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Health Claim Form

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Claim ID: CLM-2025-01-0076-HEA

Policy Number: POL-400076

Insurance Start Date: 2024-04-16

Insurance Expiry Date: 2025-07-25

Incident Type: Hospitalization

Incident Date: 2025-04-15

Location: Bhopal

Patient ID: PID-170299

Hospital Code: HOSP-8686

Injuries Reported: True

Estimated Damage Cost: 149826

Diagnosis: Fracture

Hospital: City Care