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Health Claim Form

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Claim ID: CLM-2025-01-0093-HEA  
Policy Number: POL-400093  
Insurance Start Date: 2024-09-23  
Insurance Expiry Date: 2026-07-14  
Incident Type: Surgery  
Incident Date: 2025-06-17  
Location: Nagpur  
Patient ID: PID-322272  
Hospital Code: HOSP-7988  
Injuries Reported: True  
Estimated Damage Cost: -131544  
Diagnosis: Fracture  
Hospital: City Care