

---

Health Claim Form

---

Claim ID: CLM-2025-01-0027-HEA

Policy Number: POL-400027

Insurance Start Date: 2024-09-16

Insurance Expiry Date: 2026-06-18

Incident Type: Outpatient care

Incident Date: 2025-08-15

Location: Pune

Patient ID: PID-616706

Hospital Code: HOSP-1368

Injuries Reported: True

Estimated Damage Cost: .214815

Diagnosis: Fracture

Hospital: City Care