

---

Health Claim Form

---

Claim ID: CLM-2025-01-0046-HEA

Policy Number: POL-400046

Insurance Start Date: 2024-10-25

Insurance Expiry Date: 2026-09-28

Incident Type: Surgery

Incident Date: 2025-05-21

Location: Nashik

Patient ID: PID-660943

Hospital Code: HOSP-8284

Injuries Reported: True

Estimated Damage Cost: ₹147857

Diagnosis: Fracture

Hospital: City Care