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Health Claim Form

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Claim ID: CLM-2025-01-0015-HEA

Policy Number: POL-400015

Insurance Start Date: 2024-02-28

Insurance Expiry Date: 2025-04-19

Incident Type: Surgery

Incident Date: 2025-02-07

Location: Pune

Patient ID: PID-414693

Hospital Code: HOSP-5523

Injuries Reported: True

Estimated Damage Cost: 154907

Diagnosis: Fracture

Hospital: City Care