



The New India Assurance Co. Ltd.

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Beneficiary name: **Anilkumarreddy Kmbham**  
Member ID: **5091240438**  
Employee code: **129611**  
Relation: **Self**  
Date of birth: **26 Jan 1987**  
Primary insured: **Anilkumarreddy Kmbham**  
Valid upto: **02 Jul 2025**  
Policy holder: **Brillio Technologies Pvt Ltd**  
Insurer ID: **MEMBER3812**



**MA5091240438**

**Contact number: 08067714685 1800-208-1037(Backup)**

- 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@mediassist.in](mailto:Brillio@mediassist.in)

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Beneficiary name: **Nagamani K**  
Member ID: **5095402294**  
Employee code: **129611**  
Relation: **Spouse**  
Date of birth: **19 Nov 1991**  
Primary insured: **Anilkumarreddy Kmbham**  
Valid upto: **02 Jul 2025**  
Policy holder: **Brillio Technologies Pvt Ltd**  
Insurer ID: **MEMBER3813**



**MA5095402294**

**Contact number: 08067714685 1800-208-1037(Backup)**

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Beneficiary name: **Lakhith Reddy**  
Member ID: **5095402293**  
Employee code: **129611**  
Relation: **Son**  
Date of birth: **23 May 2017**  
Primary insured: **Anilkumarreddy Kmbham**  
Valid upto: **02 Jul 2025**  
Policy holder: **Brillio Technologies Pvt Ltd**  
Insurer ID: **MEMBER3814**



**MA5095402293**

**Contact number: 08067714685 1800-208-1037(Backup)**

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Beneficiary name: **Poorvik Reddy**  
Member ID: **5095402292**  
Employee code: **129611**  
Relation: **Son**  
Date of birth: **22 Feb 2019**  
Primary insured: **Anilkumarreddy Kmbham**  
Valid upto: **02 Jul 2025**  
Policy holder: **Brillio Technologies Pvt Ltd**  
Insurer ID: **MEMBER3815**



*Signature*



**MA5095402292**

Contact number: 08067714685 1800-208-1037(Backup)

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Beneficiary name: **K Balanagireddy**  
Member ID: **5095532586**  
Employee code: **129611**  
Relation: **Father**  
Date of birth: **10 Jun 1948**  
Primary insured: **Anilkumarreddy Kmbham**  
Valid upto: **02 Jul 2025**  
Policy holder: **Brillio Technologies Pvt Ltd**  
Insurer ID: **MEMBER626**



*Signature*



**MA5095532586**

Contact number: 08067714685 1800-208-1037(Backup)

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Beneficiary name: **K Paravathiamma**  
Member ID: **5095532585**  
Employee code: **129611**  
Relation: **Mother**  
Date of birth: **05 Apr 1961**  
Primary insured: **Anilkumarreddy Kmbham**  
Valid upto: **02 Jul 2025**  
Policy holder: **Brillio Technologies Pvt Ltd**  
Insurer ID: **MEMBER627**



*Signature*



**MA5095532585**

Contact number: 08067714685 1800-208-1037(Backup)

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