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Health Claim Form

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Claim ID: CLM-2025-01-0002-HEA

Policy Number: POL-400002

Insurance Start Date: 2024-08-08

Insurance Expiry Date: 2025-11-29

Incident Type: Outpatient care

Incident Date: 2025-06-14

Location: Bhopal

Patient ID: PID-482514

Hospital Code: HOSP-7742

Injuries Reported: True

Estimated Damage Cost: .260022

Diagnosis: Fracture

Hospital: City Care