

---

Health Claim Form

---

Claim ID: CLM-2025-01-0051-HEA

Policy Number: POL-400051

Insurance Start Date: 2025-04-14

Insurance Expiry Date: 2026-02-27

Incident Type: Hospitalization

Incident Date: 2025-08-08

Location: Nashik

Patient ID: PID-501489

Hospital Code: HOSP-6946

Injuries Reported: True

Estimated Damage Cost: 163301

Diagnosis: Fracture

Hospital: City Care