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Health Claim Form

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Claim ID: CLM-2025-01-0002-HEA  
Policy Number: POL-400002  
Insurance Start Date: 2024-08-08  
Insurance Expiry Date: 2025-11-29  
Incident Type: Outpatient care  
Incident Date: 2025-06-14  
Location: Bhopal  
Patient ID: PID-482514  
Hospital Code: HOSP-7742  
Injuries Reported: True  
Estimated Damage Cost: -260022  
Diagnosis: Fracture  
Hospital: City Care