

Case Details

Status At The Time Of Investigation

Claim Number	-	20210000030	Claim Amount	-	500000
Claim Status	-	Open	Claim Sub Status	-	


Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	
Closure Date	-		Settled Amount	-	0

Policy Details

Product Name	-	Kotak Secure Shield	Policy Number	-	1007135800
IMD NAME	-	CORPORATEAGENT A GST	IMD Code	-	2171270000
IMD Flag	-		Policy Type	-	Individual
Policy Start Date	-	29-06-2017	Policy End Date	-	28-06-2018
Policy Category	-	Benefit	Policy Sub Type	-	
Policy Holder Address	-	SION, AAA, BBB, 400022 - CHUNABHATTI MUMBAI, MUMBAI, MAHARASHTRA, India			

Member Details

Member Name	-	Member ID	-	1000020623	
Certificate Number	-	1007135800	Relation	-	Self
Sum Insured	-	500000	Addition Effective Date	-	29-06-2017
Deletion Effective Date	-				
First Policy Incept Data	-	2017-06-29 00:00:00.0000000	Member Flag	-	
Member Contact Number	-	0000000000	Member Email Id	-	avni.rathod@Kotak.com

Claim Details

Nature Of Loss	-	Personal Accident (AD-PTD)	Claim Type	-	Reimbursement
Diagnosis	-	accident	Claim Reported In Days	-	0
Date Of Admission	-	02-08-2017	Date Of Discharge	-	
Number Of Days Hospitalised	-	0			

Hospital Details

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

Hospital

Hospital

Claim Trigger Point

Trigger 1 Auto
Remark

Trigger Remark

There are many variations of passages of Lorem Ipsum available, but the majority have suffered alteration in some form, by injected humour, or randomised words which don't look even slightly believable. If you are going to use a passage of Lorem Ipsum, you need to be sure there isn't anything embarrassing hidden in the middle of text.

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Investigation Finding (Hospital Verification)

Hospital Registration Number

OT

Yes No

ICU/ICCU/ PICU/CCU

Yes No

Visit To Hospital

Yes No

Hospital Visit Date

How Far From Member Address (Approx Km)

Any Relative Near Hospital Where Insured Stayed

Yes No

Comments

IP Register Entry (Entry Found)

Yes No

If No - Reason

If Yes

- Matching With Claim Document
- Not Matching With Claim Document

If Not Matching - Observations

ICPs Collected

Yes No

If No - Reason

If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted

Yes No

If Yes

TPR/BP/VITAL Charts

Yes No

If Yes - Observations

If No - Reason

In Case Of Medical Management

Active Line Of Treatment

In Case Of Surgical Management

Operative Notes

Provide Not Provide

If Provided - Findings

If Not Provided - Reason

Anaesthesia Notes

Provide Not Provide

If Provided - Findings

If Not Provided - Reason

Any PED History

Yes No

Any Implants Used

Yes No

If Yes - Invoice / Sticker Number

Invoice Verified

Yes No

Reason / Findings

MLC Details

MLC Copy Received

Yes No

If Yes - Date Of MLC

If No

Is MLC Verification Done

Yes No

If Yes-Observations

If No - Reason



FIR Details

FIR Copy Received

Yes No

If Yes - Date Of FIR

Is FIR Verification Done

Yes No

If Yes-Observations

If No - Reason

Any alcohol /Drug Intoxication Found As Per Documents

Yes No

If Yes - Details

If No - Reason

MRD Records checked

Yes No

If Yes-Observations

If No - Reason

Bill Book collected

Yes No

If Yes-Observations

If No - Reason

Tariff Details Card
Collected

Yes No

If Yes-Observations

If No - Reason

Hospital Authority
Statement

Yes No

If Yes-Observations

If No - Reason

If Yes - Any findings

Yes No

Treating Doctor Visit

Name of doctor

Qualification

Registration Number

Tariff Details Card Collected

Yes No

If No - Reason

If Yes - Any PED findings

Yes No

Any discrepancy noted

Yes No

If Yes-Observations

Lab Verification Details

Lab Name	<input type="text"/>	Lab Location	<input type="text"/>
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Inhouse	<input type="text"/>	If No, then Distance from hospital / Resident	<input type="text"/>
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Lab Register Entry Verified	<input type="text"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If No	<input type="text"/>		
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Bill Book	<input type="text"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If No	<input type="text"/>		
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Report Validation	<input type="text"/>	Name Of Empanelled Pathologist	<input type="text"/>
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Reg Number	<input type="text"/>	Visit Done	<input type="text"/>
------------	----------------------	------------	----------------------

Visit Date	<input type="text"/>	Finding	<input type="text"/>
------------	----------------------	---------	----------------------

Past Record Checked	<input type="text"/>	Finding	<input type="text"/>
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Lab Verification Summary	<input type="text"/>	Lab Option	<input type="text"/>
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Lab Verification Details

Lab Name Lab Location

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 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

If No - Reason

If Yes - Findings

If Yes - Any PED
findings

Overall Chemist
Verification
Summary

Past Records Details

Any Other
Observations/Findings

If Yes - Any PED
Findings

Over All Hospital
Virification Findings

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

If No - Reason

If Yes - Findings

If Yes - Any PED
findings

Overall Chemist
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Summary

Past Records Details

Any Other
Observations/Findings

If Yes - Any PED
Findings

Over All Hospital
Virification Findings

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
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