



VERSION 1 SERVICES PRIVATE LIMITED

Alliance Insurance Brokers Pvt. Ltd.

Policy Period : 16-Apr-2023 to 15-Apr-2024

The Group Health Insurance Program provides pre-defined insurance coverage to all employees & their dependents for expenses related to hospitalization due to illness, disease or injury.

In the event of a hospitalization claim (more than 24 hrs), the insurance company will pay the insured person the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such insured person, but not exceeding the sum insured in aggregate mentioned in the policy:

- Room Charges and Nursing Charges
- Surgeon, Anesthetists, Medical Practitioner, Consultant, Specialists Fees,
- Anesthesia, Blood, Oxygen, Operation Theatre Charges Surgical Appliances, Medicines & Drugs, & similar expenses.



This presentation is a summary of the employee benefit insurance policies offered to the employees by **VERSION 1 SERVICES PRIVATE LIMITED**. It contains the necessary details related to your insurance policies like benefits available, claims procedures, enrollment process, as well as contact details of Alliance Representatives.

If you have questions or need any additional information, Alliance team will be happy to assist in all matters concerning to your Insurance Benefits.

Disclaimer:

This document has been prepared exclusively for **VERSION 1 SERVICES PRIVATE LIMITED** and is only for reference of benefits under the Employee Benefit Program. The contents herein should not be copied or distributed without the prior permission of Alliance Insurance Brokers Pvt. Ltd. Any breach of these conditions will be constituted as unlawful and may invite legal action.

Policy No.

- **34080134230400000001**

Existing Associates + Dependents

- **Commencement Date** : 16-Apr-2023
- **Termination Date** : 15-Apr-2024

New Joiners + Dependents

- **Commencement Date** : Date of Joining (Subject to availability of Funds in CD Account)
- **Termination Date** : 15-Apr-2024

New Dependents on account of Marriage / Birth

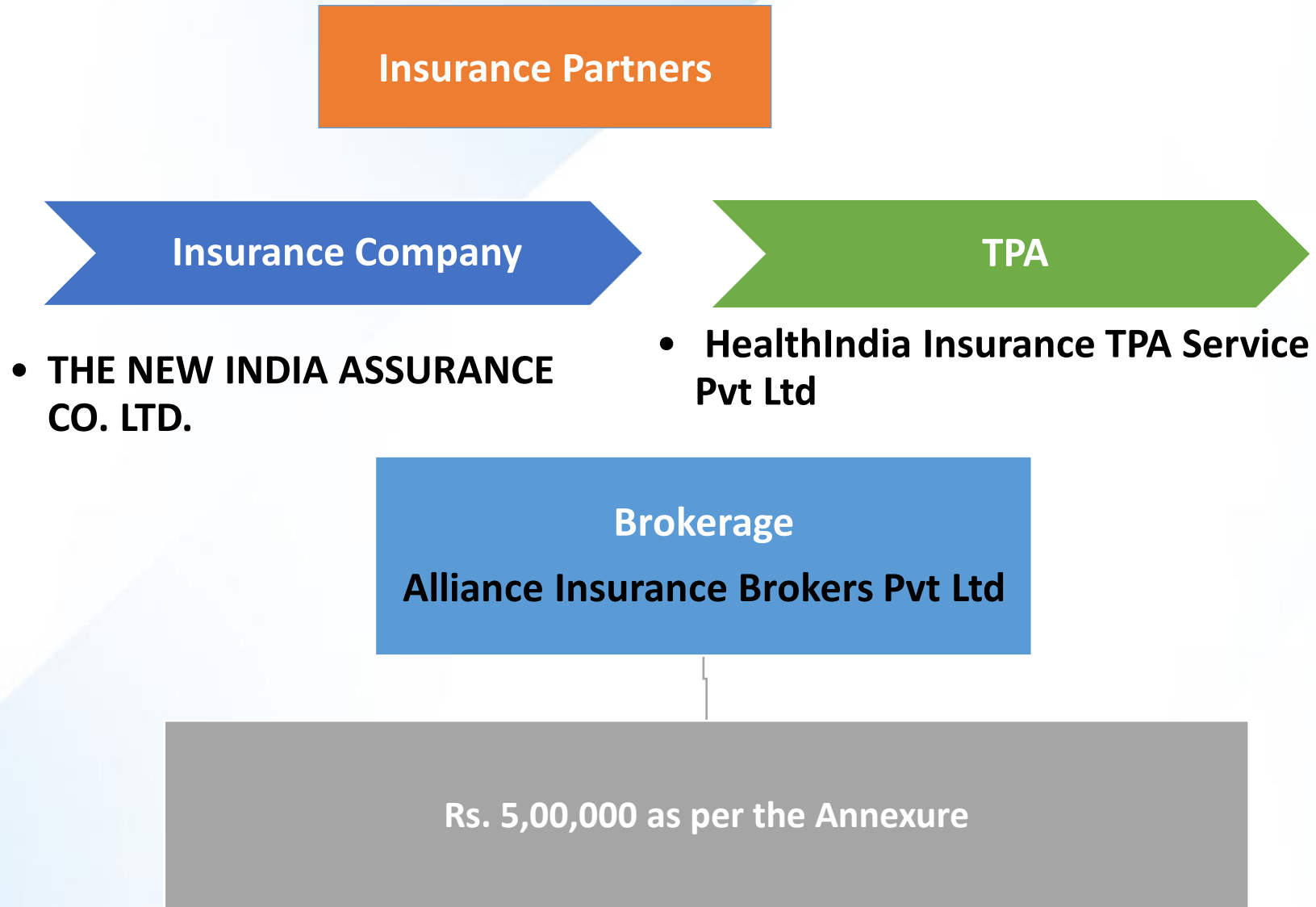
- **Commencement Date** : Date of such event (subject to declaration of dependent within the given timelines)
- **Termination Date** : 15-Apr-2024

