Case Details

Status At The Time Of Investigation

Claim Number	-	20240000002	Claim Amount	-	1000000
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 Group Secure Shield	Policy Number	-	1010622400
IMD NAME	-	VAIBHAV V SHINDE	IMD Code	-	1171640000
IMD Flag	-	Amber	Policy Type	-	Individual
Policy Start Date	-	Mon Jan 01 1900 05:21:10 GMT+0521 (India Standard Time)	Policy End Date	-	Mon Jan 01 1900 05:21:10 GMT+0521 (India Standard Time)
Policy Category	-		Policy Sub Type	-	
Policy Holder Address	-	KALYAN MUMBAI MAHARASHTRA			

Member Details

Member Name	-		Member ID	- 10000045
Certificate Number	-		Relation	-
Sum Insured	-		Addition Effective Date	-
First Policy Incept Data	-		Member Flag	-
Member Contact Number	- 0000000000		Member Email Id	- avni.rathod@Kotak.com

Claim Details

Nature Of Loss	- Loss of Job		Claim Type	-
Diagnosis	- vfdd gfnfnf		Claim Reported In Days	-
Date Of Admission	- Mon Jan 01 1900 05:21:10 GMT+0521 (India Standard Time)		Date Of Discharge	- Mon Jan 01 1900 05:21:10 GMT+0521 (India Standard Time)
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

testing

Investigation Finding (Hospital Verification)

Hospital Registration Number	[ ]	OT	☐ Yes ☐ No
ICU/ICCU/ PICU/CCU	☐ Yes ☐ No	Visit To Hospital	☐ Yes ☐ No
Hospital Visit Date	[ ]	How Far From Member Address (Approx Km)	[ ]
Any Relative Near Hospital Where Insured Stayed	☐ Yes ☐ No	Comments	[ ]

IP Register Entry (Entry Found)	☐ Yes ☐ No	If No – Reason	[ ]
If Yes	☐ Matching With Claim Document ☐ Not Matching With Claim Document	If Not Matching – Observations	[ ]

ICPs Collected	☐ Yes ☐ No	If No – Reason	[ ]

If Yes, Any PED/Non-Disclosure Findings

Any Other Discrepancy Noted ☐ Yes ☐ No   If Yes

TPR/BP/VITAL Charts ☐ Yes ☐ No   If Yes – Observations

If No – Reason

In Case Of Medical Management

Active Line Of Treatment

In Case Of Surgical Management

Operative Notes ☐ Provide ☐ Not Provide   If Provided - Findings

If Not Provided - Reason	

Anaesthesia Notes	☐ Provide ☐ Not Provide	If Provided - Findings	

If Not Provided - Reason	

Any PED History	☐ Yes ☐ No

Any Implants Used	☐ Yes ☐ No	If Yes – Invoice / Sticker Number	

Invoice Verified	☐ Yes ☐ No	Reason / Findings	

MLC Details

MLC Copy Received   ☐ Yes   ☐ No   If Yes - Date Of MLC
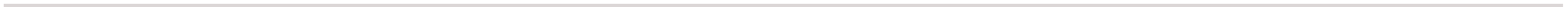
If No

Is MLC Verification Done   ☐ Yes   ☐ No   If Yes-Observations

If No – Reason

FIR Details

FIR Copy Received   ☐ Yes   ☐ No   If Yes - Date Of FIR

Is FIR Verification Done   ☐ Yes   ☐ No   If Yes-Observations

If No – Reason

Any alcohol /Drug Intoxication Found As Per Documents   ☐ Yes   ☐ No   If Yes – Details

If No – Reason

MRD Records checked   ☐ Yes   ☐ No   If Yes-Observations

If No – Reason

Bill Book collected	☐ Yes ☐ No	If Yes-Observations	

If No – Reason

Tariff Details Card Collected	☐ Yes ☐ No	If Yes-Observations	

If No – Reason

Hospital Authority Statement	☐ Yes ☐ No	If Yes-Observations	

If No – Reason

If Yes – Any findings ☐ Yes ☐ No

Treating Doctor Visit

Name of doctor

Qualification

Registration Number

Tariff Details Card Collected
☐ Yes   ☐ No

If No – Reason

If Yes – Any PED findings
☐ Yes   ☐ No

Any discrepancy noted
☐ Yes   ☐ No

If Yes-Observations

Lab Verification Details

Lab Name

Lab Location

Inhouse
☐ Yes   ☐ No

If No, then Distance from hospital / Resident

Lab Register Entry Verified
☐ Yes   ☐ No

If Yes
○ Matching With Claim Document
○ Not Matching with Claim Document

If Not matching – Observations

[text box]

Bill Records

☐ Carbon Copies

☐ Software Records

☐ Others

Findings

[text box]

Purchase invoices Collected

☐ Yes   ☐ No

If No – Reason

[text box]

If YES, Verified

☐ Yes   ☐ No

Findings

[text box]

Past Records Checked

☐ Yes   ☐ No

Findings

[text box]

Chemist Statement Collected

☐ Yes   ☐ No

If No – Reason

[text box]

If Yes – Findings

If Yes – Any PED findings   ☐ Yes   ☐ No

Overall Chemist Verification Summary

X-Ray/Sonography/MRI/CT Scan/Blood Bank Visit/Physiotherapy Centres Verification

Visit Done   ☐ Yes   ☐ No

If No – Reason

If Yes – Visit Date

Reports Verified   ☐ Yes   ☐ No

Findings

Past Records Details

Any Other Observations/Findings

If Yes – Any PED Findings   ☐ Yes   ☐ No

Over All Hospital Virification Findings