
Health Claim Form

Claim ID: CLM-2025-01-0007-HEA

Policy Number: POL-400007

Insurance Start Date: 2024-09-02

Insurance Expiry Date: 2026-06-20

Incident Type: Hospitalization

Incident Date: 2025-07-06

Location: Pune

Patient ID: PID-961783

Hospital Code: HOSP-3381

Injuries Reported: True

Estimated Damage Cost: -166762

Diagnosis: Fracture

Hospital: City Care