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Health Claim Form

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Claim ID: CLM-2025-01-0087-HEA  
Policy Number: POL-400087  
Insurance Start Date: 2024-10-21  
Insurance Expiry Date: 2026-06-11  
Incident Type: Hospitalization  
Incident Date: 2025-10-04  
Location: Bhopal  
Patient ID: PID-527266  
Hospital Code: HOSP-8450  
Injuries Reported: True  
Estimated Damage Cost: -159265  
Diagnosis: Fracture  
Hospital: City Care