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Health Claim Form

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Claim ID: CLM-2025-01-0009-HEA

Policy Number: POL-400009

Insurance Start Date: 2024-10-25

Insurance Expiry Date: 2026-01-23

Incident Type: Surgery

Incident Date: 2025-10-07

Location: Indore

Patient ID: PID-878831

Hospital Code: HOSP-4977

Injuries Reported: True

Estimated Damage Cost: ₹138326

Diagnosis: Fracture

Hospital: City Care