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Health Claim Form

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Claim ID: CLM-2025-01-0025-HEA

Policy Number: POL-400025

Insurance Start Date: 2024-08-23

Insurance Expiry Date: 2026-07-03

Incident Type: Outpatient care

Incident Date: 2025-01-09

Location: Indore

Patient ID: PID-951788

Hospital Code: HOSP-3611

Injuries Reported: True

Estimated Damage Cost: 53223

Diagnosis: Fracture

Hospital: City Care