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Health Claim Form

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Claim ID: CLM-2025-01-0030-HEA  
Policy Number: POL-400030  
Insurance Start Date: 2024-08-22  
Insurance Expiry Date: 2026-04-18  
Incident Type: Hospitalization  
Incident Date: 2025-05-04  
Location: Nagpur  
Patient ID: PID-841327  
Hospital Code: HOSP-5363  
Injuries Reported: True  
Estimated Damage Cost: -204138  
Diagnosis: Fracture  
Hospital: City Care