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Health Claim Form

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Claim ID: CLM-2025-01-0097-HEA

Policy Number: POL-400097

Insurance Start Date: 2025-02-22

Insurance Expiry Date: 2026-02-13

Incident Type: Hospitalization

Incident Date: 2025-09-18

Location: Bhopal

Patient ID: PID-586418

Hospital Code: HOSP-6747

Injuries Reported: True

Estimated Damage Cost: 130508

Diagnosis: Fracture

Hospital: City Care