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## Health Claim Form

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Claim ID: CLM-2025-01-0034-HEA

Policy Number: POL-400034

Insurance Start Date: 2025-04-21

Insurance Expiry Date: 2026-05-30

Incident Type: Hospitalization

Incident Date: 2025-09-01

Location: Nashik

Patient ID: PID-176571

Hospital Code: HOSP-5087

Injuries Reported: True

Estimated Damage Cost: -118671

Diagnosis: Fracture

Hospital: City Care