Members Covered

- Employee + Spouse + 2 Dependent children (Upto 25 years) + 2 Parents + 2 In-laws

Sum Insured Details

- Family Floater with Sum Insured of Flat Rs. 5,00,000 as per the Annexure



Hospitalization Benefits

- The hospitalization should be for more than 24 hours along with active line of treatment which justify the Hospitalization. (In certain cases, this time is relaxed due to advancement of treatment, please go through details of policy)

Cashless Benefits

- In case if the Hospital is empaneled with the TPA & Insurance Co, Insured can avail Cashless facility by paying security deposit & by forwarding the Cashless request form from the Hospital to the TPA . (Hospitals take Deposit amount at the time of Admissions for non medical expenses which are not covered in Insurance policy and will return to Employee after TPA settles Hospital claim (time line 60 days after receipt of physical file)
- **IMP - The list of hospitals/ nursing homes shown on the webpage vary from time to time depending upon the tie-ups. It is advisable to check at the time of hospitalization**

Reimbursement Benefits

- In case if the Hospital is not empanelled with the TPA, than the Insured can avail the Hospitalization benefits in a Registered Hospital with Municipal Authority.
- Insured needs to provide the intimation within 24 hours from date of admission. At the time of discharge Insured has to settled the payment to the Hospital & needs to collect all the Original documents & same needs to be submitted in Original within 20 days from date of discharge to Alliance.

Pre- existing Disease

**Covered for all
enrolled members
from day 1**

- Pre-existing diseases refers to condition or ailments that may have been contracted before the start of the policy. There is usually a waiting period of 4 years for covering such ailments.

30 Day Waiting Period for new joiners

Waived off for all

- Any hospitalization expenses during the first 30 days from the commencement date of the Policy is not covered for the new joinee This exclusion is however, not applicable to any emergency hospitalization occurring due to an accident.

1st/2nd/3rd/4th Year Waiting Period

Waived off for all

- Medical insurance policies have waiting period of 1/2/3/4 years for reimbursement of medical expenses for treatment of certain specified ailments. The specified ailments mainly include Cataract, Benign Prostatic Hypertrophy, Hysterectomy or prolapsed of uterus, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis, Joint Replacement due to Degenerative condition, Age related osteoarthritis and Osteoporosis

Family Floater Applicable

- Under the family floater, the insurance cover will be available to all members of the family unit. The sum insured is available for utilization by any member of the family with or without any sub limit inter se. It is however subject to the overall family sum insured for all members put together.

