IMD NAME

IMD Flag

#### Status At The Time Of Investigation

Claim Number -	20210000030	Claim Amount -	50000
Claim Status -	Open	Claim Sub Status -	
Current Status From (	SIST		
Claim Status -	Open	Claim Sub Status -	
Closure Date -		Settled Amount -	0
Policy Details			
Product Name -	Kotak Secure Shield	Policy Number -	1007135800

Policy Type - Individual

Policy Start Date - 29-06-2017 Policy End Date - 28-06-2018

Policy Category - Benefit Policy Sub Type -

- CORPORATEAGENT A GST

-

Policy Holder - SION, AAA, BBB, 400022 - CHUNABHATTI MUMBAI, MUMBAI, MAHARASHTRA, India Address

# Member Details

Member Name	-		Member ID	-	1000020623
Certificate Number	-	1007135800	Relation	-	Self
Sum Insured	-	50000	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	-	00000000	Member Email Id	-	avni.rathod@Kotak.com
Claim Details					
Nature Of Loss	_	Personal Accident (AD-PTD)	Claim Type	_	Reimbursement
Diagnosis	_	accident	Claim Reported In	_	
Diagnosis	_	ucciuciic	Days		v
Date Of Admission	-	02-08-2017	Date Of Discharge	-	

-

-

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Number Of Days - 0 Hospitalised

# Hospital Details

Hospital Code

Name Of Hospital -

No Of Beds

Address Of

Rohini Code

Hospital Type

Hospital Flag -

-

-

-

Location Of

Hospital

Hospital

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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Trigger Remark

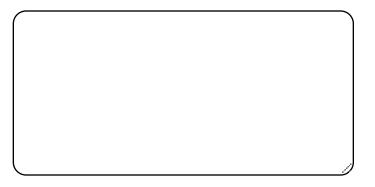
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# Investigation Finding (Hospital Verification)

Hospital Registration Number		ОТ	r Yes r 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	n Yes n No	Comments	
IP Register Entry (Entry Found)	rYes No	If No – Reason	
If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching With Claim Document</li> </ul>	If Not Matching – Observations	

#### ICPs Collected n Yes n No

lf No – Reason



lf Yes, Any PED/Non- Disclosure Findings			
Any Other Discrepancy Noted	n Yes no	If Yes	
TPR/BP/VITAL Charts	r Yes r No	If Yes – Observations	
lf No – Reason			

