#### Status At The Time Of Investigation

Claim Number	-	20250000239	Claim Amount	-	12000
Claim Status	-	Close	Claim Sub Status	-	Processing
Current Status Fro	om G	IST			
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 - AAAA BBBB CCCC NBHJYTD TEST PUNE MAHARASHTRA Address

## Member Details

Member Name -	Member ID - 10000122
Certificate Number -	Relation -
Sum Insured -	Addition Effective - Date
First Policy Incept - Data	Member Flag -
Member Contact - 9545879987 Number	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 Code

Name Of Hospital -

-

-

-

No Of Beds

Address Of Hospital Rohini Code

-

-

-

-

Hospital Type

Hospital Flag

Location Of Hospital

Claim Trigger Point	
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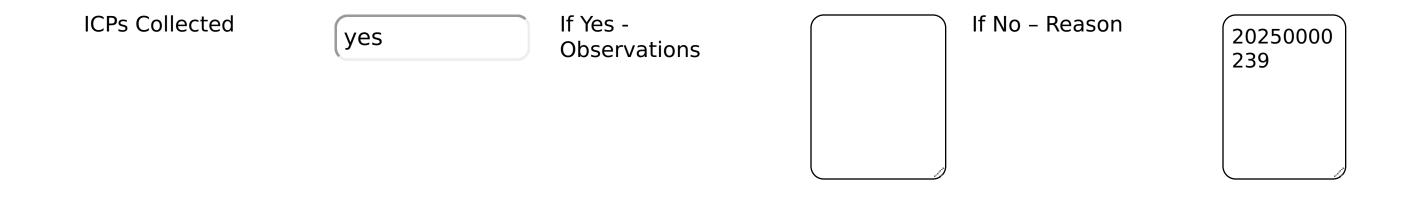
Trigger 1 Auto Remark	
Trigger Remark	Testing

## 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	20250000239	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	no	Comments	20250000
IP Register Entry (Entry Found)	yes	lf No – Reason	
If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>	If Not Matching – Observations	202500002 39



If Yes, Any PED/Non- Disclosure Findings			
Any Other Discrepancy Noted	yes	If Yes	20250000239
TPR/BP/VITAL Charts	yes	lf Yes – Observations	
lf No – Reason	20250000239		
In Case Of Medical Ma	nagement		
Active Line Of Treatment	20250000239		
In Case Of Surgical Ma	nagement		
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	no	If Yes - Date Of MLC	
If No	20250000239		
Is MLC Verification Done		If Yes-Observations	
lf No – Reason			

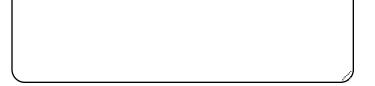
#### **FIR Details**

FIR Copy Received	no	lf Yes - Date Of FIR	
Is FIR Verification Done		If Yes-Observations	
lf No – Reason			
Any alcohol /Drug Intoxication Found As Per Documents	yes	lf Yes – Details	20250000239
lf No – Reason	(		

MRD Records checked

yes

If Yes-Observations

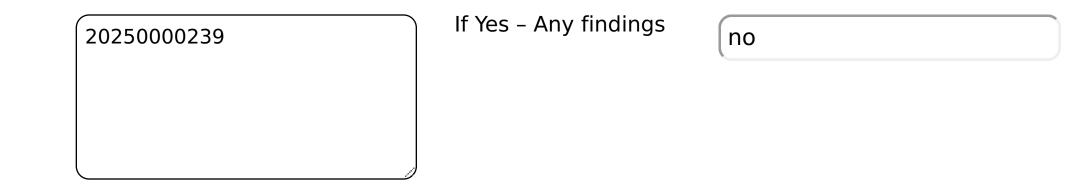


lf No – Reason

2025000239

Bill Book collected	yes	If Yes-Observations	
If No – Reason	20250000239		
Tariff Details Card Collected	yes	If Yes-Observations	
If No – Reason	20250000239		
Hospital Authority Statement	yes	If Yes-Observations	



