
Health Claim Form

Claim ID: CLM-2025-01-0013-HEA

Policy Number: POL-400013

Insurance Start Date: 2024-11-06

Insurance Expiry Date: 2025-10-15

Incident Type: Hospitalization

Incident Date: 2025-10-06

Location: Indore

Patient ID: PID-807274

Hospital Code: HOSP-5117

Injuries Reported: True

Estimated Damage Cost: 123183

Diagnosis: Fracture

Hospital: City Care