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Health Claim Form

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Claim ID: CLM-2025-01-0032-HEA

Policy Number: POL-400032

Insurance Start Date: 2025-05-06

Insurance Expiry Date: 2026-01-10

Incident Type: Outpatient care

Incident Date: 2025-08-18

Location: Nagpur

Patient ID: PID-360958

Hospital Code: HOSP-1622

Injuries Reported: True

Estimated Damage Cost: .93198

Diagnosis: Fracture

Hospital: City Care