Case Details

Status At The Time Of Investigation

Claim Number	-	20250000121	Claim Amount	-	1200000
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 Secure Shield	Policy Number	-	1021383400
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	-	QAZWSXEDC RCCCCC, MUMBAI MAHARASHTRA		

Member Details

Member Name	-		Member ID	-	10000115
Certificate Number	-		Relation	-	
Sum Insured	-		Addition Effective Date	-	
First Policy Incept Data	-		Member Flag	-	
Member Contact Number	-	9892844373	Member Email Id	-	KGI.HASMUKH-JAIN@KOTAK.COM

Claim Details

Nature Of Loss	-	Accidental Dental Expenses	Claim Type	-	
Diagnosis	-	okkk	Claim Reported In Days	-	
Date Of Admission	-	01-01-1900	Date Of Discharge	-	01-01-1900
Number Of Days Hospitalised	-				

Hospital Details

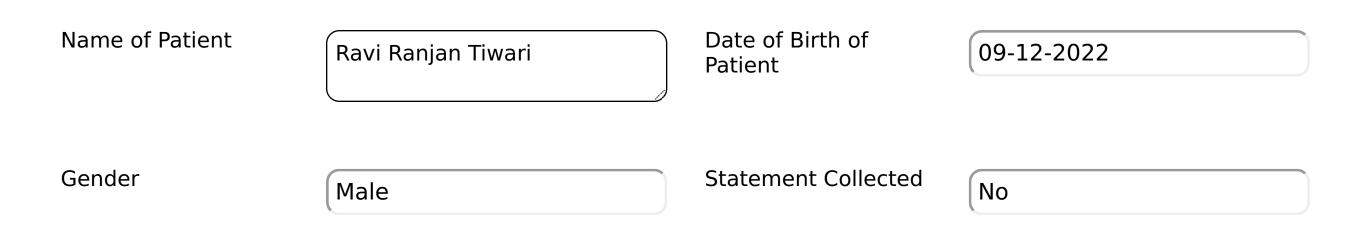|				
Hospital Code	-		Rohini Code	-	
Name Of Hospital	-		Hospital Type	-	
No Of Beds	-		Hospital Flag	-	
Address Of Hospital	-		Location Of Hospital	-	

Claim Trigger Point

Trigger 1 Auto
Remark

External 3rd PArty Investigation Final Conclusion

Investigators Final Observation & suggetion

dfgdg

Investigators Final Conclusion

Payable

Investigators Final Recommenndation

Genuine

Home Visit

Visit done

No

If No - Reason

hf

If Yes - Visit Date

Appointment Taken

No

If No - Reason

ht

If Yes - Name of insured with whom appointment was taken
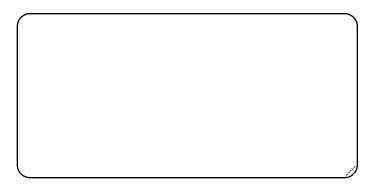
Mobile no

Member Address

Name of Patient

Ravi Ranjan Tiwari

Date of Birth of Patient

09-12-2022

Gender

Male

Statement Collected

No

If No - Reason

If Yes - Finding

hh

Any discrepancies

No

If Yes - Finding		Any PED / Non-Disclosure findings	No

Insured Habits

Past documents collected	No	If No - Reason	hhh

If Yes – please specify			

KYC Documents collected	No	If No - Reason	hhh

If Yes	○ Matching With Claim Document ○ Not Matching with Claim Document	If No - Reason	

Vicinity verification

Visit done

No

If No - Reason

hhh

If Yes – please specify

If Yes - Visit Date

Visit to Family Physician

Name of Family Physician

Ravi Ranjan Tiwari

Location

Testing

Contact number

54646

Distance from Insured Home

10

Visit to Family Physician

No

if No - Reason

szvfsz

If Yes - Registration Number

Qualification

Statement Collected

Any PED / Non-Disclosure findings

No

In Cases of First Consultant / Referral doctor

Name of Family Physician

Ravi Ranjan Tiwari

Location

Testing

Contact number

868686

Distance from Insured Home

10

Visit to Family Physician

No

if No - Reason

fdgdg

If Yes - Registration Number

Qualification

hf

Statement Collected

Any PED / Non-Disclosure findings

No

Office / School / Collage Visit

Visit done   No   If No - Reason   ddgd

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   fdbdgbd

Any Other Observation	No	If YES – Findings	
Any PED / Non-Disclosure findings	No		
Any other Investigation findings			