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Health Claim Form

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Claim ID: CLM-2025-01-0066-HEA

Policy Number: POL-400066

Insurance Start Date: 2025-04-28

Insurance Expiry Date: 2026-09-28

Incident Type: Hospitalization

Incident Date: 2025-08-24

Location: Indore

Patient ID: PID-561429

Hospital Code: HOSP-2380

Injuries Reported: True

Estimated Damage Cost: 62163

Diagnosis: Fracture

Hospital: City Care