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Health Claim Form

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Claim ID: CLM-2025-01-0005-HEA

Policy Number: POL-400005

Insurance Start Date: 2024-09-18

Insurance Expiry Date: 2025-05-30

Incident Type: Surgery

Incident Date: 2025-04-24

Location: Indore

Patient ID: PID-127169

Hospital Code: HOSP-3162

Injuries Reported: True

Estimated Damage Cost: 111125

Diagnosis: Fracture

Hospital: City Care