

Case Details


Status At The Time Of Investigation

Claim Number	-	20240000028	Claim Amount	-	45000
Claim Status	-	Close	Claim Sub Status	-	Surveyor Appointed After Registration


Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	Surveyor Appointed After Registration
Claim Date	-	Mon Dec 19 2022 18:33:14 GMT+0530 (India Standard Time)	Settled Amount	-	

Policy Details

Product Name	-	Kotak Group Secure Shield	Policy Number	-	1058132300
IMD NAME	-	BANC ASSURANCE A GST	IMD Code	-	1171360000
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	-	C 12 ROHAN INSDUSTRIAL AREAD SION MUMBAI MAHARASHTRA			

Member Details

Member Name	-	Member ID	-	10000176	
Certificate Number	-	Relation	-		
Sum Insured	-	Addition Effective Date	-		
First Policy Incept Data	-	Member Flag	-		
Member Contact Number	-	9967977025	Member Email Id	-	KGI.GUNJAN-MAYEKAR@KOTAK.COM

Claim Details

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

Investigation Finding (Hospital Verification)

Hospital Registration Number

H

OT

yes

ICU/ICCU/ PICU/CCU

yes

Visit To Hospital

no

Hospital Visit Date

How Far From Member Address (Approx Km)

Any Relative Near Hospital Where Insured Stayed

yes

Comments

H

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

yes

If Yes - Observations

If No - Reason

H

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

yes

If Yes - Date Of MLC

01-12-2022

If No

Is MLC Verification Done

no

If Yes-Observations

If No - Reason

H



FIR Details

FIR Copy Received

yes

If Yes - Date Of FIR

01-12-2022

Is FIR Verification Done

yes

If Yes-Observations

If No - Reason

Any alcohol /Drug Intoxication Found As Per Documents

yes

If Yes - Details

H

MRD Records checked

yes

If Yes-Observations

H

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 Lab Location

Lab Flag

Inhouse If No, then Distance from hospital / Resident

Lab Register Entry Verified If Yes Matching With Claim Document Not Matching with Claim Document

If No

Bill Book If Yes Matching With Claim Document Not Matching with Claim Document

If No

Report Validation Name Of Empanelled Pathologist

Reg Number Visit Done

Visit Date Finding

Past Record Checked Finding

Lab Verification
Summary

Lab Option

Chemist Verification

Visit Done	<input type="text" value="no"/>	If No - Reason	<input type="text" value="H"/>
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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="carbon copies"/>	Findings	<input type="text" value="H"/>
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Purchase invoices Collected	<input type="text" value="yes"/>	If No - Reason	<input type="text"/>
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Past Records Checked	<input type="text" value="yes"/>	Findings	<input type="text" value="H"/>
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Chemist Statement Collected

yes

If No - Reason

[Empty text box for reason]

If Yes - Findings

H

If Yes - Any PED findings

no

Overall Chemist Verification Summary

H

Past Records Details

[Empty text box for past records details]

Any Other Observations/Findings

[Empty text box for other observations]

If Yes - Any PED Findings

[Empty text box for PED findings]

Over All Hospital Virification Findings

[Empty text box for overall findings]

Home Visit

Visit done

Yes

If No - Reason

If Yes - Visit Date

Appointment Taken

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

Statement Collected

If No - Reason

If Yes - Finding

Any discrepancies

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

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

External 3rd Party Investigation Final Conclusion

Investigators Final
Observation &
suggetion

H

Investigators Final
Conclusion

Payable

Investigators Final
Recommenndation

Genuine

