
Health Claim Form

Claim ID: CLM-2025-01-0049-HEA

Policy Number: POL-400049

Insurance Start Date: 2024-06-30

Insurance Expiry Date: 2025-10-28

Incident Type: Surgery

Incident Date: 2025-03-12

Location: Pune

Patient ID: PID-953557

Hospital Code: HOSP-6103

Injuries Reported: True

Estimated Damage Cost: -157012

Diagnosis: Fracture

Hospital: City Care