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Health Claim Form

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Claim ID: CLM-2025-01-0081-HEA

Policy Number: POL-400081

Insurance Start Date: 2025-03-24

Insurance Expiry Date: 2026-11-20

Incident Type: Hospitalization

Incident Date: 2025-09-03

Location: Pune

Patient ID: PID-818092

Hospital Code: HOSP-1986

Injuries Reported: True

Estimated Damage Cost: 171621

Diagnosis: Fracture

Hospital: City Care