

---

Health Claim Form

---

Claim ID: CLM-2025-01-0096-HEA

Policy Number: POL-400096

Insurance Start Date: 2024-10-08

Insurance Expiry Date: 2025-07-04

Incident Type: Outpatient care

Incident Date: 2025-05-04

Location: Indore

Patient ID: PID-141203

Hospital Code: HOSP-1717

Injuries Reported: True

Estimated Damage Cost: .66134

Diagnosis: Fracture

Hospital: City Care