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Health Claim Form

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Claim ID: CLM-2025-01-0057-HEA

Policy Number: POL-400057

Insurance Start Date: 2024-05-29

Insurance Expiry Date: 2025-06-10

Incident Type: Hospitalization

Incident Date: 2025-03-02

Location: Bhopal

Patient ID: PID-968171

Hospital Code: HOSP-7866

Injuries Reported: True

Estimated Damage Cost: .205973

Diagnosis: Fracture

Hospital: City Care