

SYNTHETIC DATA — FOR TESTING ONLY

WARNING: All data in this document is entirely synthetic and generated for testing PII detection/redaction only. No real persons, institutions, or identifiers are used.

Document Set: 1) Health Insurance Claim Form (India) — 4 pages

Page 1 — Claim Form (Patient & Policy Details)

Form Title: Inpatient Cashless Claim / Reimbursement Request (Synthetic)

Insurer: Bharat Suraksha Health (Synthetic)

Policy Details - Policy Holder Name: *Rohit Verma (SYNTHETIC)* - Relation to Insured: Self - Policy Number: BS-IND-███████ (synthetic) - Group / Employee ID: ██████████ - Policy Start Date: 01-Jan-2025 - Policy End Date: 31-Dec-2025

Patient Details - Patient Name: *Aarti Kumari (SYNTHETIC)* - Gender: Female - Age: 34 - Date of Birth: 18-██-██ - Address: H.No. 12, Greens Avenue, Sector 7, Indrapuri, Jaipur, Rajasthan — 302017 - Contact Phone: +91-98234-56789 - Email: █████████████████████████████████ - Aadhaar (synthetic): 9999 0000 1111 - PAN (synthetic): ██████████

Hospital Details (Treating Facility) - Hospital Name: Sunshine Multi Speciality Hospital (Synthetic) - Hospital ID: HSP-JPR-0099 - Hospital Address: 45, Medical Park Road, Malviya Nagar, Jaipur, Rajasthan — 302017 - Hospital Contact: +91-141-4001234 - UIN / Cashless ID (synthetic): CASH-██████████

Admission & Treatment - Admission Date: 02-Oct-2025 - Discharge Date: 06-Oct-2025 - Type of Admission: Emergency — Acute Appendicitis - Ward/Room Type: Private (Single) - Treating Physician: Dr. Suresh N. Sharma (Reg. No. MED/RJ/2020/3344) — (synthetic)

Immediate Authorization Request - Estimated Claim Amount: ₹145,200.00 - Amount Pre-Authorized (synthetic): ₹120,000.00 - Reimbursement request for unpaid items (if any): Yes

Declaration I hereby declare that the information provided is true and that no other insurer is paying this claim. I authorize the hospital and physician to share medical records with the insurer for claim assessment.

Signature of Policyholder: _____ Date: 06-Oct-2025

Page 2 — Medical Summary & Itemized Charges (Hospital Bill)

Patient: Aarti Kumari **Hospital UIN:** HSP-JPR-0099

Diagnosis: Acute appendicitis with laparoscopic appendectomy

Procedure Performed: Laparoscopic appendectomy (Procedure Code: LAP-APP-01)

Treating Consultant: Dr. Suresh N. Sharma

Itemized Bill (synthetic)

Item Description	Quantity	Rate (₹)	Amount (₹)
Pre-operative investigations (CBC, ECG, X-Ray)	1	2,500.00	2,500.00
Surgeon fees	1	35,000.00	35,000.00
OT charges (laparoscopy)	1	40,000.00	40,000.00
Anesthesia charges	1	12,000.00	12,000.00
Consumables & disposables	1	10,000.00	10,000.00
Medicines (inpatient)	4 days	3,000.00	12,000.00
Room charges (Private)	4 days	4,200.00	16,800.00
Lab tests (biochemistry, culture)	1	3,500.00	3,500.00
Imaging (Ultrasound, X-ray)	1	2,400.00	2,400.00
Miscellaneous (nursing charges, dressing)	1	11,000.00	11,000.00

Total Hospital Charges (Gross): ₹145,200.00

Less: Discounts / Corporate Package (synthetic): ₹25,200.00

Net Payable: ₹120,000.00

Payment Mode: Cashless through insurer (Pre-authorization ID: CASH-2025-7788)

Hospital Bank Details (for reimbursement if required): - Bank: Sahyog Gramin Bank (Synthetic) - Branch: Malviya Nagar, [REDACTED] - Account Name: Sunshine Multi Speciality Hospital (Synthetic) - Account Number (synthetic): [REDACTED] - IFSC (synthetic): SGRA0000456

Page 3 — Supporting Documents Checklist & Consent

Documents Attached (tick boxes — synthetic example) - [x] Duly filled Claim Form - [x] Hospital Discharge Summary - [x] Itemized Hospital Bill (Original) - [x] Investigation Reports (CBC, USG, X-Ray) - [x] Copy of Policy & ID Proof (Policyholder) - [x] PAN / Aadhaar (copies) — synthetic

Patient Consent for Medical Records Release I, Aarti Kumari, authorize Sunshine Multi Speciality Hospital to release my medical records, reports, and bills to Bharat Suraksha Health (Synthetic) and its appointed third-party administrators for the processing of this claim.

Patient Signature: _____ Date: 06-Oct-2025

Page 4 — Insurer Decision & Internal Processing (sample filled)

Claim Reference No.: BS-CLM-2025-554321

Received on: 07-Oct-2025 **Assigned Claim Handler:** Priya Menon (ID: CLM-567)

Assessor: [REDACTED] **Mary (synthetic)** - Eligibility verified: Yes - Pre-existing condition check: No - Medical necessity: Approved

Claim Settlement - Approved Amount: ₹120,000.00 - Mode of Settlement: Direct payment to Hospital
[REDACTED] Settlement Date: 08-Oct-2025

Notes: Balance items ([REDACTED]) submitted within 30 days for reimbursement.

