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Health Claim Form

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Claim ID: CLM-2025-01-0017-HEA

Policy Number: POL-400017

Insurance Start Date: 2024-03-10

Insurance Expiry Date: 2025-06-13

Incident Type: Surgery

Incident Date: 2025-02-15

Location: Pune

Patient ID: PID-502706

Hospital Code: HOSP-1509

Injuries Reported: True

Estimated Damage Cost: 74224

Diagnosis: Fracture

Hospital: City Care