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## Health Claim Form

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Claim ID: CLM-2025-01-0092-HEA

Policy Number: POL-400092

Insurance Start Date: 2024-03-05

Insurance Expiry Date: 2026-03-04

Incident Type: Surgery

Incident Date: 2025-01-19

Location: Pune

Patient ID: PID-462918

Hospital Code: HOSP-8322

Injuries Reported: True

Estimated Damage Cost: -52763

Diagnosis: Fracture

Hospital: City Care