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Health Claim Form

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Claim ID: CLM-2025-01-0045-HEA

Policy Number: POL-400045

Insurance Start Date: 2024-12-01

Insurance Expiry Date: 2025-11-05

Incident Type: Surgery

Incident Date: 2025-03-03

Location: Indore

Patient ID: PID-447937

Hospital Code: HOSP-8792

Injuries Reported: True

Estimated Damage Cost: ₹145480

Diagnosis: Fracture

Hospital: City Care