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Health Claim Form

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Claim ID: CLM-2025-01-0100-HEA

Policy Number: POL-400100

Insurance Start Date: 2024-09-14

Insurance Expiry Date: 2026-06-17

Incident Type: Hospitalization

Incident Date: 2025-06-23

Location: Nashik

Patient ID: PID-520098

Hospital Code: HOSP-5772

Injuries Reported: True

Estimated Damage Cost: 144454

Diagnosis: Fracture

Hospital: City Care