|  |  |
| --- | --- |
| **Field Verification Report** | |
| **Claim Number.** | BAF055059386 |
| **Policy Number.** | 4172/321449606/00 |
| **Insured name** | Varun Kumar M |
| **Claimant name** | Self |
| **Sum insured (INR)** |  |
| **Nature of loss** | Permanent Total Disability |
| **Policy type** | PA Claim |
| **Channel / Sourcing** | - |
| **Touch Points :** | Observation |
| **Claimant visit** | Family member (family tree)- NA |
| Relation with insured- Self |
| Occupation (Insured) – Delivery boy and working in Amazon distribution Pvt. ltd |
| Occupation (claimant) – NA |
| Event details (Time, place, when, how) -- during his work time on 23-5-2024 at 2.45 pm while loading product from Container suddenly the container door closed accidentally due to that insured sustained crush injury to his Lt. hand |
| Hospital visit was done. As per insured statement- Insured is a Delivery boy and working in Amazon distribution Pvt. ltd, As during his work time on 23-5-2024 at 2.45 pm while loading product from Container suddenly the container door closed accidentally due to that insured sustained crush injury to his Lt. hand, immediately he was taken to Kempanna hospital and admitted there from 23-5-2024 to 25-5-2024 under Dr. Arjun in general ward. Paid Rs. 48000/- against final hospital bill by cash. Insured is working in Amazon distribution Pvt. ltd since 1 yr, as this is the delivery work there is no ID card. He is not under the influence of alcohol at the time of incidence and not having habit of alcohol intake. MLC/ FIR was not done.  As per insured, he has submitted all the original documents along with X-Ray films to insurance company and not having any copies. |
|  |
|  |
|  |
| Current condition (disability cases)- Permanent Total Disability |
| Other insurance – |
| **Hospital visit** | MLC – Not Done |
|  |
| PM – NA |
| Casualty note – Not Shared |
|  |
| Hospital visit was done. As per ICP’s patient was not willing to do MLC as its crush injury –self injury. 23 yrs/ Male patient was admitted on Kempanna hospital from 23-5-2024 to 25-5-2024 under care of Dr. Rajendra Diagnosed as Lt. 2nd and 3rd finger amputation at distal phalanx and underwent wound Debridement and stamp closure on 23-5-2024 under GA + wrist block. Having C/O- pain in Lt. Hand, crush injury of Lt. Hand, index and middle finger, bleeding and deep tissue involvement with A/H/O- Accidental injury of Lt. Hand of index and middle finger on 23-5-2024 at around 3.30 pm. No H/O- any major illness. |
|  |
|  |
| **Police station visit** | Verification details – Not Done |
| Final report -- Not Done |
|  |
|  |
| Case summary -- Not Applicable |
|  |
|  |
| Police document verified – Not applicable |
| **PM centre visit** | PM centre name -- Not Applicable |
| cause of death -- Not Applicable |
| Viscera status -- Not Applicable |
| PM verified -- Not Applicable |
| **Spot visit** | Photos -- Not Applicable |
| Witness -- Not Applicable |
| Description--- Not Applicable |
|  |
| **DL Verification** | DL name- NA |
| DL validity |
| COV |
| Online portal check |
| **Vicinity check** | Total person inquired – Not Applicable |
| Event details – Done |
|  |
|  |
| **Media / Newspaper** | Date –Not Applicable |
| Details -- Not Applicable |
|  |
|  |
| **Industry feedback** | Other insurance company –Not Shared |
| claim status |
|  |
| **Conclusion** | DOJ 22-12-2023. Trigger:- IPA PPD Claim, as per the hospital docs not done MLC as self crsuh injury, r/o medical illness PPD, PED any ND 1. Collect detail narration of incidence in Claimant statement with date time place, Witness statement, Vicinity AVR, Past medical records, Hospitalization records, Media News, Employment status with Salary slip and ITR, checklist, 2. Collect detail narration of incidence in Claimant statement with date time place, Witness statement, Vicinity AVR, Past medical records, Hospitalization records, Media News, Employment status with Salary slip and ITR, checklist.As per investigation findings, 23 yrs/ Male patient was admitted on Kempanna hospital from 23-5-2024 to 25-5-2024 under care of Dr. Rajendra Diagnosed as Lt. 2nd and 3rd finger amputation at distal phalanx and underwent wound Debridement and stamp closure on 23-5-2024 under GA + wrist block. Having C/O- pain in Lt. Hand, crush injury of Lt. Hand, index and middle finger, bleeding and deep tissue involvement with A/H/O- Accidental injury of Lt. Hand of index and middle finger on 23-5-2024 at around 3.30 pm. No H/O- any major illness. As per ICP’s patient was not willing to do MLC as its crush injury –self injury. Hospital visit was done. As per insured statement- Insured is a Delivery boy and working in Amazon distribution Pvt. ltd, As during his work time on 23-5-2024 at 2.45 pm while loading product from Container suddenly the container door closed accidentally due to that insured sustained crush injury to his Lt. hand, immediately he was taken to Kempanna hospital and admitted there from 23-5-2024 to 25-5-2024 under Dr. Arjun in general ward. Paid Rs. 48000/- against final hospital bill by cash. Insured is working in Amazon distribution Pvt. ltd since 1 yr, as this is the delivery work there is no ID card. He is not under the influence of alcohol at the time of incidence and not having habit of alcohol intake. MLC/ FIR was not done. Company visit was done, incidence details confirmed and verified. Company is delaying to give his attendance records as concern staff is on leave and employee just marked their attendance in whatsapp group. Treating doctor denied to give statement due to high patient’s flow. ICP’s confirmed and verified. Insured visit was done. Insured statement, ID proof, insured’s photo and scar mark confirmed and verified. As per insured, he has submitted all the original documents along with X-Ray films to insurance company and not having any copies. Based on findings, no any discrepancies noted hence said claim seems to be genuine. |
| **Intimation Date** | 14.08.2024 |
| **Report closed date** | 23.08.2024 |
| **TAT** | 9 Days |
| **ICLM Recommendation** | Payable |
| **Investigator Name** | Ericson HealthCare |
| **State Manager Name** | - |
| **Central Manager Name** | - |