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Health Claim Form

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Claim ID: CLM-2025-01-0038-HEA

Policy Number: POL-400038

Insurance Start Date: 2024-11-30

Insurance Expiry Date: 2025-07-16

Incident Type: Hospitalization

Incident Date: 2025-06-28

Location: Pune

Patient ID: PID-674568

Hospital Code: HOSP-6746

Injuries Reported: True

Estimated Damage Cost: .99446

Diagnosis: Fracture

Hospital: City Care