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Health Claim Form

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Claim ID: CLM-2025-01-0076-HEA  
Policy Number: POL-400076  
Insurance Start Date: 2024-04-16  
Insurance Expiry Date: 2025-07-25  
Incident Type: Hospitalization  
Incident Date: 2025-04-15  
Location: Bhopal  
Patient ID: PID-170299  
Hospital Code: HOSP-8686  
Injuries Reported: True  
Estimated Damage Cost: -149826  
Diagnosis: Fracture  
Hospital: City Care