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Health Claim Form

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Claim ID: CLM-2025-01-0036-HEA

Policy Number: POL-400036

Insurance Start Date: 2024-12-06

Insurance Expiry Date: 2026-06-05

Incident Type: Outpatient care

Incident Date: 2025-09-26

Location: Nagpur

Patient ID: PID-802216

Hospital Code: HOSP-6845

Injuries Reported: True

Estimated Damage Cost: 197471

Diagnosis: Fracture

Hospital: City Care