

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

20210000049

OT

yes

ICU/ICCU/ PICU/CCU

no

Visit To Hospital

no

Hospital Visit Date

How Far From Member Address (Approx Km)

Any Relative Near Hospital Where Insured Stayed

no

Comments

20210000049

IP Register Entry (Entry Found)

yes

If No - Reason

If Yes

- Matching With Claim Document
 Not Matching with Claim Document

If Not Matching - Observations

ICPs Collected

no

If Yes - Observations

If No - Reason

20210000049

If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted

If Yes

TPR/BP/VITAL Charts

If Yes - Observations

If No - Reason

In Case Of Medical Management

Active Line Of Treatment

In Case Of Surgical Management

Operative Notes

If Provided - Findings

If Not Provided - Reason

Anaesthesia Notes

If Provided - Findings

If Not Provided - Reason

Any PED History

Any Implants Used

If Yes - Invoice / Sticker Number

Invoice Verified

Reason / Findings

MLC Details

MLC Copy Received

If Yes - Date Of MLC

If No

Is MLC Verification Done

If Yes-Observations

If No - Reason



FIR Details

FIR Copy Received

If Yes - Date Of FIR

Is FIR Verification Done

If Yes-Observations

If No - Reason

Any alcohol /Drug Intoxication Found As Per Documents

If Yes - Details

MRD Records checked

If Yes-Observations

If No - Reason

Bill Book collected

If Yes-Observations

If No - Reason

Tariff Details Card Collected

If Yes-Observations

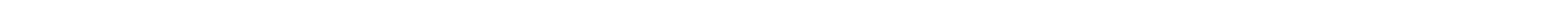
If No - Reason

Hospital Authority Statement

If Yes-Observations

If No - Reason

If Yes - Any findings



Treating Doctor Visit

Name of doctor

Qualification

Registration Number

Doctor Flag

Treating Doctor
Statement Collected

If No - Reason

If Yes - Any PED
findings

Any discrepancy
noted

If Yes-Observations

Lab Verification Details

Lab Name	<input type="text"/>	Lab Location	<input type="text"/>
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Lab Flag	<input type="text"/>
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Inhouse	<input type="text" value="no"/>	If No, then Distance from hospital / Resident	<input type="text" value="4"/>
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Lab Register Entry Verified	<input type="text" value="no"/>	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" value="no"/>	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" value="no"/>	Name Of Empanelled Pathologist	<input type="text"/>
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Reg Number	<input type="text"/>	Visit Done	<input type="text" value="no"/>
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Visit Date	<input type="text"/>	Finding	<input type="text"/>
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Past Record Checked	<input type="text"/>	Finding	<input type="text"/>
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Lab Verification
Summary

Lab Option

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text" value="2021000049"/>
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If Yes - Visit Date	<input type="text"/>	Pharmacy Name	<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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Bill Book	<input type="text" value="no"/>	If Yes	<input type="radio"/> Matching With Claim Document <input type="radio"/> Not Matching with Claim Document
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If Not Match	<input type="text"/>		
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Bill Records	<input type="text" value="others"/>	Findings	<input type="text"/>
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Purchase invoices Collected	<input type="text" value="no"/>	If No - Reason	<input type="text" value="2021000049"/>
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Past Records Checked	<input type="text" value="no"/>	Findings	<input type="text"/>
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Chemist Statement Collected

no

If No - Reason

20210000049

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

No

If No - Reason

20210000049

If Yes - Visit Date

Appointment Taken

No

If No - Reason

20210000049

If Yes - Name of insured with whom appointment was taken

Mobile no

Member Address

Name of Patient

20210000049

Date of Birth of Patient

13-12-2022

Gender

Female

Statement Collected

No

If No - Reason

20210000049

If Yes - Finding

Any discrepancies

No

If Yes - Finding

Any PED / Non-Disclosure findings

Insured Habits

Past documents collected

If No - Reason

If Yes - please specify

KYC Documents collected

If No - Reason

If Yes

- Matching With Claim Document
- Not Matching with Claim Document

If No - Reason

Vicinity verification

Visit done

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

if No - Reason

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings

In Cases of First Consultant / Referral doctor

Name of Family Physician	<input type="text"/>	Location	<input type="text"/>
Contact number	<input type="text"/>	Distance from Insured Home	<input type="text"/>
Visit to Family Physician	<input type="text" value="No"/>	if No - Reason	<input type="text" value="20210000049"/>
If Yes - Registration Number	<input type="text"/>	Qualification	<input type="text" value="20210000049"/>
Statement Collected	<input type="text"/>	Any PED / Non-Disclosure findings	<input type="text" value="No"/>

Office / School / Collage Visit

Visit done

No

If No - Reason

20210000049

If Yes - Visit Date

If Yes - Visit To

Attendance 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 / School 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

If No Than Reason

20210000049

Any Other
Observation

No

If YES - Findings

Any PED / Non-
Disclosure findings

No

Any other
Investigation
findings

20210000049

External 3rd Party Investigation Final Conclusion

Investigators Final
Observation &
suggetion

20210000049

Investigators Final
Conclusion

Payable

Investigators Final
Recommenndation

Genuine

