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## Health Claim Form

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Claim ID: CLM-2025-01-0089-HEA

Policy Number: POL-400089

Insurance Start Date: 2024-10-21

Insurance Expiry Date: 2025-06-09

Incident Type: Hospitalization

Incident Date: 2025-06-03

Location: Nashik

Patient ID: PID-458684

Hospital Code: HOSP-3280

Injuries Reported: True

Estimated Damage Cost: -203191

Diagnosis: Fracture

Hospital: City Care