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Health Claim Form

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Claim ID: CLM-2025-01-0012-HEA

Policy Number: POL-400012

Insurance Start Date: 2024-09-27

Insurance Expiry Date: 2025-08-22

Incident Type: Outpatient care

Incident Date: 2025-05-17

Location: Pune

Patient ID: PID-867071

Hospital Code: HOSP-5958

Injuries Reported: True

Estimated Damage Cost: 84380

Diagnosis: Fracture

Hospital: City Care