
Health Claim Form

Claim ID: CLM-2025-01-0067-HEA

Policy Number: POL-400067

Insurance Start Date: 2024-05-17

Insurance Expiry Date: 2025-12-20

Incident Type: Surgery

Incident Date: 2025-04-14

Location: Bhopal

Patient ID: PID-909858

Hospital Code: HOSP-7131

Injuries Reported: True

Estimated Damage Cost: -132005

Diagnosis: Fracture

Hospital: City Care