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Health Claim Form

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Claim ID: CLM-2025-01-0021-HEA

Policy Number: POL-400021

Insurance Start Date: 2024-07-30

Insurance Expiry Date: 2026-05-31

Incident Type: Surgery

Incident Date: 2025-03-15

Location: Indore

Patient ID: PID-472426

Hospital Code: HOSP-7248

Injuries Reported: True

Estimated Damage Cost: 193837

Diagnosis: Fracture

Hospital: City Care