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Health Claim Form

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Claim ID: CLM-2025-01-0067-HEA

Policy Number: POL-400067

Insurance Start Date: 2024-05-17

Insurance Expiry Date: 2025-12-20

Incident Type: Surgery

Incident Date: 2025-04-14

Location: Bhopal

Patient ID: PID-909858

Hospital Code: HOSP-7131

Injuries Reported: True

Estimated Damage Cost: 132005

Diagnosis: Fracture

Hospital: City Care