



The New India Assurance Co. Ltd.

SAFRAN

Beneficiary name: **Umesh Harilal Yadav**
Member ID: **4067152574**
Employee code: **DI402370**
Relation: **Self**
Date of birth: **07-Sep-1999**
Primary insured: **Umesh Harilal Yadav**
Valid upto: **21-Oct-2025**
Policy holder: **Safran India Pvt Ltd**
Insurer ID: **--**



Signature



MA4067152574

Contact number: 1800 419 8540

- 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.mediassisttpa.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.mediassisttpa.in Email: anuradha.gp@mediassist.in

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The New India Assurance Co. Ltd.

SAFRAN

Beneficiary name: **Badami Harilal Yadav**
Member ID: **4067709881**
Employee code: **DI402370**
Relation: **Mother**
Date of birth: **01-Jan-1977**
Primary insured: **Umesh Harilal Yadav**
Valid upto: **21-Oct-2025**
Policy holder: **Safran India Pvt Ltd**
Insurer ID: **MEMBER3798**



Signature



MA4067709881

Contact number: 1800 419 8540

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Beneficiary name: **Harilal Sumiran Yadav**
Member ID: **4067709882**
Employee code: **DI402370**
Relation: **Father**
Date of birth: **05-May-1973**
Primary insured: **Umesh Harilal Yadav**
Valid upto: **21-Oct-2025**
Policy holder: **Safran India Pvt Ltd**
Insurer ID: **MEMBER3797**



Signature



MA4067709882

Contact number: 1800 419 8540

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