Day Care Covered

- Day care procedures refers to such treatment which does not necessarily require 24 hospitalization due to medical technological advancement. Such list of ailments are available with insurance companies and are referred to as Day care ailments.
- Cataract limits upto 30000/- per eye

Ambulance charges

- Ambulance charges are provided for emergency hospitalization wherein if the patient needs to admitted to ICU or emergency ward in the hospital and are paid up to 2500/- per event.

Pre-Post Hospitalization

- The expenses incurred in relation to the condition of hospitalization, generally 30 days prior to the date of hospitalization as well as 60 days post the discharge are reimbursed under the Pre & Post Hospitalization Clause. The documents should be related to the Ailment Hospitalize.

MATERNITY & NEW BORN BABY BENEFITS



The maximum benefit allowable is INR 50,000 for Normal and INR 60,000 LSCS within the overall Sum Insured for the first two live births . There are special conditions applicable to the Maternity Expenses Benefits as below:

- Claim in respect of delivery for only first two live births and/or operations associated therewith will be considered.
- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
- Pre-natal and post natal expenses covered within maternity limit

Maternity Expenses

Any Maternity or pregnancy related expense other than those excluded (like voluntary termination of pregnancy in the first 12 weeks of delivery) will be payable. The maternity benefit is applicable for Normal / Cesarean delivery within the overall Sum Insured for the first two live births.

Covered up to a limit of INR 50,000 for Normal and INR 60,000 C-section Delivery

Baby Cover

On Delivery of a child, the child is prone to many health disorders like jaundice or expenses incurred for incubator for pre-mature births or any other complication to the child.

Covered from Day 1.

Note: Details of the new born baby and newly married spouse should be sent to HR within 15 days from Date of Birth of the baby and Date of Marriage of the spouse

Room Rent Capping

Room rent is capped to a certain limit in the policy. Insured choosing to go for higher room category than what is specified in the policy will need to bear the incremental room rent amount. This would also apply to related expenses such as nursing charges, doctor's fees, etc. which is associated with the room category. This limit may differ for ICU.

Metro city hospital

1% of SI for Normal, 2% of SI for ICU
Proportionate Deduction applicable.&
(Inclusive of Nursing + RMO + Monitor Charges)

***If insured is admitted in higher category , then insured will bear difference of all medical expenses as in final hospital bill in same proportion.**

RESTRICTIONS

Sub Limit for various Ailments / Treatment	No Limit
Co-Payment	No Copay
Sub Limit for Cataract	30000/- per eye
Lasik Surgery for refractory error	Covered - above +/- 7.5
Claim Intimation	Within 7 days of admission
Claim Submission	Claim should submit within 30 days from date of discharge

**Additional
Coverage**

Day Care Procedures- Yes

Additional Coverage

Internal Congenital Diseases- Covered

**Additional
coverage**

Terrorism Covered

**Additional
Coverage**

Dental Treatment- Covered if due to accident and requiring Hospitalisation

**Additional
Coverage**

GIPSA PPN- Applicable

**Additional
Coverage**

Reasonable and customary clause applicable

Cashless service ensures that the employee and the covered family members get treatment at the hospital empanelled in the TPA Network.

Cashless Facility is available only Network Only.

For Updated List of hospitals please visit :

https://www.healthindiatpa.com/Hospital_Search.aspx

24 X 7 Customer Care Center of HealthIndia TPA

Call Center : 020 – 40881000 / Toll Free No – 1800220102

Email to : crm@healthindiatpa.com

In case of any other queries, you may contact our Alliance Brokers Spoc

Mr. Sai Kishore - 7208822289

E mail ID – Hyderabad : saikishore@allianceinsurance.in

**IMP - The list of hospitals/ nursing homes shown on the webpage vary from time to time depending upon the tie-ups.
It is advisable to check at the time of hospitalization**

Note : Hospitals take Deposit amount at the time of Admissions for non medical expenses not covered in Insurance and will return to Employee after TPA settles Hospital claim (time line 60 days after receipt of physical file)

Planned Hospitalization

Member intimates TPA / Alliance of the planned hospitalization in a specified pre-authorization form 48 hours prior to hospitalization

Claim Registered by the TPA

Member produces ID Card at Network Hospital & gets admitted

Cashless request forwarded to TPA from Hospital

TPA issues Approval letter within 24 hours for planned Hospitalization to the Hospital

Member gets treated and discharged after paying for all non-entitled expenses like the deductions based on the policy terms, the cost of non payable items etc. to the hospital.

