|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Claim Number** | **Claimer** | **Claim Name** | **Claimed Date** | **Claim office** | **Claimed Amount** | **Contact** | **Discharge date** | **Discharge amount** | **Remarks** |
| 10 | bharat | Medical Bills | 2017-04-07T18:30:00.000Z | new road | 12345 | 123456789 |  |  |  |