

Case Details


Status At The Time Of Investigation

Claim Number	-	20210000025	Claim Amount	-	10000
Claim Status	-	Close	Claim Sub Status	-	Finalization


Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	Finalization
Claim Date	-	Mon Dec 19 2022 17:40:48 GMT+0530 (India Standard Time)	Settled Amount	-	

Policy Details

Product Name	-	Kotak Secure Shield	Policy Number	-	1007117500
IMD NAME	-	BROKER B GST	IMD Code	-	3171400000
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	-	AAA BBB DUNGARPUR RAJASTHAN			

Member Details

Member Name	-	Member ID	-	10000126	
Certificate Number	-	Relation	-		
Sum Insured	-	Addition Effective Date	-	Invalid date	
First Policy Incept Data	-	Member Flag	-		
Member Contact Number	-	0000000000	Member Email Id	-	avni.rathod@Kotak.com

Claim Details

Nature Of Loss	-	Personal Accident (AD-PTD)	Claim Type	-	
Diagnosis	-	bike accident	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

Investigation Finding (Hospital Verification)

Hospital Registration Number

12

OT

yes

ICU/ICCU/ PICU/CCU

yes

Visit To Hospital

no

Hospital Visit Date

How Far From Member Address (Approx Km)

Any Relative Near Hospital Where Insured Stayed

yes

Comments

Hospital

IP Register Entry (Entry Found)

yes

If No - Reason

If Yes

- Matching With Claim Document
 Not Matching with Claim Document

If Not Matching - Observations

ICPs Collected

no

If Yes - Observations

If No - Reason

Hospital

If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted

If Yes

TPR/BP/VITAL Charts

If Yes - Observations

If No - Reason

In Case Of Medical Management

Active Line Of Treatment

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

If Yes - Date Of MLC

If No

Is MLC Verification Done

If Yes-Observations

If No - Reason



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

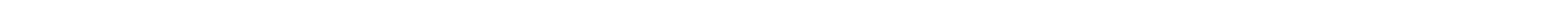
If No - Reason

Hospital Authority Statement

If Yes-Observations

If No - Reason

If Yes - Any findings



Treating Doctor Visit

Name of doctor

Hospital

Qualification

Hospital

Registration Number

Hospital

Doctor Flag

Hospital

Treating Doctor
Statement Collected

no

If No - Reason

Hospital

If Yes - Any PED
findings

Any discrepancy
noted

no

If Yes-Observations

Lab Verification Details

Lab Name Lab Location

Lab Flag

Inhouse If No, then Distance from hospital / Resident

Lab Register Entry Verified If Yes Matching With Claim Document Not Matching with Claim Document

If No

Bill Book If Yes Matching With Claim Document Not Matching with Claim Document

If No

Report Validation Name Of Empanelled Pathologist

Reg Number Visit Done

Visit Date Finding

Past Record Checked Finding

Lab Verification
Summary

Hospital

Lab Option

Chemist Verification

Visit Done

If No - Reason

If Yes - Visit Date

Pharmacy Name

Inhouse

If No, then Distance from hospital / Resident

Bill Book

If Yes

- Matching With Claim Document
- Not Matching with Claim Document

If Not Match

Bill Records

Findings

Purchase invoices Collected

If No - Reason

Past Records Checked

Findings

Chemist Statement Collected

yes

If No - Reason

[Empty text box]

If Yes - Findings

Hospital

If Yes - Any PED findings

no

Overall Chemist Verification Summary

Hospital

Past Records Details

[Empty text box]

Any Other Observations/Findings

[Empty text box]

If Yes - Any PED Findings

[Empty text box]

Over All Hospital Virification Findings

[Empty text box]

Home Visit

Visit done

No

If No - Reason

Reason

If Yes - Visit Date

Appointment Taken

If No - Reason

Reason

If Yes - Name of insured with whom appointment was taken

Mobile no

Member Address

Name of Patient

Reason

Date of Birth of Patient

Gender

Statement Collected

If No - Reason

Reason

If Yes - Finding

Any discrepancies

If Yes - Finding

Any PED / Non-Disclosure findings

Insured Habits

Past documents collected

If No - Reason

If Yes - please specify

KYC Documents collected

If No - Reason

If Yes

- Matching With Claim Document
- Not Matching with Claim Document

If No - Reason

Vicinity verification

Visit done

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

if No - Reason

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings

In Cases of First Consultant / Referral doctor

Name of Family Physician

Location

Contact number

Distance from Insured Home

Visit to Family Physician

if No - Reason

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings

Office / School / Collage Visit

Visit done

No

If No - Reason

Reason

If Yes - Visit Date

If Yes - Visit To

Attendance 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

If Yes Then Finding

If No Than Reason

Any Other
Observation

If YES - Findings

Any PED / Non-
Disclosure findings

Any other
Investigation
findings

External 3rd Party Investigation Final Conclusion

Investigators Final
Observation &
suggetion

Hospital -Rework

Investigators Final
Conclusion

Payable

Investigators Final
Recommenndation

MIS-Representation