In Case Of Medical Management

Active Line Of Treatment

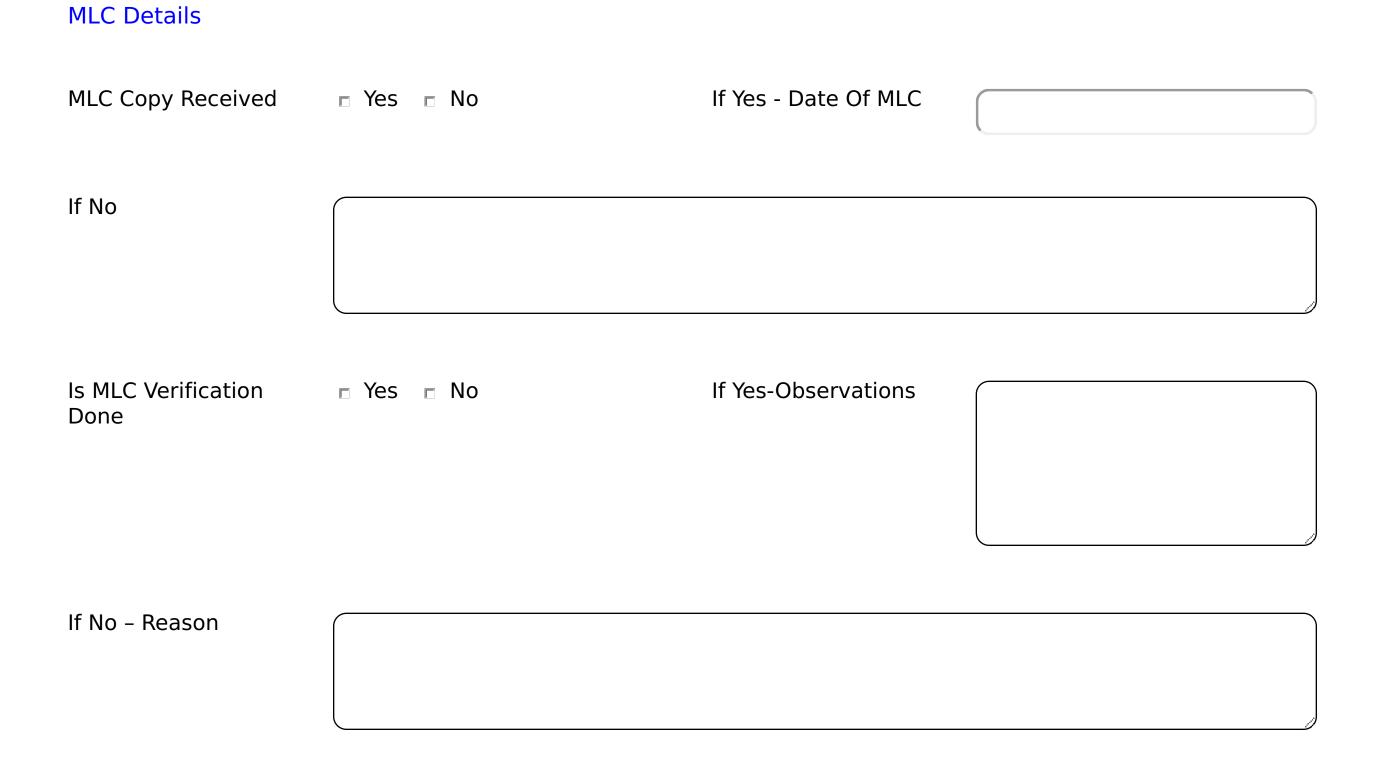
In Case Of Surgical Management

Operative Notes 
Provide 
Not Provide

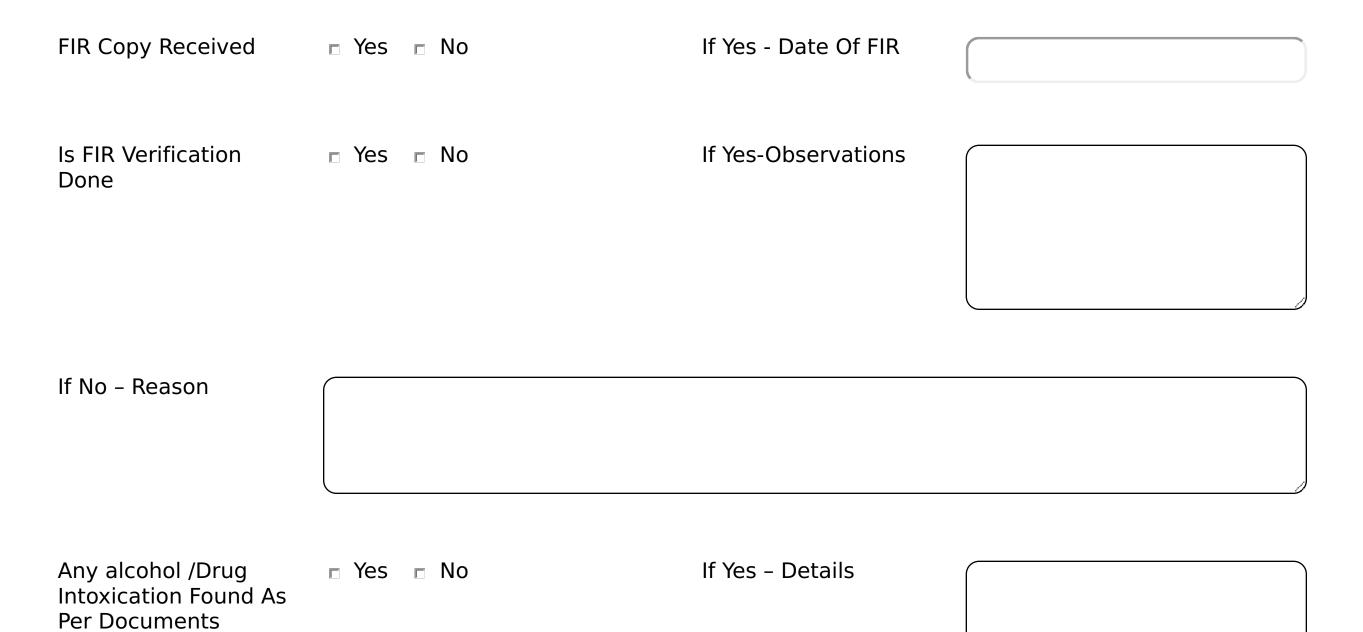
If Provided - Findings



If Not Provided - Reason			
Anaesthesia Notes	Provide Not Provide	If Provided - Findings	
If Not Provided - Reason			
Any PED History	r Yes r No		
Any Implants Used	□Yes □ No	lf Yes – Invoice / Sticker Number	
Invoice Verified	r Yes r No	Reason / Findings	





