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## Health Claim Form

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Claim ID: CLM-2025-01-0098-HEA

Policy Number: POL-400098

Insurance Start Date: 2024-08-30

Insurance Expiry Date: 2026-07-25

Incident Type: Outpatient care

Incident Date: 2025-06-12

Location: Nagpur

Patient ID: PID-242535

Hospital Code: HOSP-4898

Injuries Reported: True

Estimated Damage Cost: .235202

Diagnosis: Fracture

Hospital: City Care