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Health Claim Form

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Claim ID: CLM-2025-01-0063-HEA

Policy Number: POL-400063

Insurance Start Date: 2025-05-08

Insurance Expiry Date: 2027-04-18

Incident Type: Surgery

Incident Date: 2025-10-04

Location: Nashik

Patient ID: PID-131877

Hospital Code: HOSP-5920

Injuries Reported: True

Estimated Damage Cost: 158386

Diagnosis: Fracture

Hospital: City Care