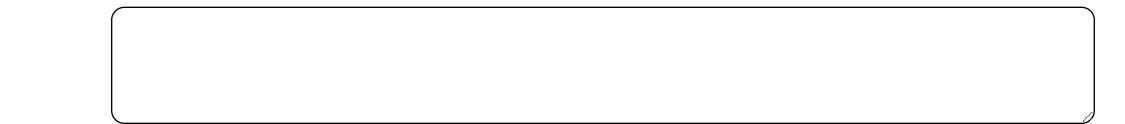


If No – Reason

MRD Records checked

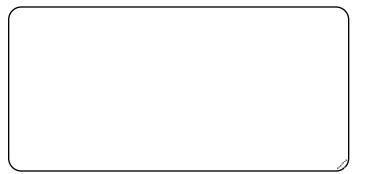


#### If No - Reason









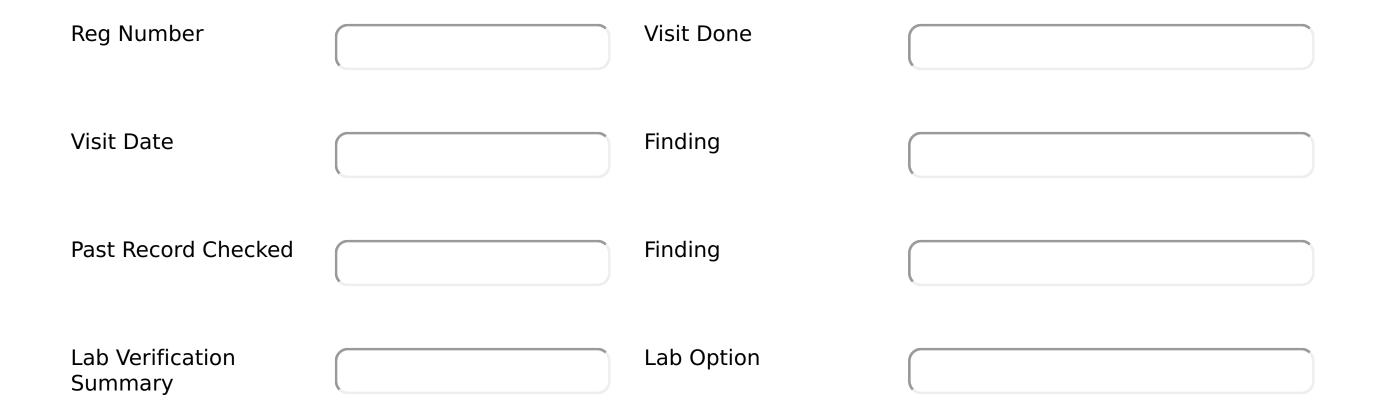
If Yes – Any findings 🛛 ר Yes 🗖 No

## Treating Doctor Visit

Name of doctor		Qualification	
Registration Number		Tariff Details Card Collected	r Yes r No
If No – Reason		If Yes – Any PED findings	r Yes r No
Any discrepancy noted	∎ Yes п No	If Yes-Observations	

