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Health Claim Form

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Claim ID: CLM-2025-01-0099-HEA

Policy Number: POL-400099

Insurance Start Date: 2025-04-14

Insurance Expiry Date: 2026-09-23

Incident Type: Hospitalization

Incident Date: 2025-09-05

Location: Nashik

Patient ID: PID-514336

Hospital Code: HOSP-1495

Injuries Reported: True

Estimated Damage Cost: .227053

Diagnosis: Fracture

Hospital: City Care