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Health Claim Form

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Claim ID: CLM-2025-01-0016-HEA

Policy Number: POL-400016

Insurance Start Date: 2024-04-08

Insurance Expiry Date: 2025-02-21

Incident Type: Surgery

Incident Date: 2025-02-14

Location: Nashik

Patient ID: PID-461090

Hospital Code: HOSP-3863

Injuries Reported: True

Estimated Damage Cost: 152983

Diagnosis: Fracture

Hospital: City Care