

## **CRITICAL ILLNESS**

### **Claim procedure**

#### **Claim Intimation**

In the event of any claim, intimation to be sent to KGI as soon as reasonably possible but not later than 10 days from the date of actual loss, in order for us to provide prompt and effective assistance.

#### **KGI can be contacted at:**

- **Toll Free number: 1800-266-4545**
- **Email: [care@kotak.com](mailto:care@kotak.com)**

The following information should be provided while intimating the claim:

- a) Policy Number
- b) Name of the Policyholder
- c) Name of the Insured Person in whose relation the Claim is being lodged
- d) Nature of Accident/illness
- e) Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- f) Date of Admission if applicable
- g) Any other information, documentation as requested by Us

#### **Documents submission:**

All documents must be submitted by the Insured within 30 days of intimation of claim at the below mentioned address.

List of documents as per section of loss is attached herewith in annexure A

#### **Documents to be submitted at the following address:**

#### **CLAIMS DEPARTMENT**

Kotak Mahindra General Insurance Company Ltd.  
8th Floor, Zone IV, Kotak Infiniti, Bldg. 21, Infinity IT Park,  
Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad (E),  
Mumbai – 400097. India.

## *Document checklist for CI Claims*

**a. Common list of documents for all Critical Illness:**

- (i) Certificate from the attending Medical Practitioner of the Insured Person confirming, inter alia,
  - i. Name of the Insured Person;
  - ii. Name, date of occurrence and medical details confirming the event giving rise to the Claim.
  - iii. Written confirmation from the treating Medical Practitioner that the event giving rise to the Claim does not relate to any Pre-Existing Disease or any Illness or Injury which was diagnosed within the first 90 days of commencement of first Policy Period with Us.
- (ii) Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
- (iii) Original Policy document;
- (iv) Duly completed claim form;
- (v) Original Discharge Certificate/Death Summary/Card from the hospital/ Medical Practitioner;
- (vi) Original investigation test reports, indoor case papers;
- (vii) Photo ID Proof of Insured/ nominee;
- (viii) Address Proof of Insured / nominee;
- (ix) KYC documents and 2 recent coloured passport size photographs of Insured/ nominee;
- (x) Signed NEFT mandate along cancelled cheque copy of Insured/ nominee;
- (xi) In the cases where Critical Illness arises due to an Accident, FIR copy or medico legal certificate will also be required wherever conducted. We may call for any additional necessary documents/information as required based on the circumstances of the claim.
- (xii) Any other documents as may be required by Us.

(xiii) **CANCER OF SPECIFIED SEVERITY**

- i. Hospital Discharge Card photocopy
- ii. Hospital Bills photocopy
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Details of the treatment received by the Insured Person from the inception of the ailment.
- vi. Letter from treating consultant stating presenting complaints with duration and the past medical history.
- vii. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports.
- viii. X-Ray / CT scan / MRI scan / USG / Radioisotope / Bone scan Reports.
- ix. Blood Tests.
- x. Any other specific investigation done to support the diagnosis like the PAP Smear/ Mammography, etc.
- xi. Any other documents as may be required by Us.

(xiv) **KIDNEY FAILURE REQUIRING REGULAR DIALYSIS**

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Blood Tests- Renal Function Tests specifically: Serum Creatinine, Blood Urea Nitrogen, Serum Electrolytes done in the recent past (Not more than Two Week period from the date of intimation of Loss)
- vii. Dialysis Papers/Receipts done in recent past.
- viii. Renal scan
- ix. Letter from the nephrologists stating the diagnosis of End Stage Kidney Failure.
- x. Any other documents as may be required by Us.

(xv) **MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS**

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. MRI / CT Scan Report.
- vii. Electro-myogram report
- viii. Biopsy / Cytology Report
- ix. Specific Blood Tests: Creatinine Phosphokinase /Anti Nuclear Antibodies , C - reactive protein /Autoimmune work up
- x. Any other relevant Blood investigations.
- xi. Confirmation from the Central/State Government Hospital about diagnosis of Multiple Sclerosis and the duration of the same.
- xii. Any other documents as may be required by Us.

(xvi) **MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS**

- i. Hospital Discharge Card photocopy (in case of Hospitalization)
- ii. Investigations Reports like Blood tests, EEG, Nerve Conduction test, etc
- iii. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment
- iv. Electro-myogram Report
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status
- vii. Any other document as may be required by the company

(xvii) **BENIGN BRAIN TUMOR**

- i. Hospital Discharge Card photocopy
- ii. Hospital Bills photocopy
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Details of the treatment received by the Insured Person from the inception of the ailment.
- vi. Letter from treating consultant stating presenting complaints with duration and the past medical history.
- vii. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports.
- viii. X-Ray / CT scan / MRI scan / USG / Radioisotope / Bone scan Reports.
- ix. Blood Tests.
- x. Neurological examination report by Neurologist
- xi. Any other documents as may be required by Us.

(xviii) **PRIMARY PULMONARY HYPERTENSION**

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. MRI / CT Scan Report.
- vii. Echocardiography report
- viii. Computed tomography (CT), magnetic resonance imaging (MRI), and lung scanning
- ix. Pulmonary angiography
- x. Any other documents as may be required by Us.

(xix) **END STAGE LIVER DISEASE / FAILURE**

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Ultrasound scan of liver
- vii. CT and/or MRI scan of the liver
- viii. X-ray and Liver function test
- ix. Biopsy / FNAC ( where applicable)
- x. Any other documents as may be required by Us.

