

---

Health Loss/Assessment Report

-----

Claim ID: CLM-2025-0019-HEA

Inspection Date: 2025-10-14

Loss Date: 2025-10-09

Inspection Location: Indore Center

Injuries Reported: True

Estimated Damage Cost: -151684

Approved Repair Amount: -136515

Total Loss: False

Claim Status: Approved

Medical Notes: Recovery ongoing