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Health Claim Form

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Claim ID: CLM-2025-01-0052-HEA  
Policy Number: POL-400052  
Insurance Start Date: 2024-10-14  
Insurance Expiry Date: 2026-01-30  
Incident Type: Hospitalization  
Incident Date: 2025-06-03  
Location: Indore  
Patient ID: PID-396397  
Hospital Code: HOSP-9574  
Injuries Reported: True  
Estimated Damage Cost: -83829  
Diagnosis: Fracture  
Hospital: City Care