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Health Claim Form

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Claim ID: CLM-2025-01-0088-HEA

Policy Number: POL-400088

Insurance Start Date: 2024-03-20

Insurance Expiry Date: 2025-04-28

Incident Type: Hospitalization

Incident Date: 2025-03-11

Location: Nagpur

Patient ID: PID-982726

Hospital Code: HOSP-1000

Injuries Reported: True

Estimated Damage Cost: 86613

Diagnosis: Fracture

Hospital: City Care