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Health Claim Form

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Claim ID: CLM-2025-01-0044-HEA

Policy Number: POL-400044

Insurance Start Date: 2024-11-29

Insurance Expiry Date: 2025-11-18

Incident Type: Surgery

Incident Date: 2025-10-22

Location: Nagpur

Patient ID: PID-396492

Hospital Code: HOSP-7155

Injuries Reported: True

Estimated Damage Cost: 80096

Diagnosis: Fracture

Hospital: City Care