

Verification Report

20210000039

Product Name: Kotak Secure Shield

Report Dated: 22-02-2023

Insured Details

Claim No.: 20210000039

Insured Name:

Insured Location:

Prepare by

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
20210000039	2000000	Open	

Policy Details

Product Name	Policy Number	Policy Type	Policy Start Date	Policy End Date	Policy Category	Policy Subtype
Kotak Secure Shield	1019984400	Individual	15-05-2019	14-05-2020	Benefit	

Policy Holder Address	ABABA GGGGG AAAAAA DFGDFG GHJKGHJ DFGDFG SCDS DEW VD , , , 400064 - GOREGAON WEST MUMBAI, MUMBAI, MAHARASHTRA, India
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Imd Details	Imd name	Imd code	Imd flag
	BANC ASSURANCE B GST	1171370000	

Member Details


Member Name	Member ID	Member Flag	Member Email Id
	1000101008		NILEEMA.CRITICALEAMIL@GMAIL.COM

Certificate Number	Relation	Insured	Addition Effective Date	Deletion Effective Date	First Policy Incept Data
1019984400	Brother		15-05-2019		2019-05-15 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	CCC	188	19-11-2019	04-10-2021	685

Hospital Details

Hospital Code	Rohini Code	Name Of Hospital	Hospital Type	No Of Beds	Hospital Flag
				19-11-2019	

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)
Hosp123	yes	yes	yes	2023-02-01	2

Any Relative Near Hospital Where Insured Stayed	Comments
yes	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus

IP Register Entry (Entry Found)	If Not Matching - Observations
yes	

ICPs Collected
yes

Any Other Discrepancy Noted
yes

TPR/BP/VITAL Charts
yes

In Case Of Medical Management	Active Line Of Treatment
	<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Donec quam felis, ultricies nec, pellentesque eu, pretium quis, sem. Nulla consequat massa quis enim.</p>

In Case Of Surgical Management	Operative Notes	If Provided - Findings	If Not Provided - Reason	Anaesthesia Notes	If Provided - Findings	If Not Provided - Reason
				provided		<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus</p>

Any PED History	Any Implants Used	If Yes - Invoice / Sticker Number	Invoice Verified	Reason / Findings
no	yes	Invoice/Sticker Number	yes	

yes Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean commodo ligula eget dolor. Aenean massa. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus

Home Visit

Visit Done	If Yes - Visit Date	Appointment Taken	If No - Reason	Mobile no	Member Address
Yes	2023-02-01	No	<p>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.</p>		

Name of Patient	Date of Birth of Patient	Gender	Statement Collected	If Yes - Finding	If No - Reason
Sonali Mahadev Kailuke	2019-01-01	Female	Yes	<p>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.</p>	

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
Yes	<p>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.</p>	No	No	<p>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.</p>		

Past documents collected	If Yes - please specify	If No - Reason
No		<p>Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et</p>

NO	dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.
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Vicinity verification

Visit done	If Yes - Date	If Yes - please specify	If No - Reason
Yes	2023-02-01	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	3

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
Name Of Consultant	mumbai	8783564354	3

Visit to Family Physician	If Yes - Registration Number	If No - Reason	Qualification	Statement Collected	Any PED / Non-Disclosure findings
Yes	reg12445		MD	Yes	No

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		2023-02-01	School	Yes	School

Patient Occupation Status	Name Of person with whom information was collected	Mobile of person with whom information was collected	Address of Office / School / Collage
Other	Miss Priya Waghmare	7536435453	

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	