

HEALTH CARD





**Beneficiary Name:** ALOK SAMBUDDHA

**Member ID:** GUR-IL-A1526-001-0007300-A

**PS ID:** 6552106

**Relationship:** Self

**Primary Insured:** ALOK SAMBUDDHA


**Employer:** AMERICAN EXPRESS INDIA PVT LTD

**24\*7 Helpline No.:** 18002022883



TERMS AND CONDITIONS

- This card is valid only for identification purpose.
- Please submit Valid photo ID for pre-authorization.
- Cashless facility is only subject to preauth approval by Vidal. If preauth is not approved or partially approved, policy holder is required to make payment & submit the claim for a possible reimbursement
- Claims settlement is subject to policy terms and conditions & submission of original claim documents along with valid KYC documents.
- This card is non-transferable & valid at all INSURER empanelled hospitals.
- For an updated hospital list, please visit [www.vidalhealthtpa.com](http://www.vidalhealthtpa.com)>> Network providers>> Network Hospitals>> ICICI Lombard General Insurance Co. Ltd.



**24x7 Dedicated Helpline No. - 1800-2022-883**

General Queries: [amexindia@vidalhealthtpa.com](mailto:amexindia@vidalhealthtpa.com)

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Please post/courier your physical claim documents to:  
**Vidal Health Insurance TPA PVT LTD**  
 515, Udyog Vihar, Phase -5, Gurugram -122016, Haryana  
**Mention AMEX & "PS ID" in the envelope(ex: AMEX1234)**  
**Website:** [www.vidalhealthtpa.com](http://www.vidalhealthtpa.com)

HEALTH CARD





**Beneficiary Name:** ALVI CALM SAMBUDDHA

**Member ID:** GUR-IL-A1526-001-0007300-B

**PS ID:** 6552106

**Relationship:** Child

**Primary Insured:** ALOK SAMBUDDHA


**Employer:** AMERICAN EXPRESS INDIA PVT LTD

**24\*7 Helpline No.:** 18002022883



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HEALTH CARD





**Beneficiary Name:** AMAR NATH DASS

**Member ID:** GUR-IL-A1526-001-0007300-C

**PS ID:** 6552106

**Relationship:** Father

**Primary Insured:** ALOK SAMBUDDHA


**Employer:** AMERICAN EXPRESS INDIA PVT LTD

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HEALTH CARD





**Beneficiary Name:** PREM LATA DASS

**Member ID:** GUR-IL-A1526-001-0007300-D

**PS ID:** 6552106

**Relationship:** Mother

**Primary Insured:** ALOK SAMBUDDHA


**Employer:** AMERICAN EXPRESS INDIA PVT LTD

**24\*7 Helpline No.:** 18002022883



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HEALTH CARD





**Beneficiary Name:** VAISHNAVI CALM

**Member ID:** GUR-IL-A1526-001-0007300-E

**PS ID:** 6552106

**Relationship:** Spouse

**Primary Insured:** ALOK SAMBUDDHA


**Employer:** AMERICAN EXPRESS INDIA PVT LTD

**24\*7 Helpline No.:** 18002022883



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