



**The New India Assurance Co. Ltd.**

Beneficiary name: **Angeswaran Shanmugasundaram**  
Member ID: **5041940871**  
Employee code: **745151**  
Relation: **Self**  
Date of birth: **28-Oct-1986**  
Primary insured: **Angeswaran Shanmugasundaram**  
Valid upto: **31-Oct-2020**  
Policy holder: **ITIND**  
Insurer ID: **MEMBER125910**



**Medi Assist**  
  
Authorised Signatory



**MA5041940871**

**Contact number: 08067617574 1800 258 5895(Backup)**

- This card is only for identification and is not an authorization to proceed with the treatment of a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to [www.medibuddy.in](http://www.medibuddy.in)

**MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.**

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road,  
K.M.Layout, Bengaluru, Karnataka 560029.CIN:

U85199KA1999PTC025676

Website: [www.medibuddy.in](http://www.medibuddy.in) Email: [cts@mediassistindia.com](mailto:cts@mediassistindia.com)

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**The New India Assurance Co. Ltd.**

Beneficiary name: **Jamunarani**  
Member ID: **5043367508**  
Employee code: **745151**  
Relation: **Spouse**  
Date of birth: **01-Sep-1990**  
Primary insured: **Angeswaran Shanmugasundaram**  
Valid upto: **31-Oct-2020**  
Policy holder: **ITIND**  
Insurer ID: **MEMBER216806**



**Medi Assist**  
  
Authorised Signatory



**MA5043367508**

**Contact number: 08067617574 1800 258 5895(Backup)**

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**The New India Assurance Co. Ltd.**

Beneficiary name: **Malarvizhi**  
Member ID: **5043367506**  
Employee code: **745151**  
Relation: **Mother**  
Date of birth: **25-Nov-1966**  
Primary insured: **Angeswaran Shanmugasundaram**  
Valid upto: **31-Oct-2020**  
Policy holder: **ITIND**  
Insurer ID: **MEMBER473483**



**Medi Assist**  
  
Authorised Signatory



**MA5043367506**

**Contact number: 08067617574 1800 258 5895(Backup)**

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**The New India Assurance Co. Ltd.**

Beneficiary name: **Shanmugasundaram**  
Member ID: **5043367507**  
Employee code: **745151**  
Relation: **Father**  
Date of birth: **25-Feb-1956**  
Primary insured: **Angeswaran Shanmugasundaram**  
Valid upto: **31-Oct-2020**  
Policy holder: **ITIND**  
Insurer ID: **MEMBER351446**



**MA5043367507**

**Contact number: 08067617574 1800 258 5895(Backup)**

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
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