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## Health Claim Form

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Claim ID: CLM-2025-01-0020-HEA

Policy Number: POL-400020

Insurance Start Date: 2024-05-08

Insurance Expiry Date: 2025-09-27

Incident Type: Outpatient care

Incident Date: 2025-01-07

Location: Indore

Patient ID: PID-722869

Hospital Code: HOSP-7440

Injuries Reported: True

Estimated Damage Cost: -94077

Diagnosis: Fracture

Hospital: City Care