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Health Claim Form

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Claim ID: CLM-2025-01-0029-HEA

Policy Number: POL-400029

Insurance Start Date: 2024-05-27

Insurance Expiry Date: 2025-05-22

Incident Type: Surgery

Incident Date: 2025-02-22

Location: Nagpur

Patient ID: PID-418155

Hospital Code: HOSP-1958

Injuries Reported: True

Estimated Damage Cost: 122683

Diagnosis: Fracture

Hospital: City Care