

---

Health Claim Form

---

Claim ID: CLM-2025-01-0068-HEA

Policy Number: POL-400068

Insurance Start Date: 2024-10-04

Insurance Expiry Date: 2025-11-03

Incident Type: Surgery

Incident Date: 2025-05-28

Location: Nashik

Patient ID: PID-850048

Hospital Code: HOSP-2125

Injuries Reported: True

Estimated Damage Cost: 87763

Diagnosis: Fracture

Hospital: City Care