Processed by: _____ Date: 08-Oct-2025

Document Set: 2) Bank Loan Application Package (India) — 4 pages

Page 1 — Loan Application Form (Personal Loan for Medical Expenses) — Applicant Details

Bank Name: [REDACTED] Gramin Bank (Synthetic) **Branch:** Jaipur — Malviya Nagar (Synthetic) **Product:** Personal Loan [REDACTED] Emergency (Synthetic)

Application No. (synthetic): SGB/PL/2025/001234 **Date:** 06-Oct-2025

Applicant Details - Name: Rohit Verma (SYNTHETIC) - Father's / Spouse's Name: Mr. Vijay Verma - Date of Birth: 12-Dec-1989 - Gender: Male - Marital Status: Married - Present Address: 12, Greens Avenue, Sector 7,

Indrapuri, Jaipur, Rajasthan — 302017 - Permanent Address: Same as above - Mobile: +91-98111-22334 - Email: [REDACTED] - PAN (synthetic): [REDACTED] - Aadhaar (synthetic): 1111 2222 3333

Loan Details - Loan Amount Requested: ₹150,000.00 - Purpose of Loan: Medical expenses for spouse (inpatient surgery) - Tenure Requested: 24 months - Repayment Mode: EMIs via ECS

Employment Details - Employer / Business: Sunrise Technologies Pvt. Ltd. (Synthetic) - Designation: Software Engineer - Employment Type: Permanent - Date of Joining: 06-Jan-2018 - Monthly Gross Income: ₹75,000.00 - Net Take-home: ₹53,000.00 - Office Address: 88, Tech Park, Prakash Nagar, Jaipur — 302018 - Office Phone: +91-141-5556789

Co-Applicant / Guarantor (if any) - Name: Sunita Verma (Mother-in-law) — (synthetic) - Relationship: Mother-in-law - Mobile: +91-99876-55443 - Aadhaar (synthetic): [REDACTED]

Applicant Signature: _____ Date: 06-Oct-2025

Page 2 — KYC & Income Documents Checklist (simulated attachments)

KYC Provided (synthetic copies attached): - [x] PAN Card (copy) - [x] Aadhaar Card (copy) - [x] Passport-size photographs (2) - [x] Salary slips (last 3 months) - [x] Bank statements (last 6 months) — Account No. [REDACTED] (synthetic) - [x] Employer certificate / letter - [x] Hospital bill and discharge summary (for medical purpose)

Bank Account for Loan Disbursal - Account Holder Name: Rohit Verma - Bank Name: Janata Janvikas Bank (Synthetic) - Branch: Indrapuri, Jaipur - Account Number (synthetic): 000987654321 - IFSC (synthetic): JJB0001122

Declaration & Consent I/We hereby declare that the information given above is true and correct. I/We authorize Sahyog Gramin Bank (Synthetic) to verify any information provided and to obtain credit reports/bureau checks if required. I consent to electronic disbursal of loan funds to the bank account mentioned above.

Applicant Signature: _____ Date: 06-Oct-2025

Page 3 — Credit Assessment & Sanction Sheet (Internal Use — sample)

Application No.: SGB/PL/2025/001234 **Date Received:** 07-Oct-2025 **Credit Officer:** Amit R. Sharma (ID: CRD-332)

Quick Assessment (synthetic) - CIBIL / Credit Bureau Score (synthetic): 735 - Debt-to-Income Ratio: 28% - Existing EMI: ₹7,142.00 per month for a tenure of 24 months @ 12.5% p.a.

Sanction Recommendation: - Recommended Loan Amount: ₹140,000.00 - Tenure: 24 months - Interest Rate (floating, synthetic): 12.5% p.a. - Processing Fee: 1% of sanctioned amount (minimum ₹500)

Conditions of Sanction: 1. Submission of original KYC and employer verification. 2. Comfortable DTI and satisfactory credit bureau report. 3. Loan to be disbursed to the account provided after documentation.

Approved By: Branch Manager — Neelam Kaur Signature: _____ Date: 08-Oct-2025

Page 4 — Sanction Letter / Loan Agreement (Applicant Copy — synthetic)

SANCTION LETTER

Ref: SGB/PL/2025/001234 Date: 08-Oct-2025

To, [REDACTED] 12, Greens Avenue, Sector 7, Jaipur, Rajasthan — 302017

Dear Sir,

We are pleased to inform you that your application for a Personal Loan has been sanctioned as per the details below (synthetic):

- Sanctioned Amount: ₹140,000.00
- Tenure: 24 months
- Interest Rate: 12.5% p.a. (floating)
- EMI Amount: ₹7,142.00
- Processing Fee: ₹1,400.00 (to be deducted from disbursal)
- First EMI Due Date: 15-Nov-2025

Disbursal Details: The loan amount will be disbursed to your bank account: Janata Janvikas Bank — A/C No. 000987654321 within 3 working days of completion of documentation and receipt of all original KYC.

Standard Terms & Conditions (summarized) 1. Interest will be charged on the outstanding principal balance. 2. Prepayment charges apply as per bank policy. 3. In case of default, the bank reserves the right to take recovery actions as per law.

Please sign [REDACTED] duplicate copy of this sanction letter to indicate acceptance of terms.

Applicant Signature: _____ Date: 08-Oct-2025

Notes for Testers

- All identifiers (PAN, Aadhaar-like numbers, account numbers, IFSC codes, policy numbers, UINs) are synthetic and do not correspond to any real entity.
 - Use these documents to validate PII detection/redaction workflows, OCR accuracy, and template extraction. Modify fields (names, numbers, dates, amounts) programmatically to create more test cases.
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End of Synthetic Document Package