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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