(xx) **MAJOR ORGAN /BONE MARROW TRANSPLANT**

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.

- vi.** Scan / Histopathology / Cytology / FNAC / Biopsy report suggesting irreversible & non-compensatory changes of the particular organ. 8 Bone Marrow Biopsy Reports (Specifically In Case of Bone Marrow Transplant)
- vii. Letter from a specialist Doctor confirming the need of transplantation( Organs Specified are: Heart , lung, Liver, pancreas, kidney, bone marrow)
  - viii. Any other documents as may be required by Us.

(xxi) **OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES**

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. X-ray and 2D-Echocardiography Report.
- vii. Letter from the Cardiologist / Cardiothoracic Surgeon suggesting valve replacement with the type of valve to be used.
- viii. Any other documents as may be required by Us.

(xxii) **OPEN CHEST CABG**

- i. Photocopy Hospital Discharge Card
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's
- vii. Stress test/ Tread Mill Test
- viii. Letter from treating consultant suggesting Coronary Angiography and CABG
- ix. Coronary Angiography report / CT Angiography Report
- x. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT,
- xi. LDH / Electrolytes
- xii. X-ray / 2D-Echocardiography Report
- xiii. Thallium Scan Report
- xiv. Any other documents as may be required by Us.

(xxiii) **AORTA GRAFT SURGERY**

- i. Photocopy Hospital Discharge Card
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's
- vii. Stress test/ Tread Mill Test
- viii. Letter from treating consultant suggesting Coronary Angiography and CABG
- ix. Coronary Angiography report / CT Scan
- x. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT,
- xi. LDH / Electrolytes
- xii. X-ray / 2D-Echocardiography Report
- xiii. Thallium Scan Report
- xiv. Bio-markers for Aortic dissection
- xv. Any other documents as may be required by Us.

(xxiv) **COMA OF SPECIFIED SEVERITY**

- i. Hospital Discharge Card photocopy
- ii. Investigations Reports like Blood tests, EEG, etc
- iii. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment
- iv. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Glasgow coma scale grading.
- v. Indoor case papers and / or ICU case papers indicating the history, signs, symptoms, line of treatment and daily charts like TPR, etc
- vi. FIR / MLC / Panch nama for accident induced coma
- vii. Any other document as may be required by the company

(xxv) **STROKE RESULTING IN PERMANENT SYMPTOMS**

- i. Hospital Discharge Card photocopy
- ii. Photocopy Hospital Bills.
- iii. Pharmacy/Investigations Bills
- iv. Investigations Reports
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit.
- vii. MRI / CT scan/ 2D Echocardiography Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
- viii. Blood tests (Lipid profile/Random Blood Sugar / Prothrombin Time/APTT/ Bleeding Time/ Clotting Time/Homocystiene levels)
- ix. Any other documents as may be required by Us.

(xxvi) **PERMANENT PARALYSIS OF LIMBS**

- i. Hospital Discharge Card photocopy
- ii. Investigations Reports
- iii. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
- iv. Electro-myogram Report
- v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- vi. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status and duration of the Paralysis.
- vii. Any other document as may be required by the company

- (xxvii) **FIRST HEART ATTACK - OF SPECIFIED SEVERITY**
- i. Hospital Discharge Card photocopy
  - ii. Photocopy Hospital Bills.
  - iii. Pharmacy/Investigations Bills
  - iv. Investigations Reports
  - v. Casualty Medical Officers/Emergency room papers with all details of Presenting Complaints and the Medical Examination by the attending physician.
  - vi. Subsequent Consultation Papers with the treating Medical Practitioner and the treatment received
  - vii. ECG on admission and subsequent ECG's
  - viii. Stress test/ Tread Mill Test
  - ix. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH / Electrolytes
  - x. X-ray / 2D-Echocardiography Report
  - xi. Thallium Scan Report
  - xii. Any other documents as may be required by Us.

- (xxviii) **THIRD DEGREE (OR MAJOR) BURN**
- i. Hospital Discharge Card photocopy
  - ii. Photocopy Hospital Bills.
  - iii. Pharmacy/Investigations Bills
  - iv. Investigations Reports, treatment papers
  - v. Certificate from the treating specialist Doctor indicating the classification / degree of burns
  - vi. Following medico-legal documents if applicable
    - (i) FIR
    - (ii) Panchanama
    - (iii) Inquest Panchanama
    - (iv) Police Final Report/Charge Sheet (Based on FIR)
  - vii. Any other documents as may be required by Us.

- (xxix) **DEAFNESS OR LOSS OF HEARING**
- i. Hospital Discharge Card photocopy
  - ii. Photocopy Hospital Bills.
  - iii. Pharmacy/Investigations Bills
  - iv. Investigations Reports
  - v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
  - vi. Pure tone testing report
  - vii. Audiometry report
  - viii. Confirmation of Diagnosis by ENT specialist along with duration
  - ix. All treatment papers and medical investigation test reports
  - x. Any other documents as may be required by Us.

- (xxx) **LOSS OF SPEECH**
- i. Hospital Discharge Card photocopy
  - ii. Photocopy Hospital Bills.
  - iii. Pharmacy/Investigations Bills
  - iv. Investigations Reports
  - v. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
  - vi. Confirmation of Diagnosis by ENT specialist along with cause and duration
  - vii. All treatment papers and medical investigation test reports
  - viii. Any other documents as may be required by Us.

**Payment terms under Benefit I: Critical Illness**

**b. On payment of a Claim under Benefit I, the cover will cease in respect for that Insured Person.**