

Verification Report

20210000014

Product Name: Kotak Secure Shield

Report Dated: 06-03-2023

Insured Details

Claim No.: 20210000014

Insured Name:

Insured Location:

Prepare by

Jadu Investigator

Disclaimer:

The Verification report is being issued without prejudice, which is meant strictly confidential and subject to terms & condition of Insurance policy under which the subject claim is lodged.

Case Details


Status At The Time Of Investigation

Claim Number	Claim Amount	Claim Status	Claim Sub Status
20210000014	30000	Open	


Policy Details

Product Name	Policy Number	Policy Type	Policy Start Date	Policy End Date	Policy Category	Policy Subtype
Kotak Secure Shield	1003824000	Individual	10-01-2017	09-01-2018	Benefit	

Policy Holder Address	403 GANGA THAKUR VILLAGE, ASDFASDF, , 400101 - KANDIVALI MUMBAI, MUMBAI, MAHARASHTRA, India
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Imd Details	Imd name	Imd code	Imd flag
	MAHINDRA INSURANCE BROKERS LTD	3101530000	

Member Details

Member Name	Member ID	Member Flag	Member Email Id
	1000019133		

Certificate Number	Relation	Insured	Addition Effective Date	Deletion Effective Date	First Policy Incept Data
1003824000	Self		10-01-2017		2017-01-10 00:00:00.0000000

Claim Details

Nature Of Loss	Claim Type	Diagnosis	Claim Reported In Days	Date Of Admission	Date Of Discharge	Number Of Days Hospitalised
Critical Illness	Reimbursement	16218 scenario r testing	175	04-07-2017	19-11-2019	868

Hospital Details

Hospital Code	Rohini Code	Name Of Hospital	Hospital Type	No Of Beds	Hospital Flag
				04-07-2017	

Address Of Hospital	
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Location Of Hospital	
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Investigation Finding (Hospital Verification)

Hospital Registration Number	OT	ICU/ICCU/ PICU/CCU	Visit To Hospital	Hospital Visit Date	How Far From Member Address (ApproxKm)
Not_applicable			no		

Any Relative Near Hospital Where Insured Stayed	Comments
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IP Register Entry (Entry Found)	If Not Matching - Observations
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ICPs Collected

Any Other Discrepancy Noted

TPR/BP/VITAL Charts

In Case Of Medical Management	Active Line Of Treatment
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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	Any Implants Used	If Yes - Invoice / Sticker Number	Invoice Verified	Reason / Findings
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MLC Details

MLC Copy Received	Is MLC Verification Done	If Yes - Observations	If No - Reason
no	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.		

FIR Details

FIR Copy Received	
no	

Any alcohol /Drug Intoxication Found As Per Documents	MRD Records checked
no	

Bill Book collected	Tariff Details Card Collected
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Hospital Authority Statement	If Yes - Any findings
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Treating Doctor Visit

Name of doctor	Qualification	Registration Number
sonali kailuke	Qualification	Qualification

Tariff Details Card Collected	If Yes - Any PED findings	If No - Reason	Any discrepancy noted	If Yes- Observations
no	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.		no	

Lab Verification Details

Lab Name	Lab Location	Inhouse	If No, then Distance from hospital / Resident		
Lab Register Entry Verified		Bill Book	Report Validation		
Name Of Empanelled Pathologist		Reg Number	Visit Done	Visit Date	Finding
			no		
Past Record Checked	Finding	Lab Verification Summary		Lab Option	

Chemist Verification

Visit Done	Pharmacy Name	Inhouse	If No, then Distance from hospital / Resident		
Yes	no				
Bill Book	Bill Records	Findings	Purchase invoices Collected	If No - Reason	

Home Visit

Past Records Checked		Findings	Chemist Statement Collected			
Visit Done	If No - Reason			Appointment Taken	Mobile no	Member Address
No	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.					

Name of Patient	Date of Birth of Patient	Gender	Statement Collected	If Yes - Finding	If No - Reason	
Any discrepancies	If Yes - Finding	Any PED / Non-Disclosure findings	KYC Documents collected	If No - Reason	If Yes - Matching/Not Matching with Documents	If Not-Matching Reason

Past documents collected	If Yes - please specify	If No - Reason
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Vicinity verification

Visit done	If Yes - Date	If Yes - please specify	If No - Reason
Yes	2023-03-01	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.	

Visit to Family Physician

Name of Family Physician	Location	Contact number	Distance from Insured Home
Name Of Family Physician	mumbai	7635643545	2

Visit to Family Physician	If Yes - Registration Number	If No - Reason	Qualification	Statement Collected	Any PED / Non-Disclosure findings
Yes	Registration Number		MD	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.	No

In Cases of First Consultant / Referral doctor

Name of Family Physician	Location	Contact number	Distance from Insured Home
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Visit to Family	If Yes - Registration	Statement	Any PED / Non-
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Physician	Number	If No - Reason	Qualification	Collected	Disclosure findings
No		Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.			

Office / School / College Visit

Visit done	If No - Reason	If Yes		Attendance Record Collected	If Yes Check Whether Patient Was Present In Office / School / Collage During Hospitalization Period
		Visit Date	Visit To		
Yes		2023-03-01	School	No	

Patient Occupation Status	Name Of person with whom information was collected	Mobile of person with whom information was collected	Address of Office / School / Collage
Student in College/School			

Statement Collected	If Yes then Finding / If No than Reason	Any Other Observation	If YES - Findings	Any PED / NonDisclosure findings	Any other Investigation findings
Yes		Yes	Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.	No	

External 3rd Party Investigation Final Conclusion

Investigators Final Observation & suggestion	Investigators Final Conclusion	Investigators Final Recommendation	Remark	Amount
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.	Seems Genuine	Payable		

Pre-Existing Details

Pre Existing Disease	Since	Disclosed By	Relation With Patient	Reference Document Name	Detail Information
N.A					

Final Closure Comment

Verification Manager Comment	Recommendation	Investigation Status	Closure Date
		Close	06-03-2023