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	- Oper	n	Claim Sub Status	-	Surveyor Appointed After Registration
Claim Date		Dec 19 2022 18:33:14 +0530 (India Standard e)	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 - C 12 ROHAN INSDUSTRIAL AREAD SION MUMBAI MAHARASHTRA Address

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

-

-

Number Of Days Hospitalised - Date Of Discharge -01-01-1900

Hospital Code

Name Of Hospital -

No Of Beds

Address Of Hospital

Rohini Code

Hospital Type

Hospital Flag

-

-

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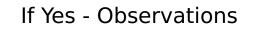
Location Of Hospital

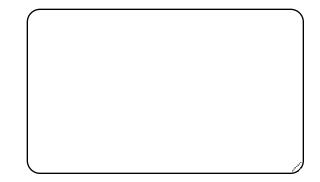
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(1)	Trigger	Doubt
lan		POINT

Trigger 1 Auto Remark

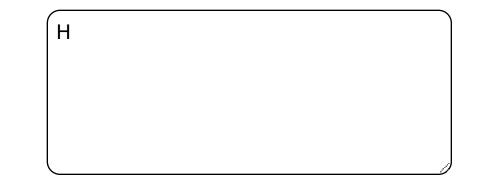
Hospital Registration Number	Η	ОТ	yes
ICU/ICCU/ PICU/CCU	yes	Visit To Hospital	no
Hospital Visit Date		How Far From Member Address (Approx Km)	
Any Relative Near Hospital Where Insured Stayed	yes	Comments	H
IP Register Entry (Entry Found)	yes	If No – Reason	
If Yes	 Matching With Claim Document Not Matching with Claim Document 	lf Not Matching – Observations	







lf No - Reason



If Yes, Any PED/Non- Disclosure Findings				
Any Other Discrepancy Noted	yes	If Yes	H	
TPR/BP/VITAL Charts	yes	lf Yes – Observations	Н	
If No – Reason				
In Case Of Medical Ma	anagement			
Active Line Of Treatment	H			
In Case Of Surgical M	anagement			
Operative Notes		If Provided - Findings		

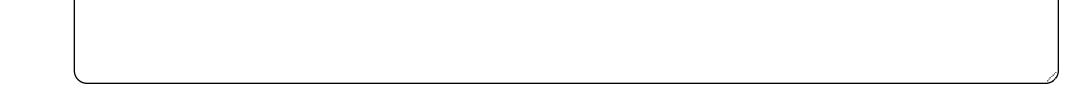
lf Not Provided - Reason		
Anaesthesia Notes	lf Provided - Findings	
lf Not Provided - Reason		
Any PED History		
Any Implants Used	lf Yes – Invoice / Sticker Number	
Invoice Verified	Reason / Findings	

MLC Details

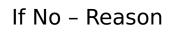
MLC Copy Received	yes	If Yes - Date Of MLC	01-12-2022
If No			
Is MLC Verification Done	no	If Yes-Observations	
lf No – Reason	Н		

FIR Details

FIR Copy Received	yes	If Yes - Date Of FIR	01-12-2022
Is FIR Verification Done	yes	If Yes-Observations	
lf No – Reason			
Any alcohol /Drug Intoxication Found As Per Documents	yes	If Yes – Details	H



Bill Book collected	yes	If Yes-Observations	H
lf No – Reason			
Tariff Details Card Collected	yes	If Yes-Observations	H
lf No – Reason			
Hospital Authority Statement	yes	If Yes-Observations	Н



lf Yes – Any findings

no

Treating Doctor Visit

Name of doctor	Η	Qualification	H
Registration Number	Η	Doctor Flag	Η
Treating Doctor Statement Collected	yes		
If No – Reason		lf Yes – Any PED findings	no
Any discrepancy noted	yes	If Yes-Observations	

Lab Verification Details

Lab Name	H	Lab Location	Н
Lab Flag			
Inhouse	yes	If No, then Distance from hospital / Resident	
Lab Register Entry Verified	yes	If Yes	 Matching With Claim Document Not Matching with Claim Document
If No			
Bill Book	yes	If Yes	 Matching With Claim Document Not Matching with Claim Document
lf No			

