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Health Claim Form

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Claim ID: CLM-2025-01-0062-HEA

Policy Number: POL-400062

Insurance Start Date: 2024-06-19

Insurance Expiry Date: 2025-10-30

Incident Type: Hospitalization

Incident Date: 2025-03-09

Location: Nagpur

Patient ID: PID-190297

Hospital Code: HOSP-5147

Injuries Reported: True

Estimated Damage Cost: 82091

Diagnosis: Fracture

Hospital: City Care