

---

Health Claim Form

---

Claim ID: CLM-2025-01-0087-HEA

Policy Number: POL-400087

Insurance Start Date: 2024-10-21

Insurance Expiry Date: 2026-06-11

Incident Type: Hospitalization

Incident Date: 2025-10-04

Location: Bhopal

Patient ID: PID-527266

Hospital Code: HOSP-8450

Injuries Reported: True

Estimated Damage Cost: 159265

Diagnosis: Fracture

Hospital: City Care