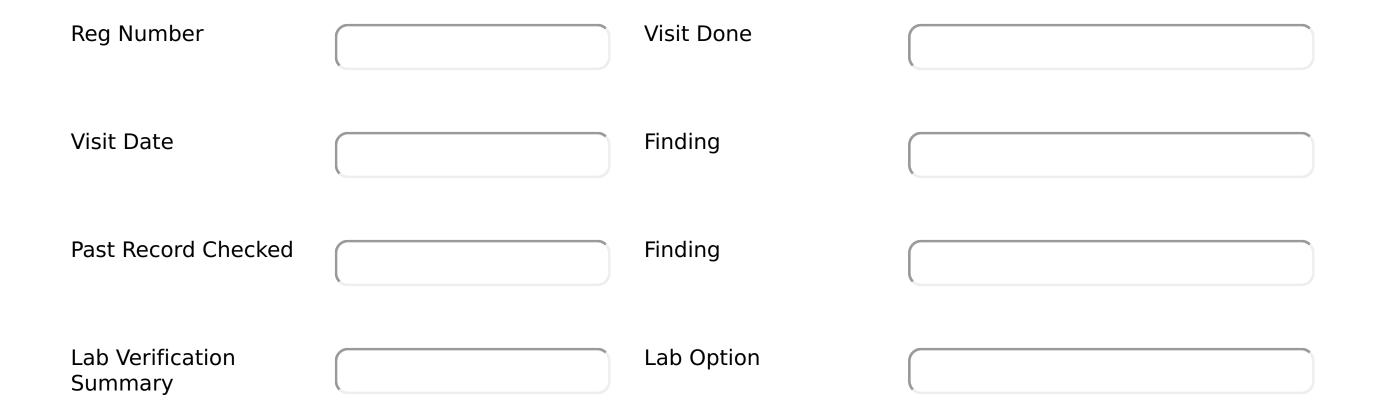
### Lab Verification Details

Lab Name	Lab Location	
Inhouse	If No, then Distance from hospital / Resident	
Lab Register Entry Verified	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
If No		
Bill Book	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
If No		
Report Validation	Name Of Empanelled Pathologist	



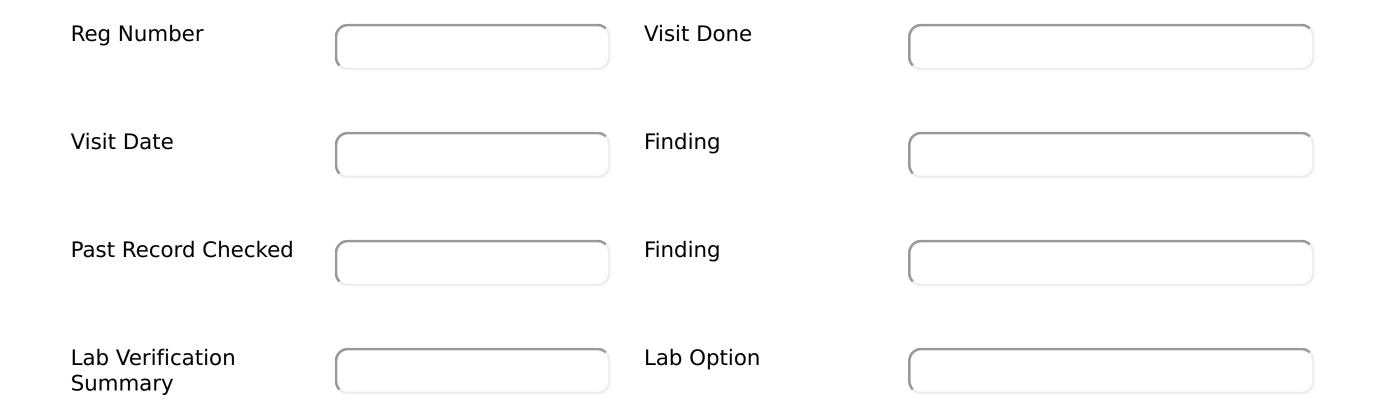
### Lab Verification Details

Lab Name	Lab Location	
Inhouse	If No, then Distance from hospital / Resident	
Lab Register Entry Verified	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
If No		
Bill Book	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
If No		
Report Validation	Name Of Empanelled Pathologist	



