

---

Health Claim Form

---

Claim ID: CLM-2025-01-0071-HEA

Policy Number: POL-400071

Insurance Start Date: 2024-11-11

Insurance Expiry Date: 2026-08-04

Incident Type: Hospitalization

Incident Date: 2025-04-18

Location: Bhopal

Patient ID: PID-931510

Hospital Code: HOSP-3358

Injuries Reported: True

Estimated Damage Cost: 154349

Diagnosis: Fracture

Hospital: City Care