

INSURANCE CLAIM FORM

Claim Number:	CLM-2025-01267	Claim Date:	2025-02-10
Policy Number:	POL-678901-2024	Policy Type:	Health Insurance - Critical Illness

CLAIMANT INFORMATION	
Full Name:	Sunita Reddy
Address:	67 Jubilee Hills, Hyderabad, Telangana 500033
Phone:	+91-99876-54321
Email:	sunita.reddy@email.com
Date of Birth:	1982-04-25

INCIDENT DETAILS	
Date of Incident:	2025-02-05
Time of Incident:	10:00 AM
Location:	Apollo Hospital, Hyderabad, Telangana
Type of Incident:	Heart Surgery - Angioplasty
Police Report Filed:	No

Description of Incident:

Experienced chest pain and was admitted to Apollo Hospital. Diagnosed with coronary artery blockage requiring immediate angioplasty. Two stents were placed during the procedure. Hospital stay of 5 days with intensive cardiac care and rehabilitation.

DAMAGES CLAIMED		
Item	Description	Amount
Angioplasty Surgery	Two stents placement	Rs.3,50,000
Hospital Charges	5 days ICU and room charges	Rs.1,25,000
Medical Tests	ECG, angiography, blood tests	Rs.45,000
Medications	Post-surgery medicines	Rs.25,000
Total Claim Amount:		Rs.5,45,000

Claimant Signature: _____

Date: 2025-02-10