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## Health Claim Form

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Claim ID: CLM-2025-01-0037-HEA

Policy Number: POL-400037

Insurance Start Date: 2024-11-16

Insurance Expiry Date: 2026-03-14

Incident Type: Hospitalization

Incident Date: 2025-08-24

Location: Nashik

Patient ID: PID-682347

Hospital Code: HOSP-6994

Injuries Reported: True

Estimated Damage Cost: -179162

Diagnosis: Fracture

Hospital: City Care