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Health Claim Form

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Claim ID: CLM-2025-01-0052-HEA

Policy Number: POL-400052

Insurance Start Date: 2024-10-14

Insurance Expiry Date: 2026-01-30

Incident Type: Hospitalization

Incident Date: 2025-06-03

Location: Indore

Patient ID: PID-396397

Hospital Code: HOSP-9574

Injuries Reported: True

Estimated Damage Cost: 83829

Diagnosis: Fracture

Hospital: City Care