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## Health Claim Form

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Claim ID: CLM-2025-01-0058-HEA

Policy Number: POL-400058

Insurance Start Date: 2025-02-09

Insurance Expiry Date: 2026-04-29

Incident Type: Outpatient care

Incident Date: 2025-07-25

Location: Nashik

Patient ID: PID-483226

Hospital Code: HOSP-3553

Injuries Reported: True

Estimated Damage Cost: -93012

Diagnosis: Fracture

Hospital: City Care