Case Details

Status At The Time Of Investigation

Claim Number	-	20210000003	Claim Amount - 500000
Claim Status	-	Close	Claim Sub Status - Finalization

Current Status From GIST

Claim Status	-	Close	Claim Sub Status - Finalization
Closure Date	-	28-12-2022	Settled Amount -

Policy Details

Product Name	-	Kotak Secure Shield	Policy Number - 1005230700
IMD NAME	-	SALMAN KHAN	IMD Code - 3170400000
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	-	B-131 KAMGAR NAGAR MUMBAI MAHARASHTRA	

Member Details

Member Name	-		Member ID	- 10000168
Certificate Number	-		Relation	-
Sum Insured	-		Addition Effective Date	-
First Policy Incept Data	-		Member Flag	- 🟢
Member Contact Number	- 0000000000		Member Email Id	- avni.rathod@Kotak.com

Claim Details

Nature Of Loss	- Critical Illness		Claim Type	-
Diagnosis	- Ok		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	-		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

Trigger Remark ["Scolding is something common in student life. Being a naughty boy

Trigger Remark I am always scolded by my parents. But one day I was severely scolded by my Englis

Trigger Remark I could not resist the temptation that an adventure of Nancy Drew offered. While she

Trigger Remark I was completely engrossed in reading that book. Nancy Drew was caught in the trap

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Trigger Remark

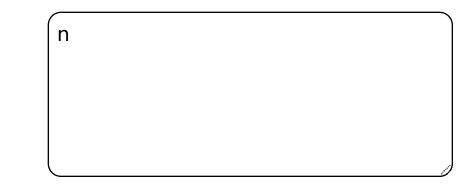I could not resist the temptation that an adventure of Nancy Drew offered. While she

Trigger Remark

I was completely engrossed in reading that book. Nancy Drew was caught in the trap

Investigation Finding (Hospital Verification)

Hospital Registration Number	n	OT	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	n

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IP Register Entry (Entry Found)	no	If No – Reason	n

If Yes
- ○ Matching With Claim Document
- ○ Not Matching with Claim Document

If Not Matching – Observations

ICPs Collected	no	If Yes - Observations	

If No – Reason

n

If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted no

If Yes

TPR/BP/VITAL Charts no

If Yes – Observations

If No – Reason n

In Case Of Medical Management

Active Line Of Treatment n

In Case Of Surgical Management

Operative Notes
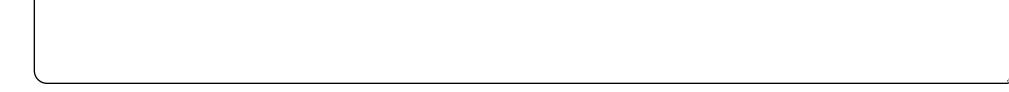
If Provided - Findings

If Not Provided - Reason

Anaesthesia Notes

If Provided - Findings

If Not Provided - Reason

Any PED History

Any Implants Used

If Yes – Invoice / Sticker Number

Invoice Verified

Reason / Findings

MLC Details

MLC Copy Received

no

If Yes - Date Of MLC

If No

n

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

If No – Reason

Any alcohol /Drug Intoxication Found As Per Documents

no

If Yes – Details

MRD Records checked

no

If Yes-Observations

If No – Reason

nn

Bill Book collected	no	If Yes-Observations	

If No – Reason	n

Tariff Details Card Collected	no	If Yes-Observations	

If No – Reason	n

Hospital Authority Statement	no	If Yes-Observations	

If No – Reason	nn	If Yes – Any findings	

Treating Doctor Visit

Name of doctor

n

Qualification

n

Registration Number

n

Doctor Flag

n

Treating Doctor Statement Collected

no

If No – Reason

nn

If Yes – Any PED findings

Any discrepancy noted

no

If Yes-Observations

Lab Verification Details

Lab Name
n

Lab Location
n

Lab Flag

Inhouse
no

If No, then Distance from hospital / Resident
nn

Lab Register Entry Verified
no

If Yes
○ Matching With Claim Document
○ Not Matching with Claim Document

If No

Bill Book
no

If Yes
○ Matching With Claim Document
○ Not Matching with Claim Document

If No

Report Validation
no

Name Of Empanelled Pathologist
nn

Reg Number
nn

Visit Done
no

Visit Date

Finding

Past Record Checked
no

Finding

Lab Verification
Summary

n

Lab Option

MRI

Chemist Verification

Visit Done	no	If No – Reason	n
If Yes – Visit Date		Pharmacy Name	
Inhouse		If No, then Distance from hospital / Resident	
Bill Book	no	If Yes	○ Matching With Claim Document ○ Not Matching with Claim Document
If Not Match			
Bill Records	others	Findings	n
Purchase invoices Collected	no	If No – Reason	nn
Past Records Checked	no	Findings	

Chemist Statement Collected	no	If No – Reason	n

If Yes – Findings		If Yes – Any PED findings	

Overall Chemist Verification Summary

n

Past Records Details

n

Any Other Observations/Findings

nn

If Yes – Any PED Findings	no

Over All Hospital Virification Findings

n

Home Visit

Visit done	No	If No - Reason	

testing

If Yes - Visit Date	
Appointment Taken	No
If No - Reason	testing
If Yes - Name of insured with whom appointment was taken	
Mobile no	
Member Address	

Name of Patient	testing
Date of Birth of Patient	15-12-2022
Gender	Female
Statement Collected	No
If No - Reason	testing
If Yes - Finding	
Any discrepancies	Yes

If Yes - Finding	testing	Any PED / Non-Disclosure findings	No

Insured Habits

Past documents collected	No	If No - Reason	testing

If Yes – please specify			

KYC Documents collected	No	If No - Reason	testing

If Yes	○ Matching With Claim Document ○ Not Matching with Claim Document	If No - Reason	

Vicinity verification

Visit done
No

If No - Reason
testing

If Yes – please specify

If Yes - Visit Date

Visit to Family Physician

Name of Family Physician
testing

Location
testing

Contact number
9876735623

Distance from Insured Home
86

Visit to Family Physician
No

if No - Reason
testing

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings
No

In Cases of First Consultant / Referral doctor

| Name of Family Physician | testing | Location | testing |

Name of Family Physician: testing

Location: testing

Contact number: 9769865764

Distance from Insured Home: 54

Visit to Family Physician: No

if No - Reason: testing

If Yes - Registration Number:

Qualification: testing

Statement Collected:

Any PED / Non-Disclosure findings: No

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 / Schiool 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 Yes Then Finding	

If No Than Reason: testing

Any Other Observation: Yes

If YES – Findings: testing

Any PED / Non-Disclosure findings: No

Any other Investigation findings: testing

External 3rd Party Investigation Final Conclusion

Investigators Final
Observation &
suggetion

testingtestingtestingtestingtestingtestingtestingtesting

Investigators Final
Conclusion

Payable

Investigators Final
Recommenndation

Genuine

Pre-Exisiting Details