

Case Details


Status At The Time Of Investigation

Claim Number	-	20210000049	Claim Amount	-	60000
Claim Status	-	Open	Claim Sub Status	-	Surveyor Appointed After Registration


Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	Surveyor Appointed After Registration
Closure Date	-		Settled Amount	-	

Policy Details

Product Name	-	Kotak Secure Shield	Policy Number	-	1021882800
IMD NAME	-	BANC ASSURANCE B GST	IMD Code	-	1171370000
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	-	S/O PAHAL SINGH VILL RAJAWALA,THE VIKAS NAGAR DEHRADUN UTTARAKHAND			

Member Details

Member Name	-	Member ID	-	10000154	
Certificate Number	-	Relation	-		
Sum Insured	-	Addition Effective Date	-		
First Policy Incept Data	-	Member Flag	-		
Member Contact Number	-	9731385692	Member Email Id	-	avni.rathod@Kotak.com

Claim Details

Nature Of Loss	-	Critical Illness	Claim Type	-	
Diagnosis	-	srferer	Claim Reported In Days	-	0
Date Of Admission	-	01-01-1900	Date Of Discharge	-	01-01-1900
Number Of Days Hospitalised	-	0			

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

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

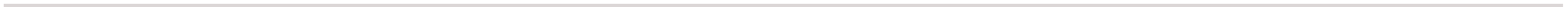
If No

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"/>
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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 Summary	<input type="text"/>	Lab Option	<input type="text"/>
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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
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
Verification
Summary

Past Records Details

Any Other
Observations/Findings

If Yes - Any PED
Findings

Over All Hospital
Virification Findings

Home Visit

Visit done

Yes No

If No - Reason

If Yes - Visit Date

Appointment Taken

Yes No

If No - Reason

If Yes - Name of insured with whom appointment was taken

Mobile no

Member Address

Name of Patient

Date of Birth of Patient

Gender

Male Female Other

Statement Collected

Yes No

If No - Reason

If Yes - Finding

Any discrepancies

Yes No

If No - Reason

If Yes - Finding

Any PED / Non-Disclosure findings

Yes No

Insured Habits

Past documents collected

Yes No

If No - Reason

If Yes - please specify

KYC Documents collected

Yes No

If No - Reason

If Yes

- Matching with Claim Document
- Not Matching with Claim Document

If No - Reason



Vicinity verification

Visit done

Yes No

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

Yes No

if No - Reason

If Yes - Registration Number

Qualification

Statement Collected

Yes No

Any PED / Non-Disclosure findings

Yes No

In Cases of First Consultant / Referral doctor

Name of Family Physician

Location

Contact number

Distance from Insured Home

Visit to Family Physician Yes No

if No - Reason

If Yes - Registration Number

Qualification

Statement Collected Yes No

Any PED / Non-Disclosure findings Yes No

Office / School / Collage Visit

Visit done

Yes No

If No - Reason

If Yes - Visit Date

If Yes - Visit To

Office School Collage

Attendance Record Collected

Yes 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

Yes No

Name Of Person With Whom Information Was Collected

Mobile Of Person With Whom Information Was Collected

Address of Office / School / Collage

Statement Collected

Yes No

If No Than Reason / Yes Then Finding

Any Other Observation

Yes No

If YES - Findings

If No Than Reason /
Yes Then Finding

Any PED / Non-
Disclosure findings

Yes No

Any other
Investigation
findings