

## Case Details

### Status At The Time Of Investigation

Claim Number - 20240000004

Claim Amount - 200000

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 Group Secure Shield

Policy Number - 1010906500

IMD NAME - VAIBHAV V SHINDE

IMD Code - 1171640000

IMD Flag - Amber

Policy Type - Individual

Policy Start Date - 01-01-1900

Policy End Date - 01-01-1900

Policy Category -

Policy Sub Type -

Policy Holder Address - KALYAN MUMBAI MAHARASHTRA

## Member Details

Member Name	-	Member ID	-	10000175	
Certificate Number	-	Relation	-		
Sum Insured	-	Addition Effective Date	-		
First Policy Incept Data	-	Member Flag	-		
Member Contact Number	-	0000000000	Member Email Id	-	avni.rathod@Kotak.com

## Claim Details

Nature Of Loss	-	Critical Illness	Claim Type	-	
Diagnosis	-	vfdvfdb	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

dgdg

Investigators Final  
Conclusion

Payable

Investigators Final  
Recommenndation

Genuine

## Home Visit

Visit done

No

If No - Reason

hfghfh

If Yes - Visit Date

Appointment Taken

No

If No - Reason

hhfh

If Yes - Name of  
insured with whom  
appointment was  
taken

Mobile no

Member Address

Name of Patient

Ravi Ranjan Tiwari

Date of Birth of  
Patient

13-12-2022

Gender

Male

Statement Collected

No

If No - Reason

If Yes - Finding

fhf

Any discrepancies

No

If Yes - Finding

Any PED / Non-Disclosure findings

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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

No

If No - Reason

hfh

If Yes - please specify

If Yes - Visit Date

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## Visit to Family Physician

Name of Family Physician

Ravi Ranjan Tiwari

Location

gdg

Contact number

745757

Distance from Insured Home

10

Visit to Family Physician

No

if No - Reason

tutu

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings

No

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In Cases of First Consultant / Referral doctor

Name of Family Physician	Ravi Ranjan Tiwari	Location	Testing
Contact number	885785757	Distance from Insured Home	45
Visit to Family Physician	No	if No - Reason	ege
If Yes - Registration Number		Qualification	hghfh
Statement Collected		Any PED / Non-Disclosure findings	No



# Office / School / Collage Visit

Visit done

No

If No - Reason

testing

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

Yes

If No Than Reason / Yes Then Finding

Any Other  
Observation

Yes

If YES - Findings

testing

Any PED / Non-  
Disclosure findings

No

Any other  
Investigation  
findings

