
Health Claim Form

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