

Insurance Claim Form - FRAUDULENT STATUS

Claim No: CLM/2024/666666

Policy Holder Name: Amit Singh

Hospital Name: Apollo Hospital

Region : North India

State : Noida, UP

Pincode ; 110092

Disease: Mysterious Illness

Treatment: General Treatment

Claimed Amount: ₹30000

Date of Treatment: 21-Jan-2024

Patient Details:

- Age: 40
- Gender: Male
- Contact: 9876543210

Additional Notes: Treatment for unidentified medical condition with general therapeutic approach.