

Verification Report

20240000001

Product Name: Kotak Group Secure Shield

Report Dated: 22-02-2023

Insured Details

Claim No.: 20240000001

Insured Name:

Insured Location:

Prepare by

Zoya

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
20240000001	200000	Open	

Policy Details

Product Name	Policy Number	Policy Type	Policy Start Date	Policy End Date	Policy Category	Policy Subtype
Kotak Group Secure Shield	1010561800	Individual	28-10-2017	27-10-2018	Benefit	

Policy Holder Address	KALYAN, , , 400013 - DELISLE ROAD MUMBAI, MUMBAI, MAHARASHTRA, India
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Imd Details	Imd name	Imd code	Imd flag
	VAIBHAV V SHINDE	1171640000	

Member Details

Member Name	Member ID	Member Flag	Member Email Id
	1000022344		avni.rathod@Kotak.com

Certificate Number	Relation	Insured	Addition Effective Date	Deletion Effective Date	First Policy Incept Data
1010561800	Self				

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	vdsvf vcxfxdbvdn v 6th Scenario	20	17-11-2017	19-11-2019	732

Hospital Details

Hospital Code	Rohini Code	Name Of Hospital	Hospital Type	No Of Beds	Hospital Flag
				17-11-2017	

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)
Not_apply					

Any Relative Near Hospital Where Insured Stayed	Comments
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IP Register Entry (Entry Found)	If Not Matching - Observations
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ICPs Collected

Any Other Discrepancy Noted

TPR/BP/VITAL Charts

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

Is MLC Verification Done

If Yes - Observations

If No - Reason

FIR Details

FIR Copy Received

Any alcohol /Drug Intoxication Found As Per Documents

MRD Records checked

Bill Book collected

Tariff Details Card Collected

Hospital Authority Statement

If Yes - Any findings

Treating Doctor Visit

Name of doctor

Qualification

Registration Number

Tariff Details Card Collected

If Yes - Any PED findings

If No - Reason

Any discrepancy noted

If Yes-Observations

Home Visit

Visit Done

Appointment Taken

Mobile no

Member Address

Name of Patient

Date of Birth of Patient

Gender

Statement Collected

If Yes - Finding

If No - Reason

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

Past documents collected

If Yes - please specify

If No - Reason

Vicinity verification

Visit done

If Yes - Date

If Yes - please specify

If No - Reason

Visit to Family Physician

Name of Family Physician

Location

Contact number

Distance from Insured Home

Visit to Family Physician

If Yes - Registration Number

If No - Reason

Qualification

Statement Collected

Any PED / Non-Disclosure findings

In Cases of First Consultant / Referral doctor

Name of Family Physician

Location

Contact number

Distance from Insured Home

Visit to Family Physician

If Yes - Registration Number

If No - Reason

Qualification

Statement Collected

Any PED / Non-Disclosure findings

Office / School / College Visit

Visit done

If No - Reason

**If Yes
Visit Date**

Visit To

Attendance Record Collected

If Yes Check Whether Patient Was Present In Office / School / Collage During Hospitalization Period

Patient Occupation Status	Name Of person with whom information was collected	Mobile of person with whom information was collected	Address of Office / School / Collage
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Statement Collected	If Yes then Finding / If No than Reason	Any Other Observation	If YES - Findings	Any PED / NonDisclosure findings	Any other Investigation findings
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External 3rd Party Investigation Final Conclusion

Investigators Final Observation & suggestion	Investigators Final Conclusion	Investigators Final Recommendation	Remark	Amount
Testing	Fraudulent	Payable	Good	2000

Pre-Existing Details

Pre Existing Disease	Since	Disclosed By	Relation With Patient	Reference Document Name	Detail Information
N.A					

Final Closure Comment

Verification Manager Comment	Recommendation	Investigation Status	Closure Date
Good	Investigation & Evaluation	Close	22-02-2023