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## Health Claim Form

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Claim ID: CLM-2025-01-0041-HEA

Policy Number: POL-400041

Insurance Start Date: 2025-01-05

Insurance Expiry Date: 2026-12-16

Incident Type: Surgery

Incident Date: 2025-10-16

Location: Nashik

Patient ID: PID-827375

Hospital Code: HOSP-2320

Injuries Reported: True

Estimated Damage Cost: -195581

Diagnosis: Fracture

Hospital: City Care