
Health Claim Form

Claim ID: CLM-2025-01-0003-HEA
Policy Number: POL-400003
Insurance Start Date: 2024-06-25
Insurance Expiry Date: 2026-01-31
Incident Type: Surgery
Incident Date: 2025-03-12
Location: Pune
Patient ID: PID-813455
Hospital Code: HOSP-2365
Injuries Reported: True
Estimated Damage Cost: -122094
Diagnosis: Fracture
Hospital: City Care