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Health Claim Form

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Claim ID: CLM-2025-01-0065-HEA

Policy Number: POL-400065

Insurance Start Date: 2024-11-11

Insurance Expiry Date: 2026-11-01

Incident Type: Hospitalization

Incident Date: 2025-05-25

Location: Pune

Patient ID: PID-942559

Hospital Code: HOSP-2589

Injuries Reported: True

Estimated Damage Cost: .227708

Diagnosis: Fracture

Hospital: City Care