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Health Claim Form

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Claim ID: CLM-2025-01-0039-HEA

Policy Number: POL-400039

Insurance Start Date: 2025-01-02

Insurance Expiry Date: 2026-09-24

Incident Type: Hospitalization

Incident Date: 2025-10-07

Location: Indore

Patient ID: PID-826644

Hospital Code: HOSP-7247

Injuries Reported: True

Estimated Damage Cost: 65376

Diagnosis: Fracture

Hospital: City Care