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Health Claim Form

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Claim ID: CLM-2025-01-0056-HEA

Policy Number: POL-400056

Insurance Start Date: 2024-11-15

Insurance Expiry Date: 2026-03-21

Incident Type: Hospitalization

Incident Date: 2025-02-18

Location: Indore

Patient ID: PID-297360

Hospital Code: HOSP-9309

Injuries Reported: True

Estimated Damage Cost: 183056

Diagnosis: Fracture

Hospital: City Care