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Health Claim Form

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Claim ID: CLM-2025-01-0014-HEA

Policy Number: POL-400014

Insurance Start Date: 2024-12-04

Insurance Expiry Date: 2026-05-16

Incident Type: Surgery

Incident Date: 2025-08-26

Location: Pune

Patient ID: PID-958320

Hospital Code: HOSP-9644

Injuries Reported: True

Estimated Damage Cost: 154619

Diagnosis: Fracture

Hospital: City Care