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Health Claim Form

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Claim ID: CLM-2025-01-0042-HEA

Policy Number: POL-400042

Insurance Start Date: 2025-03-26

Insurance Expiry Date: 2026-12-08

Incident Type: Hospitalization

Incident Date: 2025-08-04

Location: Indore

Patient ID: PID-590936

Hospital Code: HOSP-7452

Injuries Reported: True

Estimated Damage Cost: .56530

Diagnosis: Fracture

Hospital: City Care