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Health Claim Form

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Claim ID: CLM-2025-01-0053-HEA

Policy Number: POL-400053

Insurance Start Date: 2024-08-21

Insurance Expiry Date: 2026-01-14

Incident Type: Surgery

Incident Date: 2025-07-23

Location: Indore

Patient ID: PID-206677

Hospital Code: HOSP-4031

Injuries Reported: True

Estimated Damage Cost: 161469

Diagnosis: Fracture

Hospital: City Care