



The New India Assurance Co. Ltd.

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Beneficiary name: **Angeswaran Shanmugasundaram**  
Member ID: **5076447140**  
Employee code: **123753**  
Relation: **Self**  
Date of birth: **28-Oct-1986**  
Primary insured: **Angeswaran Shanmugasundaram**  
Valid upto: **02-Jul-2023**  
Policy holder: **Brillio Technologies Pvt Ltd**  
Insurer ID: **MEMBER2308**



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MA5076447140

Contact number: 1800-208-1037

- This card is only for identification and is not an authorization to proceed with the treatment or 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.mediassist.in](http://www.mediassist.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.mediassist.in](http://www.mediassist.in) Email: [brillio@mediassistindia.com](mailto:brillio@mediassistindia.com)

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The New India Assurance Co. Ltd.

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Beneficiary name: **A Jamunarani**  
Member ID: **5077975632**  
Employee code: **123753**  
Relation: **Spouse**  
Date of birth: **01-Sep-1990**  
Primary insured: **Angeswaran Shanmugasundaram**  
Valid upto: **02-Jul-2023**  
Policy holder: **Brillio Technologies Pvt Ltd**  
Insurer ID: **MEMBER2309**



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MA5077975632

Contact number: 1800-208-1037

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Beneficiary name: **P Shanmugasundaram**  
Member ID: **5077977390**  
Employee code: **123753**  
Relation: **Father**  
Date of birth: **25-Feb-1956**  
Primary insured: **Angeswaran Shanmugasundaram**  
Valid upto: **02-Jul-2023**  
Policy holder: **Brillio Technologies Pvt Ltd**  
Insurer ID: **MEMBER1126**



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MA5077977390

Contact number: 1800-208-1037

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The New India Assurance Co. Ltd.

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Beneficiary name: **A Sai Aadvik**  
Member ID: **5095500539**  
Employee code: **123753**  
Relation: **Son**  
Date of birth: **10-Apr-2018**  
Primary insured: **Angeswaran Shanmugasundaram**  
Valid upto: **02-Jul-2023**  
Policy holder: **Brillio Technologies Pvt Ltd**  
Insurer ID: **MEMBER2310**



hms,india



**MA5095500539**

**Contact number: 1800-208-1037**

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The New India Assurance Co. Ltd.

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Beneficiary name: **A Sai Aaradhya**  
Member ID: **5095500540**  
Employee code: **123753**  
Relation: **Daughter**  
Date of birth: **10-Apr-2018**  
Primary insured: **Angeswaran Shanmugasundaram**  
Valid upto: **02-Jul-2023**  
Policy holder: **Brillio Technologies Pvt Ltd**  
Insurer ID: **MEMBER2311**



hms,india



**MA5095500540**

**Contact number: 1800-208-1037**

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