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Health Claim Form

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Claim ID: CLM-2025-01-0043-HEA

Policy Number: POL-400043

Insurance Start Date: 2025-04-18

Insurance Expiry Date: 2027-02-07

Incident Type: Outpatient care

Incident Date: 2025-10-15

Location: Pune

Patient ID: PID-354854

Hospital Code: HOSP-7010

Injuries Reported: True

Estimated Damage Cost: 135006

Diagnosis: Fracture

Hospital: City Care