Case Details

Status At The Time Of Investigation

Claim Number   -   20220000024   Claim Amount   -   10000

Claim Status   -   Open   Claim Sub Status   -   Finalization

Current Status From GIST

Claim Status   -   Open   Claim Sub Status   -   Finalization

Claim Date   -   Settled Amount   -

Policy Details

Product Name   -   Kotak Secure Shield   Policy Number   -   1043683700

IMD NAME   -   BANC ASSURANCE A GST   IMD Code   -   1171360000

IMD Flag   -   Red   Policy Type   -   Individual

Policy Start Date   -   01-01-1900   Policy End Date   -   01-01-1900

Policy Category   -   Policy Sub Type   -

Policy Holder   -   HILL STATION ROAD MOHAN NAGAR KOLKATA WEST BENGAL
Address

Member Details

Member Name	-		Member ID	- 10000102
Certificate Number	-		Relation	-
Sum Insured	-		Addition Effective Date	-
First Policy Incept Data	-		Member Flag	-
Member Contact Number	- 8850544598		Member Email Id	- KGI.ASHWINI-GARJE@KOTAK.COM

Claim Details

Nature Of Loss	- Permanent Total Disablement resulting from Accident		Claim Type	-
Diagnosis	- ok		Claim Reported In Days	-
Date Of Admission	- 01-01-1900		Date Of Discharge	- 01-01-1900
Number Of Days Hospitalised	-			

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

External 3rd PArty Investigation Final Conclusion

Investigators Final
Observation &
suggetion

gh

Investigators Final
Conclusion

Payable

Investigators Final
Recommenndation

Genuine

Investigation Finding (Hospital Verification)

Hospital Registration Number	255658	OT	no
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	czcf

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IP Register Entry (Entry Found)	no	If No – Reason	cszc

If Yes	○ Matching With Claim Document ○ Not Matching with Claim Document	If Not Matching – Observations	

ICPs Collected	no	If Yes - Observations		If No – Reason	ccfs

If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted no

If Yes

TPR/BP/VITAL Charts no

If Yes – Observations

If No – Reason dgdg

In Case Of Medical Management

Active Line Of Treatment vfvsx

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

no

If Yes - Date Of MLC

If No

vxvx

Is MLC Verification Done

If Yes-Observations

If No – Reason

FIR Details

FIR Copy Received

no

If Yes - Date Of FIR

Is FIR Verification Done

If Yes-Observations

If No – Reason

Any alcohol /Drug Intoxication Found As Per Documents

no

If Yes – Details

If No – Reason

MRD Records checked

no

If Yes-Observations

If No – Reason

cfsz

Bill Book collected	no	If Yes-Observations	

If No – Reason	xscfsx

Tariff Details Card Collected	no	If Yes-Observations	

If No – Reason	hdfhdf

Hospital Authority Statement	no	If Yes-Observations	

If No – Reason	rtyrty	If Yes – Any findings	

Treating Doctor Visit

Name of doctor

Ravi Ranjan Tiwari

Qualification

M.D

Registration Number

up2575785

Tariff Details Card Collected

no

If No – Reason

dgdg

If Yes – Any PED findings

Any discrepancy noted

no

If Yes-Observations
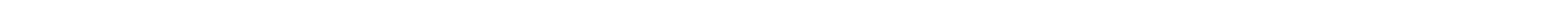
Lab Verification Details

Lab Name	adaf	Lab Location	srfff

Inhouse	no	If No, then Distance from hospital / Resident	dgd

Lab Register Entry Verified	no	If Yes	○ Matching With Claim Document ○ Not Matching with Claim Document

If No

Bill Book — no — **If Yes** — ○ Matching With Claim Document ○ Not Matching with Claim Document

If No

Report Validation	no	Name Of Empanelled Pathologist	goyal

Reg Number	tete63868	Visit Done	no

Visit Date		Finding	

Past Record Checked	no	Finding	

Lab Verification Summary	fff	Lab Option	

Chemist Verification

Visit Done	no	If No – Reason	
If Yes – Visit Date		Pharmacy Name	
Inhouse		If No, then Distance from hospital / Resident	
Bill Book	no	If Yes	○ Matching With Claim Document ○ Not Matching with Claim Document
If Not Match			
Bill Records	software records	Findings	fff
Purchase invoices Collected	no	If No – Reason	ffff
Past Records Checked	no	Findings	

Chemist Statement Collected	no	If No – Reason	ffff

If Yes – Findings

If Yes – Any PED findings

Overall Chemist Verification Summary

sfs

Past Records Details

Any Other Observations/Findings

If Yes – Any PED Findings

Over All Hospital Virification Findings

Chemist Verification

Visit Done	no	If No – Reason	

If Yes – Visit Date		Pharmacy Name	

Inhouse		If No, then Distance from hospital / Resident	

Bill Book	no	If Yes	○ Matching With Claim Document ○ Not Matching with Claim Document

If Not Match

Bill Records	software records	Findings	fgsfs

Purchase invoices Collected	no	If No – Reason	dsfgsd

Past Records Checked	no	Findings	

Chemist Statement Collected

no

If No – Reason

dgd

If Yes – Findings

If Yes – Any PED findings

Overall Chemist Verification Summary

dgsd

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

sfsfs

If Yes - Visit Date		**Appointment Taken**	No
If No - Reason	sfsf	**If Yes - Name of insured with whom appointment was taken**	
Mobile no		**Member Address**	

Name of Patient	sfsf	**Date of Birth of Patient**	12-12-2022
Gender	Male	**Statement Collected**	No
If No - Reason	sfs	**If Yes - Finding**	
Any discrepancies	No		

If Yes - Finding		Any PED / Non-Disclosure findings	No

Insured Habits

Past documents collected	No	If No - Reason	fsfs

If Yes – please specify	

KYC Documents collected	No	If No - Reason	fgsfs

If Yes	○ Matching With Claim Document ○ Not Matching with Claim Document	If No - Reason	

Vicinity verification

Visit done	No	If No - Reason	sfsf
If Yes – please specify		If Yes - Visit Date	

Visit to Family Physician

Name of Family Physician	Ravi Ranjan Tiwari	Location	Testing
Contact number	75875	Distance from Insured Home	10
Visit to Family Physician	No	if No - Reason	srfsfr
If Yes - Registration Number		Qualification	
Statement Collected		Any PED / Non-Disclosure findings	No

In Cases of First Consultant / Referral doctor

Name of Family Physician: Ravi Ranjan Tiwari

Location: gdgd

Contact number: 45287575

Distance from Insured Home: 41

Visit to Family Physician: No

if No - Reason: etete

If Yes - Registration Number:

Qualification: sfsfs

Statement Collected:

Any PED / Non-Disclosure findings: No