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Health Claim Form

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Claim ID: CLM-2025-01-0011-HEA

Policy Number: POL-400011

Insurance Start Date: 2025-03-08

Insurance Expiry Date: 2027-02-28

Incident Type: Surgery

Incident Date: 2025-06-13

Location: Nashik

Patient ID: PID-889763

Hospital Code: HOSP-8892

Injuries Reported: True

Estimated Damage Cost: 198273

Diagnosis: Fracture

Hospital: City Care