Case Details

Status At The Time Of Investigation

Claim Number	-	20130000943	Claim Amount	-	22000
Claim Status	-	Open	Claim Sub Status	-	Finalization

Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	Finalization
Claim Date	-		Settled Amount	-	

Policy Details

Product Name	-	Kotak Group Health Care Non Employer Employee	Policy Number	-	1045355500
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 Address	-	PRABHA NIVAS,MANAMBOOR, THOTTAKKADU PO,OPP RAMESHWARAM TEMPLE THIRUVANANTHAPURAM KERALA			

Member Details

Member Name	-		Member ID	-	1001333121
Certificate Number	-	1045355500-KGI-GHI	Relation	-	Son
Sum Insured	-	0	Addition Effective Date	-	06/12/2021
First Policy Incept Data	-		Member Flag	-	
Member Contact Number	-	9111111111	Member Email Id	-	JEENAJANAND@GMAIL.COM

Claim Details

Nature Of Loss	-	Accompanying Persons Expenses	Claim Type	-	
Diagnosis	-	0	Claim Reported In Days	-	
Date Of Admission	-	01-01-1900	Date Of Discharge	-	01-01-1900
Number Of Days Hospitalised	-				

Hospital Details

Hospital Code	-		Rohini Code	-	
Name Of Hospital	-		Hospital Type	-	
No Of Beds	-		Hospital Flag	-	
Address Of Hospital	-		Location Of Hospital	-	

Claim Trigger Point

Trigger 1 Auto Remark	

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