
Health Claim Form

Claim ID: CLM-2025-01-0081-HEA

Policy Number: POL-400081

Insurance Start Date: 2025-03-24

Insurance Expiry Date: 2026-11-20

Incident Type: Hospitalization

Incident Date: 2025-09-03

Location: Pune

Patient ID: PID-818092

Hospital Code: HOSP-1986

Injuries Reported: True

Estimated Damage Cost: -171621

Diagnosis: Fracture

Hospital: City Care