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Health Claim Form

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Claim ID: CLM-2025-01-0047-HEA

Policy Number: POL-400047

Insurance Start Date: 2024-01-19

Insurance Expiry Date: 2025-04-20

Incident Type: Surgery

Incident Date: 2025-01-04

Location: Pune

Patient ID: PID-600654

Hospital Code: HOSP-1209

Injuries Reported: True

Estimated Damage Cost: 140257

Diagnosis: Fracture

Hospital: City Care