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Health Claim Form

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Claim ID: CLM-2025-01-0075-HEA

Policy Number: POL-400075

Insurance Start Date: 2024-06-23

Insurance Expiry Date: 2026-06-16

Incident Type: Hospitalization

Incident Date: 2025-06-08

Location: Nagpur

Patient ID: PID-458678

Hospital Code: HOSP-2576

Injuries Reported: True

Estimated Damage Cost: .91868

Diagnosis: Fracture

Hospital: City Care