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## Health Claim Form

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Claim ID: CLM-2025-01-0093-HEA

Policy Number: POL-400093

Insurance Start Date: 2024-09-23

Insurance Expiry Date: 2026-07-14

Incident Type: Surgery

Incident Date: 2025-06-17

Location: Nagpur

Patient ID: PID-322272

Hospital Code: HOSP-7988

Injuries Reported: True

Estimated Damage Cost: 131544

Diagnosis: Fracture

Hospital: City Care