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Health Claim Form

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Claim ID: CLM-2025-01-0024-HEA

Policy Number: POL-400024

Insurance Start Date: 2024-09-10

Insurance Expiry Date: 2026-08-12

Incident Type: Hospitalization

Incident Date: 2025-01-25

Location: Nashik

Patient ID: PID-469358

Hospital Code: HOSP-7840

Injuries Reported: True

Estimated Damage Cost: .99586

Diagnosis: Fracture

Hospital: City Care