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Health Claim Form

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Claim ID: CLM-2025-01-0019-HEA

Policy Number: POL-400019

Insurance Start Date: 2025-01-15

Insurance Expiry Date: 2026-06-10

Incident Type: Surgery

Incident Date: 2025-10-07

Location: Indore

Patient ID: PID-259151

Hospital Code: HOSP-4945

Injuries Reported: True

Estimated Damage Cost: 153682

Diagnosis: Fracture

Hospital: City Care