Status At The Time Of Investigation

| Claim Number | - | 20210000036 | Claim Amount - | 300000 |
|--------------|---|-------------|--------------------|--------------|
| Claim Status | - | Close | Claim Sub Status - | Finalization |

Current Status From GIST

| Claim Status | - | Open | Claim Sub Status | - | Finalization |
|--------------|---|---|------------------|---|--------------|
| Claim Date | - | Fri Dec 16 2022 13:56:21 GMT+0530 (India Standard Time) | Settled Amount | - | |

Policy Details

| Product Name | - Kotak Secure Shield | Policy Number | - 1019984400 |
|--------------|------------------------|---------------|--------------|
| IMD NAME | - BANC ASSURANCE B GST | IMD Code | - 1171370000 |
| IMD Flag | - | Policy Type | - Individual |

-

Policy End Date - 01-01-1900

-

Policy Category

Policy Sub Type

Policy Holder - ABABA GGGGG AAAAAA DFGDFG GHJKGHJ DFGDFG SCDS DEW VD MUMBAI Address MAHARASHTRA

Member Details

| Member Name - | Member ID - 10000189 |
|---------------------------------------|---|
| Certificate - Number | Relation - |
| Sum Insured - | Addition Effective - Date |
| First Policy Incept - Data | Member Flag - |
| Member Contact - 7607386341 Number | Member Email Id - NILEEMA.CRITICALEAMIL@GMAIL.COM |

Claim Details

| Nature Of Loss - | - | Critical Illness | Claim Type | - | |
|---------------------|---|------------------------------------|---------------------------|---|------------|
| Diagnosis - | - | CI- Assessed amount equal to SI | Claim Reported In Days | - | |
| Date Of Admission - | - | 01-01-1900 | Date Of Discharge | - | 01-01-1900 |

Number Of Days Hospitalised

Hospital Details

Hospital Code - 6000009

-

-

Name Of Hospital - Cardinal Gracias Memorial Hospital Type - Private Hospital

No Of Beds

Address Of Hospital - Bangli, Sandor

Location Of Hospital

Hospital Flag

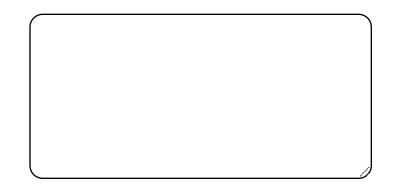
Rohini Code



-

| Claim Trigger Point | | | | | |
|--|--|--|------|--|--|
| Trigger 1 Auto Remark | | | | | |
| Office / School / Co | ollage Visit | | | | |
| Visit done | No | If No - Reason | adas | | |
| If Yes - Visit Date | | lf 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 | lf No Than Reason | dgsdfg |
|--|--------|---------------------|-------------------|--------|
| Any Other Observation | No | If YES – Findings | | |
| Any PED / Non- Disclosure findings | No | | | |
| Any other Investigation findings | sgsfgs | | | |

External 3rd Party Investigation Final Conclusion

| Investigators Final Observation & suggetion | fsfs | | |
|---|---------|--|---------|
| Investigators Final Conclusion | Payable | Investigators Final Recommenndation | Genuine |