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Health Claim Form

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Claim ID: CLM-2025-01-0095-HEA

Policy Number: POL-400095

Insurance Start Date: 2024-09-18

Insurance Expiry Date: 2025-12-31

Incident Type: Outpatient care

Incident Date: 2025-07-02

Location: Nashik

Patient ID: PID-754080

Hospital Code: HOSP-6332

Injuries Reported: True

Estimated Damage Cost: ₹78131

Diagnosis: Fracture

Hospital: City Care