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Health Claim Form

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Claim ID: CLM-2025-01-0018-HEA

Policy Number: POL-400018

Insurance Start Date: 2024-12-28

Insurance Expiry Date: 2026-08-10

Incident Type: Hospitalization

Incident Date: 2025-06-17

Location: Nagpur

Patient ID: PID-878861

Hospital Code: HOSP-1650

Injuries Reported: True

Estimated Damage Cost: .232228

Diagnosis: Fracture

Hospital: City Care