughty boy, I am always scolded by my parents. But one day I was severely scolded by my English teacher.

Investigators Final  
Conclusion

Repudiate

Investigators Final  
Recommenndation

Other