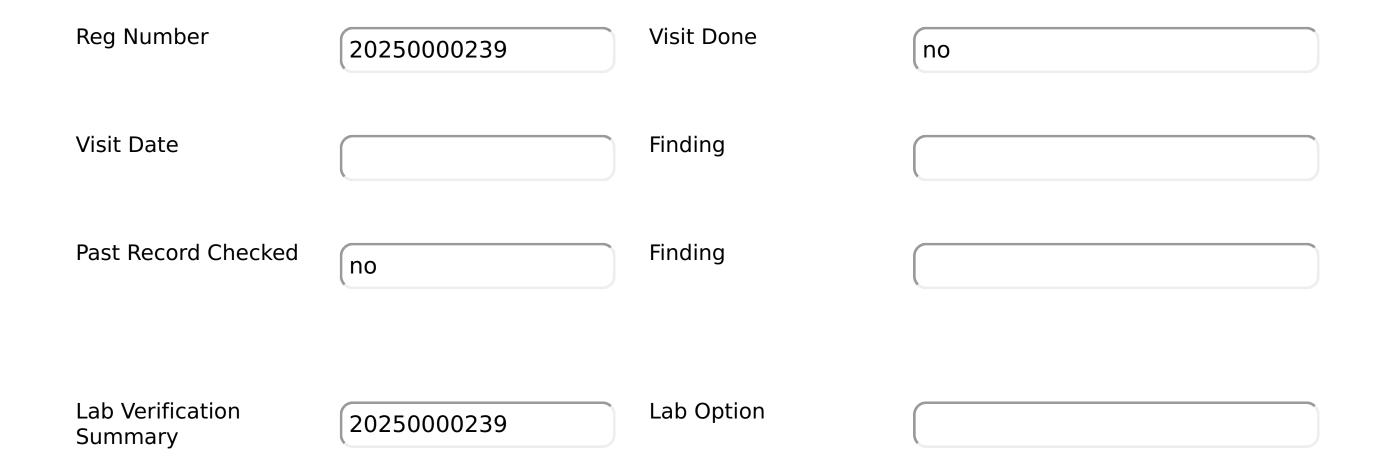


### Treating Doctor Visit

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	

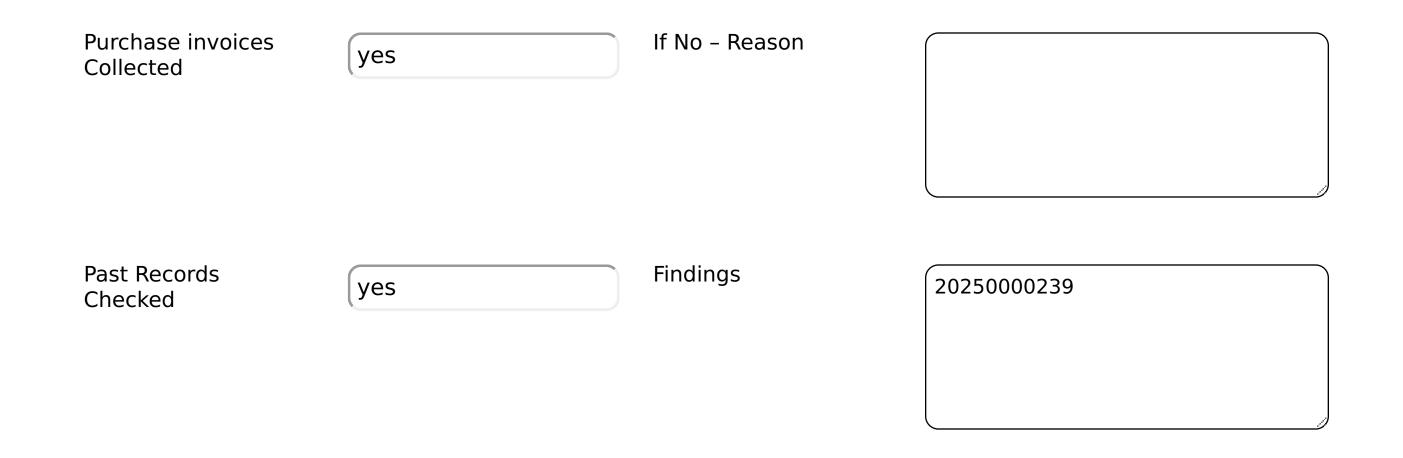
#### Lab Verification Details

Lab Name	20250000239	Lab Location	20250000239
Inhouse	no	If No, then Distance from hospital / Resident	20250000239
Lab Register Entry Verified	yes	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
lf No	20250000239		
Bill Book	no	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
If No			
Report Validation	no	Name Of Empanelled Pathologist	20250000239



#### **Chemist Verification**

Visit Done	yes	If No – Reason	
lf Yes – Visit Date	01-12-2022	Pharmacy Name	20250000239
Inhouse		If No, then Distance from hospital / Resident	
Bill Book	yes	If Yes	<ul> <li>Matching With Claim Document</li> <li>Not Matching with Claim Document</li> </ul>
lf Not Match	20250000239		
Bill Records	carbon copies	Findings	20250000239



Chemist Statement Collected	yes	If No – Reason	
If Yes – Findings	20250000239	lf Yes – Any PED findings	no
Overall Chemist Verification Summary	20250000239		
Past Records Details		Any Other Observations/Findings	
lf Yes – Any PED Findings			

#### Over All Hospital Virification Findings