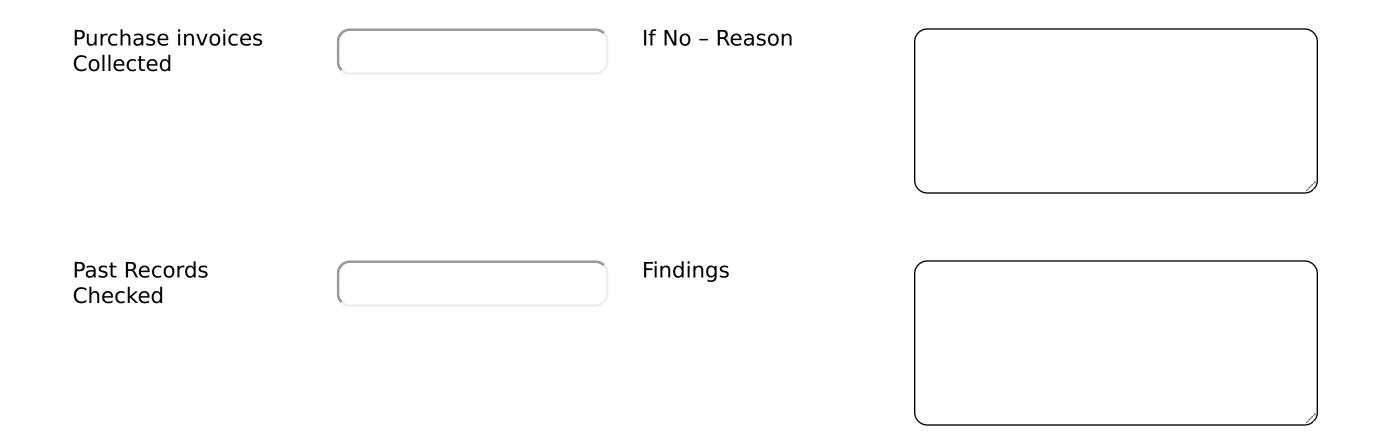
### Lab Verification Details

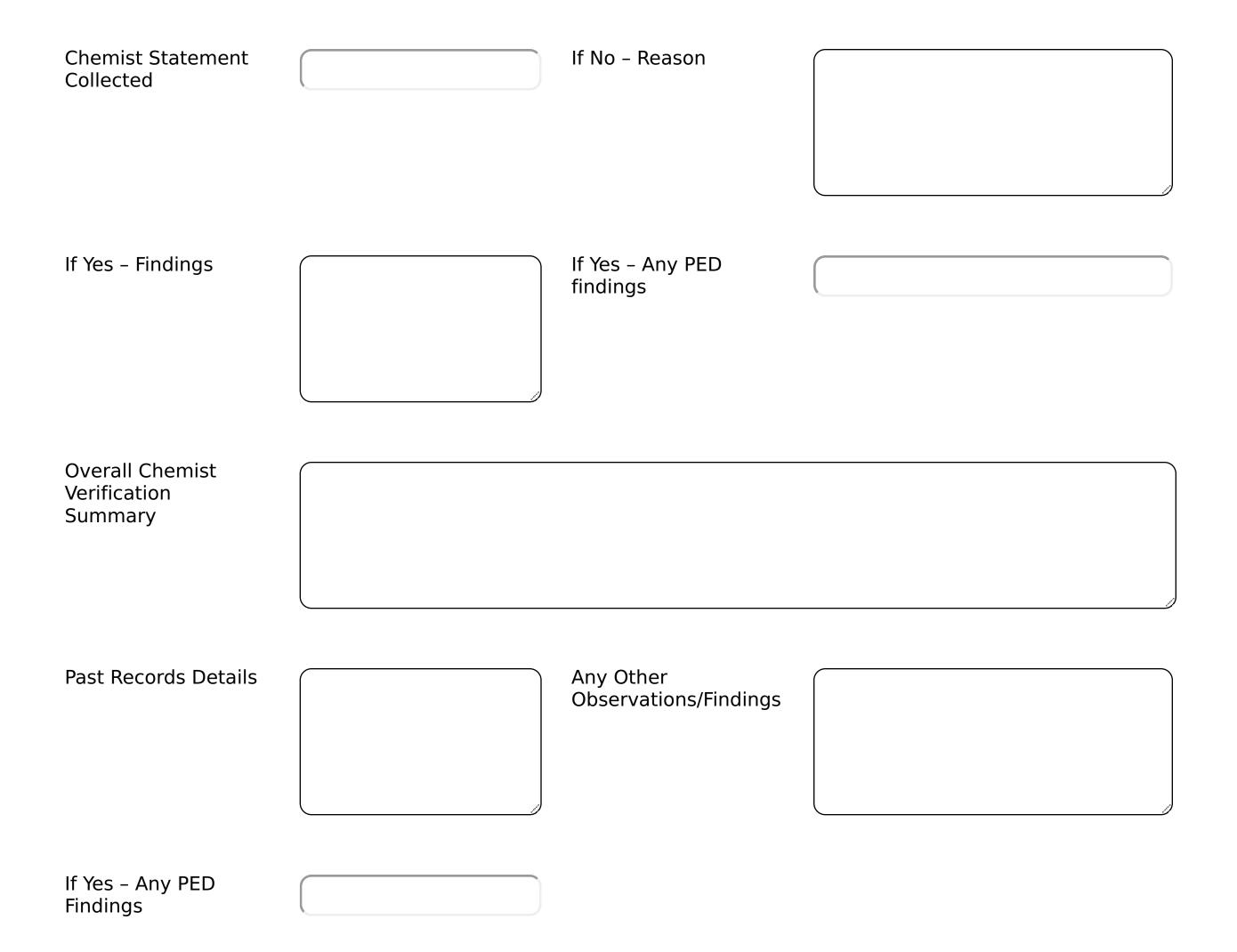
Lab Name	Lab Location	
Inhouse	If No, then Distance from hospital / Resident	
Lab Register Entry Verified	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
If No		
Bill Book	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
If No		
Report Validation	Name Of Empanelled Pathologist	



