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## Health Claim Form

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Claim ID: CLM-2025-01-0083-HEA

Policy Number: POL-400083

Insurance Start Date: 2024-03-10

Insurance Expiry Date: 2025-08-24

Incident Type: Hospitalization

Incident Date: 2025-03-09

Location: Pune

Patient ID: PID-931635

Hospital Code: HOSP-1515

Injuries Reported: True

Estimated Damage Cost: -171610

Diagnosis: Fracture

Hospital: City Care