

---

Health Claim Form

---

Claim ID: CLM-2025-01-0084-HEA

Policy Number: POL-400084

Insurance Start Date: 2025-04-24

Insurance Expiry Date: 2027-03-25

Incident Type: Hospitalization

Incident Date: 2025-08-02

Location: Pune

Patient ID: PID-219358

Hospital Code: HOSP-4717

Injuries Reported: True

Estimated Damage Cost: .213127

Diagnosis: Fracture

Hospital: City Care