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Health Claim Form

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Claim ID: CLM-2025-01-0100-HEA  
Policy Number: POL-400100  
Insurance Start Date: 2024-09-14  
Insurance Expiry Date: 2026-06-17  
Incident Type: Hospitalization  
Incident Date: 2025-06-23  
Location: Nashik  
Patient ID: PID-520098  
Hospital Code: HOSP-5772  
Injuries Reported: True  
Estimated Damage Cost: -144454  
Diagnosis: Fracture  
Hospital: City Care