**Chemist Verification** 

Visit Done	lf No – Reason	
lf Yes – Visit Date	Pharmacy Name	
Inhouse	If No, then Distance from hospital / Resident	
Bill Book	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
lf Not Match		
Bill Records	Findings	

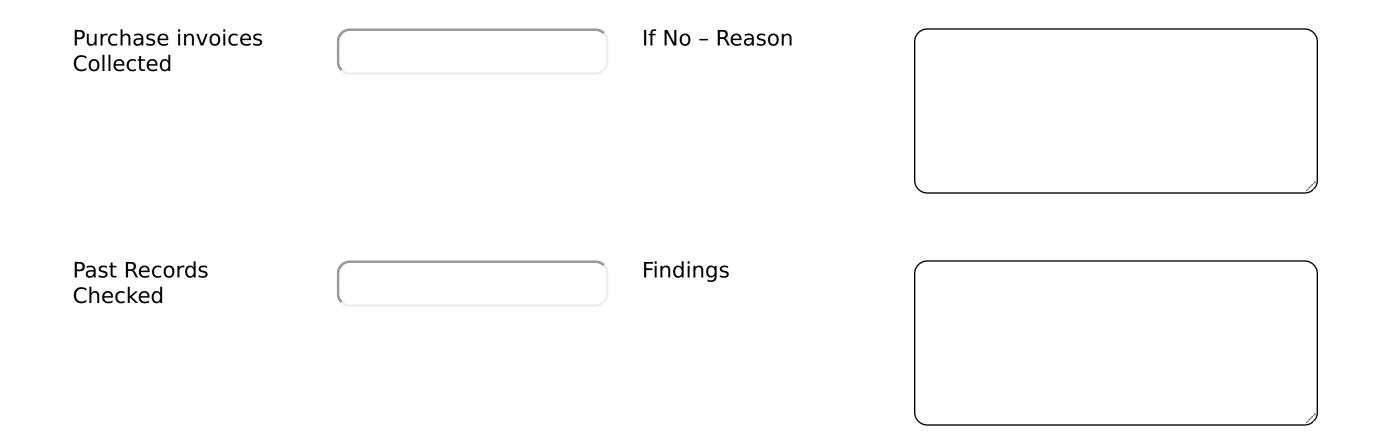


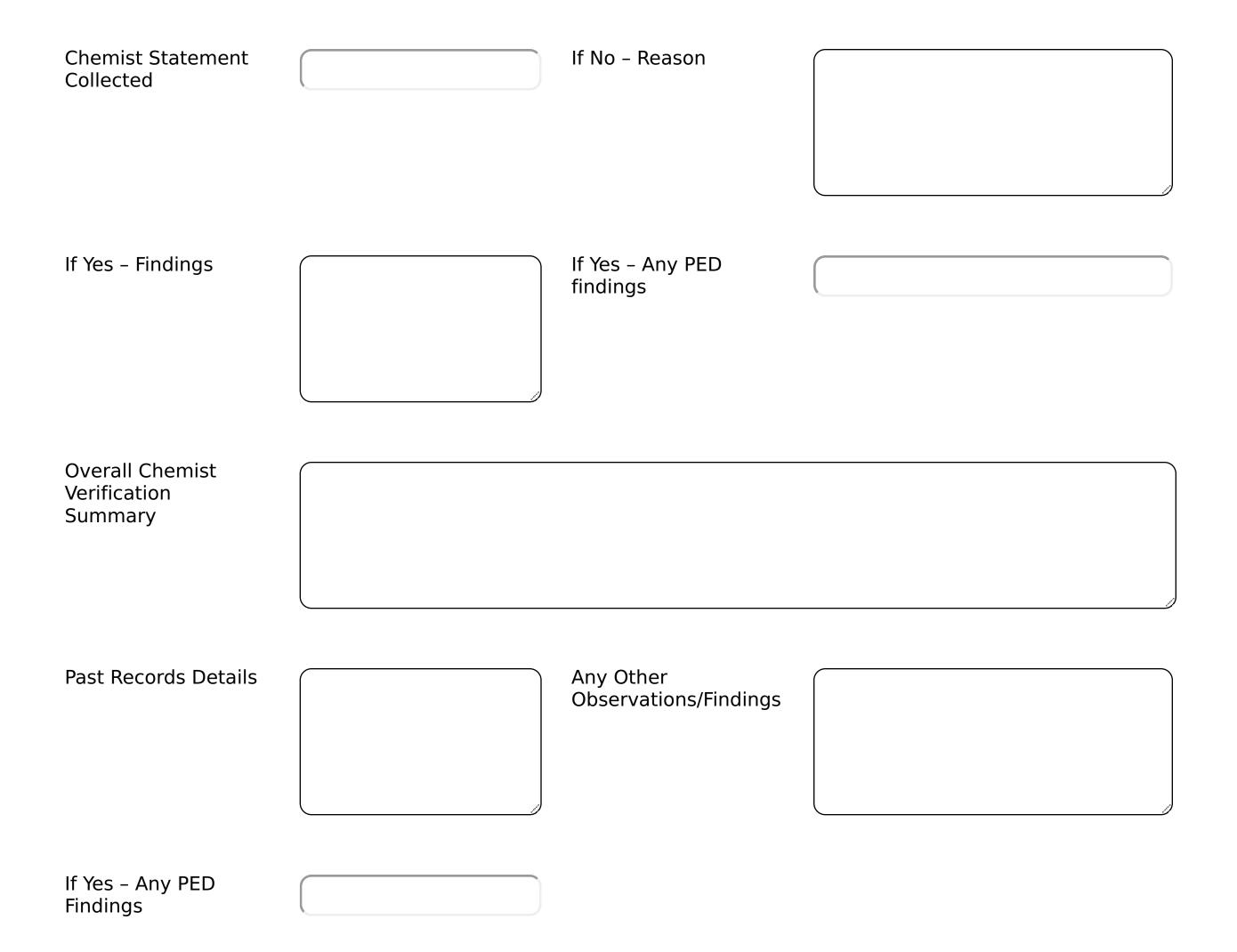


#### Over All Hospital Virification Findings

**Chemist Verification** 

Visit Done	lf No – Reason	
lf Yes – Visit Date	Pharmacy Name	
Inhouse	If No, then Distance from hospital / Resident	
Bill Book	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
lf Not Match		
Bill Records	Findings	

