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Health Claim Form

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Claim ID: CLM-2025-01-0054-HEA

Policy Number: POL-400054

Insurance Start Date: 2024-10-04

Insurance Expiry Date: 2026-01-23

Incident Type: Surgery

Incident Date: 2025-04-09

Location: Pune

Patient ID: PID-629651

Hospital Code: HOSP-2812

Injuries Reported: True

Estimated Damage Cost: 108488

Diagnosis: Fracture

Hospital: City Care