

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

External 3rd Party Investigation Final Conclusion

Investigators Final
Observation &
suggetion

Testing

Investigators Final
Conclusion

Payable

Investigators Final
Recommenndation

Genuine

Office / School / Collage Visit

Visit done

No

If No - Reason

Testing

If Yes - Visit Date

If Yes - Visit To

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 /
School 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 No Than Reason /
Yes Then Finding

Testing

Any Other
Observation

If YES - Findings

Any PED / Non-
Disclosure findings

Any other
Investigation
findings