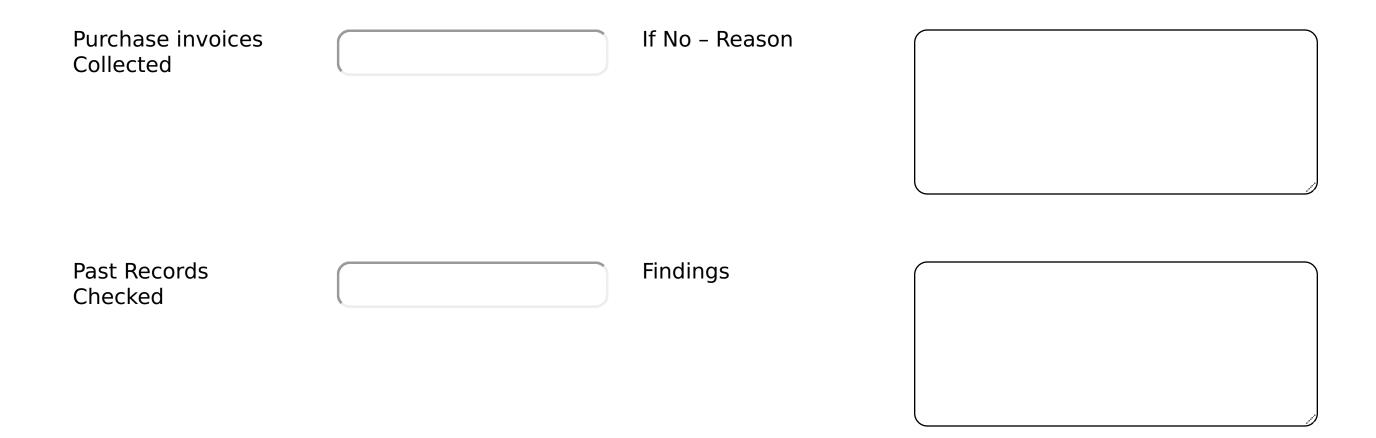


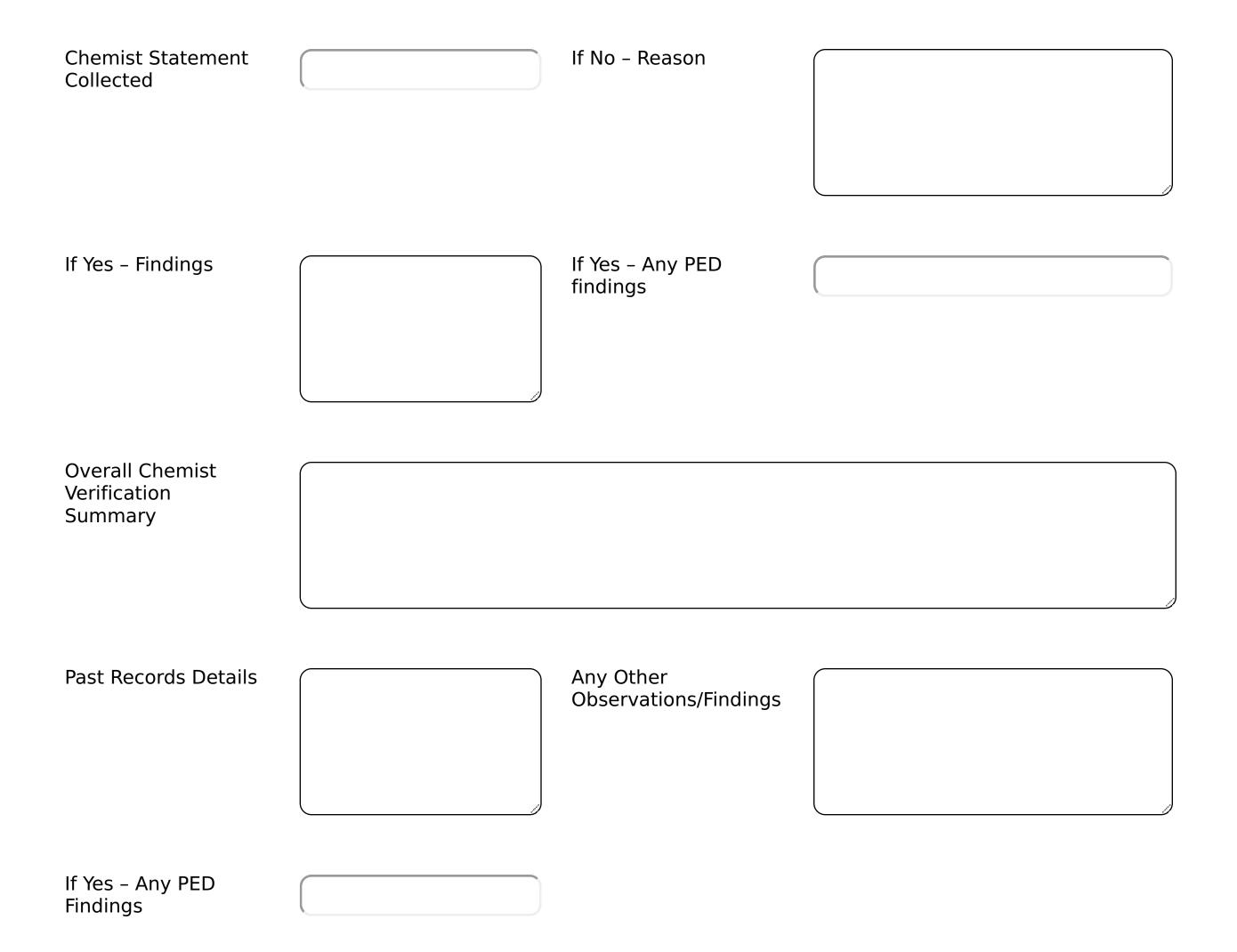


#### Over All Hospital Virification Findings

**Chemist Verification** 

Visit Done	lf No – Reason	
lf Yes – Visit Date	Pharmacy Name	
Inhouse	If No, then Distance from hospital / Resident	
Bill Book	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
lf Not Match		
Bill Records	Findings	





#### Over All Hospital Virification Findings