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Health Claim Form

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Claim ID: CLM-2025-01-0090-HEA

Policy Number: POL-400090

Insurance Start Date: 2025-01-31

Insurance Expiry Date: 2026-07-13

Incident Type: Outpatient care

Incident Date: 2025-09-14

Location: Pune

Patient ID: PID-891094

Hospital Code: HOSP-3815

Injuries Reported: True

Estimated Damage Cost: .218762

Diagnosis: Fracture

Hospital: City Care