



The New India Assurance Co. Ltd.

Beneficiary name: **Anbzhagan Jayaraman**
Member ID: **5033623583**
Employee code: **602095**
Relation: **Self**
Date of birth: **10-May-1987**
Primary insured: **Anbzhagan Jayaraman**
Valid upto: **31-Oct-2021**
Policy holder: **BPIND**
Insurer ID: **MEMBER79924**



Medi Assist
[Signature]
Authorised Signatory



MA5033623583

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: **Nalini**
Member ID: **5057960726**
Employee code: **602095**
Relation: **Spouse**
Date of birth: **09-Jun-1993**
Primary insured: **Anbzhagan Jayaraman**
Valid upto: **31-Oct-2021**
Policy holder: **BPIND**
Insurer ID: **--**



Medi Assist
[Signature]
Authorised Signatory



MA5057960726

Contact number: 08067617574 1800 258 5895(Backup)

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The New India Assurance Co. Ltd.

Beneficiary name: **Jayaraman**
Member ID: **5033389476**
Employee code: **602095**
Relation: **Father**
Date of birth: **30-Jul-1945**
Primary insured: **Anbzhagan Jayaraman**
Valid upto: **31-Oct-2021**
Policy holder: **BPIND**
Insurer ID: **--**



Medi Assist
[Signature]
Authorised Signatory



MA5033389476

Contact number: 08067617574 1800 258 5895(Backup)

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The New India Assurance Co. Ltd.

Beneficiary name: **Thayar Jeyaraman**
Member ID: **5057960728**
Employee code: **602095**
Relation: **Mother**
Date of birth: **13-Feb-1970**
Primary insured: **Anbzhagan Jayaraman**
Valid upto: **31-Oct-2021**
Policy holder: **BPIND**
Insurer ID: **--**



MA5057960728

Contact number: 08067617574 1800 258 5895(Backup)

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The New India Assurance Co. Ltd.

Beneficiary name: **Jeyaraman Ponnambalam**
Member ID: **5058123065**
Employee code: **602095**
Relation: **Father**
Date of birth: **30-Jul-1945**
Primary insured: **Anbzhagan Jayaraman**
Valid upto: **31-Oct-2021**
Policy holder: **Cognizant Technology Solutions**
Insurer ID: **--**



MA5058123065

Contact number: 08067617574 1800 258 5895(Backup)

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