
Health Claim Form

Claim ID: CLM-2025-01-0042-HEA

Policy Number: POL-400042

Insurance Start Date: 2025-03-26

Insurance Expiry Date: 2026-12-08

Incident Type: Hospitalization

Incident Date: 2025-08-04

Location: Indore

Patient ID: PID-590936

Hospital Code: HOSP-7452

Injuries Reported: True

Estimated Damage Cost: -56530

Diagnosis: Fracture

Hospital: City Care