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Health Claim Form

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Claim ID: CLM-2025-01-0003-HEA

Policy Number: POL-400003

Insurance Start Date: 2024-06-25

Insurance Expiry Date: 2026-01-31

Incident Type: Surgery

Incident Date: 2025-03-12

Location: Pune

Patient ID: PID-813455

Hospital Code: HOSP-2365

Injuries Reported: True

Estimated Damage Cost: 122094

Diagnosis: Fracture

Hospital: City Care