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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