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Health Claim Form

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Claim ID: CLM-2025-01-0004-HEA

Policy Number: POL-400004

Insurance Start Date: 2025-03-12

Insurance Expiry Date: 2026-03-16

Incident Type: Hospitalization

Incident Date: 2025-08-01

Location: Bhopal

Patient ID: PID-358681

Hospital Code: HOSP-3361

Injuries Reported: True

Estimated Damage Cost: 89042

Diagnosis: Fracture

Hospital: City Care