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Health Claim Form

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Claim ID: CLM-2025-01-0059-HEA

Policy Number: POL-400059

Insurance Start Date: 2024-10-07

Insurance Expiry Date: 2026-08-13

Incident Type: Outpatient care

Incident Date: 2025-09-23

Location: Pune

Patient ID: PID-218673

Hospital Code: HOSP-8120

Injuries Reported: True

Estimated Damage Cost: .247949

Diagnosis: Fracture

Hospital: City Care