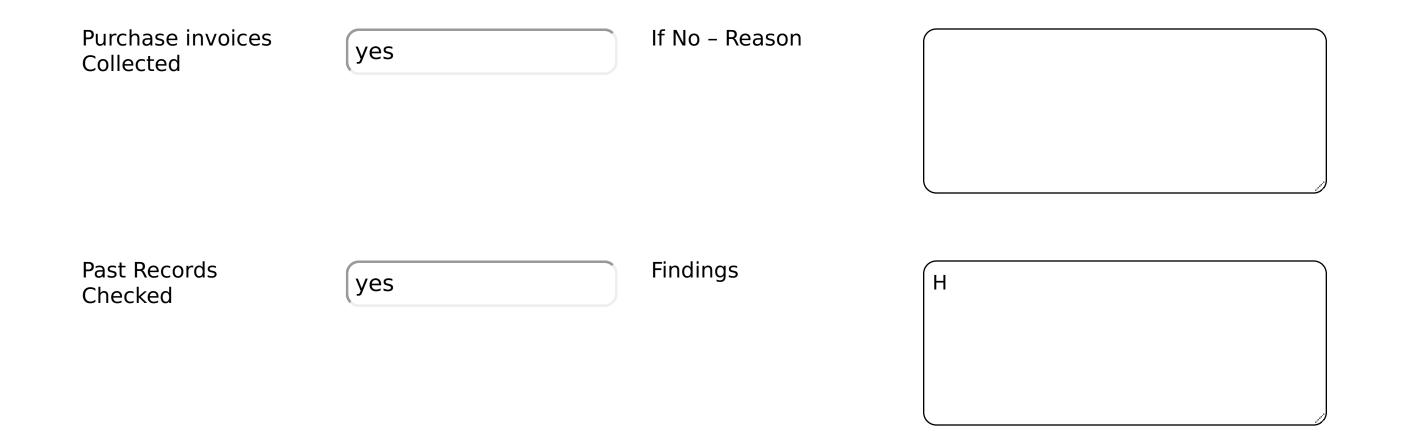


Lab	Verification
Sum	imary

H

Chemist Verification

Visit Done	no	If No – Reason	H
lf 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
lf Not Match			
Bill Records	carbon copies	Findings	H

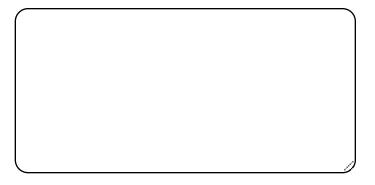


Chemist Statement Collected	yes	lf No – Reason	
If Yes – Findings	H	lf Yes – Any PED findings	no
Overall Chemist Verification Summary	H		
Past Records Details		Any Other Observations/Findings	
lf Yes – Any PED Findings			

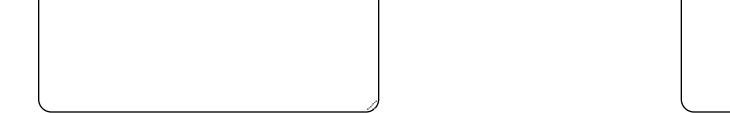
Over All Hospital Virification Findings







If Yes - Visit Date	01-12-2022	Appointment Taken	No
If No - Reason	H	lf Yes - Name of insured with whom appointment was taken	
Mobile no		Member Address	
Name of Patient	H	Date of Birth of Patient	01-12-2022
Gender	Other	Statement Collected	Yes
lf No - Reason		If Yes - Finding	Н



Any discrepancies



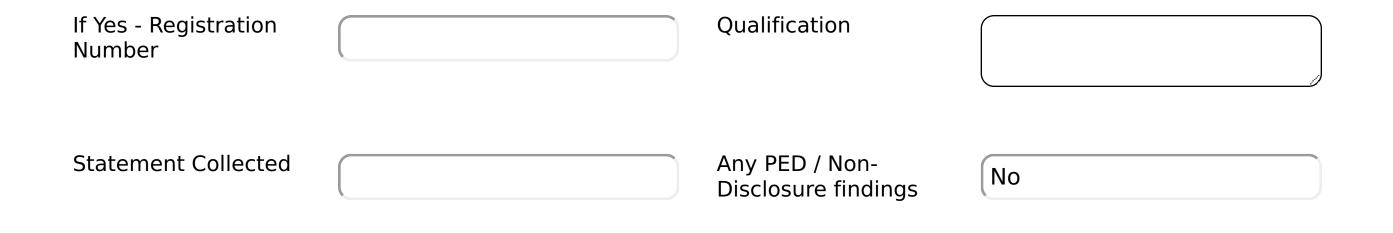
If Yes - Finding		Any PED / Non- Disclosure findings	No
Insured Habits			
Past documents collected	No	lf No - Reason	H
lf Yes – please specify			
KYC Documents collected	No	lf No - Reason	H
If Yes	 Matching With Claim Document Not Matching with Claim Document 	lf No - Reason	

Vicinity verification

Visit done	No	If No - Reason	H
lf Yes – please specify		If Yes - Visit Date	
Visit to Family Physiciar	٦		
Name of Family Physician	Н	Location	Η

 Contact number
 Distance from Insured Home

 Visit to Family Physician
 No



In Cases of First Consultant / Referral doctor

Name of Family Physician		Location	
Contact number		Distance from Insured Home	
Visit to Family Physician	No	if No - Reason	H
lf Yes - Registration Number		Qualification	
Statement Collected		Any PED / Non- Disclosure findings	No

External 3rd Party Investigation Final Conclusion

Investigators Final Observation & suggetion	Н		
Investigators Final Conclusion	Payable	Investigators Final Recommenndation	Genuine