

## Case Details

### Status At The Time Of Investigation

Claim Number	-	20250000061	Claim Amount	-	200000
Claim Status	-	Open	Claim Sub Status	-	Finalization

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### Current Status From GIST

Claim Status	-	Open	Claim Sub Status	-	Finalization
Claim Date	-		Settled Amount	-	

## Policy Details

Product Name	-	Kotak Secure Shield	Policy Number	-	1020107400
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 Address	-	B/104, DHEERAJ HILL VIEW TOWER SIDDHARTH NAGAR MUMBAI MAHARASHTRA			

## Member Details

Member Name	-	Member ID	-	10000011	
Certificate Number	-	Relation	-		
Sum Insured	-	Addition Effective Date	-		
First Policy Incept Data	-	Member Flag	-		
Member Contact Number	-	9969126525	Member Email Id	-	NO_EMAIL@KOTAK.COM

## Claim Details

Nature Of Loss	-	Accidental Death	Claim Type	-	
Diagnosis	-	AFCFC	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

naa

Investigators Final  
Conclusion

Repudiate

Investigators Final  
Recommenndation

Fraud

## Office / School / Collage Visit

Visit done

No

If No - Reason

n

If Yes - Visit Date

If Yes - Visit To

Attandence 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 /  
Schiool 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

No

If No Than Reason /  
Yes Then Finding

n

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Any Other  
Observation

If YES - Findings

Any PED / Non-  
Disclosure findings

Any other  
Investigation  
findings

