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Health Claim Form

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Claim ID: CLM-2025-01-0078-HEA

Policy Number: POL-400078

Insurance Start Date: 2024-09-15

Insurance Expiry Date: 2025-12-26

Incident Type: Surgery

Incident Date: 2025-02-06

Location: Bhopal

Patient ID: PID-544119

Hospital Code: HOSP-9272

Injuries Reported: True

Estimated Damage Cost: 89407

Diagnosis: Fracture

Hospital: City Care