

Case Details

Status At The Time Of Investigation

Claim Number	-	20250000239	Claim Amount	-	12000
Claim Status	-	Close	Claim Sub Status	-	Processing

Current Status From GIST

Claim Status	-	Close	Claim Sub Status	-	Processing
Claim Date	-		Settled Amount	-	

Policy Details

Product Name	-	Kotak Secure Shield	Policy Number	-	1043733800
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	-	AAAA BBBB CCCC NBHJYTD TEST PUNE MAHARASHTRA			

Member Details

Member Name	-	Member ID	-	10000122	
Certificate Number	-	Relation	-		
Sum Insured	-	Addition Effective Date	-		
First Policy Incept Data	-	Member Flag	-		
Member Contact Number	-	9545879987	Member Email Id	-	KGI.RASHIKA-JADHAV@KOTAK.COM

Claim Details

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

Trigger Remark

External 3rd Party Investigation Final Conclusion

Investigators Final
Observation &
suggetion

20250000239

Investigators Final
Conclusion

Payable

Investigators Final
Recommenndation

Fraud

Investigation Finding (Hospital Verification)

Hospital Registration Number OT

ICU/ICCU/ PICU/CCU Visit To Hospital

Hospital Visit Date How Far From Member Address (Approx Km)

Any Relative Near Hospital Where Insured Stayed Comments

IP Register Entry (Entry Found) If No - Reason

If Yes Matching With Claim Document Not Matching with Claim Document If Not Matching - Observations

ICPs Collected If Yes - Observations If No - Reason

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

If Yes - Date Of MLC

If No

Is MLC Verification Done

If Yes-Observations

If No - Reason



FIR Details

FIR Copy Received

If Yes - Date Of FIR

Is FIR Verification Done

If Yes-Observations

If No - Reason

Any alcohol /Drug Intoxication Found As Per Documents

If Yes - Details

If No - Reason

MRD Records checked

If Yes-Observations

If No - Reason

Bill Book collected

yes

If Yes-Observations

[Empty text box for observations]

If No - Reason

20250000239

Tariff Details Card Collected

yes

If Yes-Observations

[Empty text box for observations]

If No - Reason

20250000239

Hospital Authority Statement

yes

If Yes-Observations

[Empty text box for observations]

If No - Reason

20250000239

If Yes - Any findings

no

Treating Doctor Visit

Name of doctor

20250000239

Qualification

20250000239

Registration Number

20250000239

Tariff Details Card
Collected

yes

If No - Reason

If Yes - Any PED
findings

no

Any discrepancy
noted

no

If Yes-Observations

Lab Verification Details

Lab Name Lab Location

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="yes"/>	If No - Reason	<input type="text"/>
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If Yes - Visit Date	<input type="text" value="01-12-2022"/>	Pharmacy Name	<input type="text" value="20250000239"/>
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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="yes"/>	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" value="20250000239"/>		
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Bill Records	<input type="text" value="carbon copies"/>	Findings	<input type="text" value="20250000239"/>
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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="20250000239"/>
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Chemist Statement Collected

yes

If No - Reason

[Empty text box]

If Yes - Findings

20250000239

If Yes - Any PED findings

no

Overall Chemist Verification Summary

20250000239

Past Records Details

[Empty text box]

Any Other Observations/Findings

[Empty text box]

If Yes - Any PED Findings

[Empty text box]

Over All Hospital Virification Findings

[Empty text box]

