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Health Claim Form

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Claim ID: CLM-2025-01-0082-HEA

Policy Number: POL-400082

Insurance Start Date: 2024-03-03

Insurance Expiry Date: 2025-10-27

Incident Type: Surgery

Incident Date: 2025-01-08

Location: Nashik

Patient ID: PID-477179

Hospital Code: HOSP-9770

Injuries Reported: True

Estimated Damage Cost: 248586

Diagnosis: Fracture

Hospital: City Care