



The New India Assurance Co. Ltd.

Beneficiary name: **Himaeswari Kumaran Babu**
Member ID: **5045766334**
Employee code: **761156**
Relation: **Self**
Date of birth: **26-Jun-1998**
Primary insured: **Himaeswari Kumaran Babu**
Valid upto: **31-Oct-2020**
Policy holder: **ITIND**
Insurer ID: **MEMBER132648**



MA5045766334

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

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 Email: cts@mediassistindia.com



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The New India Assurance Co. Ltd.

Beneficiary name: **Kumaran Babu**
Member ID: **5047026713**
Employee code: **761156**
Relation: **Father**
Date of birth: **17-Apr-1963**
Primary insured: **Himaeswari Kumaran Babu**
Valid upto: **31-Oct-2020**
Policy holder: **Cognizant Technology Solutions**
Insurer ID: **MEMBER356374**



MA5047026713

Contact number: 08067617574 1800 258 5895(Backup)

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The New India Assurance Co. Ltd.

Beneficiary name: **Malar Vizhi**
Member ID: **5047026712**
Employee code: **761156**
Relation: **Mother**
Date of birth: **31-Mar-1968**
Primary insured: **Himaeswari Kumaran Babu**
Valid upto: **31-Oct-2020**
Policy holder: **Cognizant Technology Solutions**
Insurer ID: **MEMBER478970**



MA5047026712

Contact number: 08067617574 1800 258 5895(Backup)

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