In case, Cashless is Denied by the TPA – Please follow non-cashless process

Below mentioned documents needs to be carried at the time of Cashless Hospitalization

E-card copy

Aadhar Card & Pan Card Copy

Doctor's consultations papers

All investigations reports supporting to the Diagnosis

Emergency Hospitalization

In case of a sudden requirement of Hospitalization, the cashless process is as follows:

Member get admitted in the hospital in case of emergency by showing his health card and ID Card . Treatment starts.

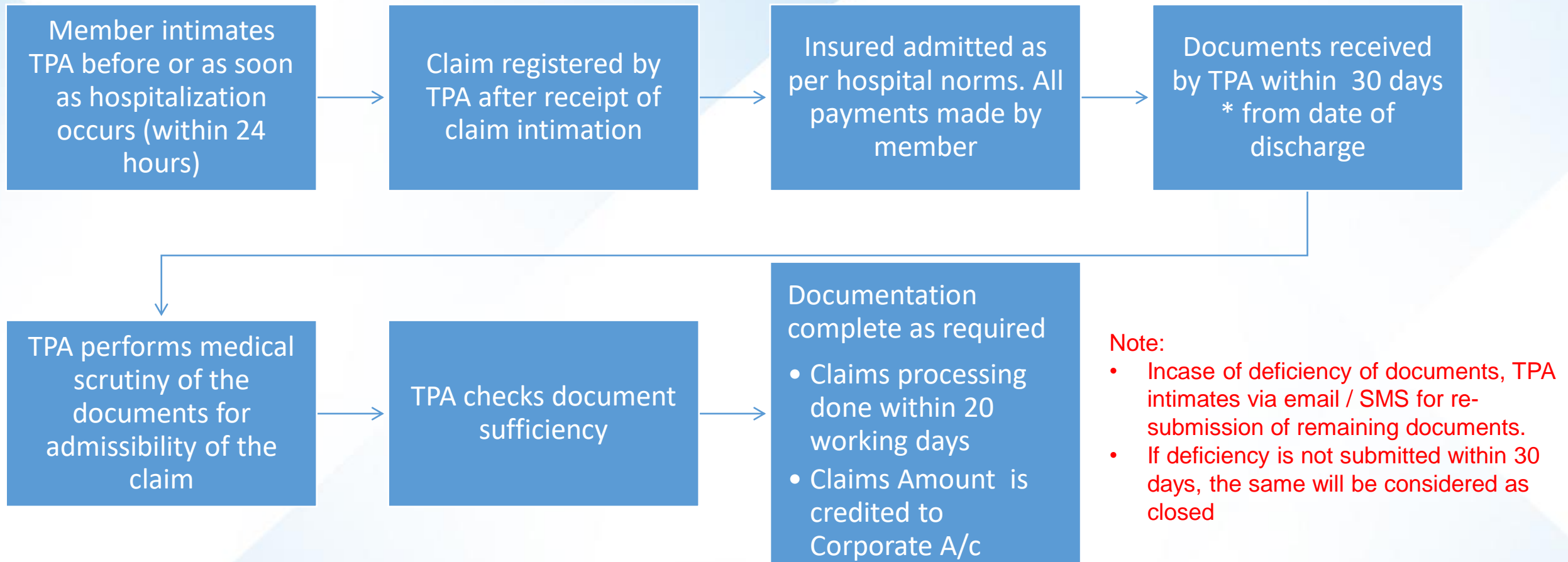
Member / Hospital applies for pre-authorization to the TPA within 24 hrs of admission

TPA verifies applicability of the claim to be registered and issue pre-authorization

Pre-authorization given by the TPA

Member gets treated and discharged after paying all non entitled benefits like refreshments, etc.

CLAIMS – REIMBURSEMENT PROCESS



In case of any discrepancy found in the claim documents or any documents submitted doesn't not fit as per the policy terms and conditions, the claim will be inadmissible or closed/ rejected

All Claims must be Intimated

With Health Insurance companies strictly adhering to Claim Intimation timelines now, we request you to ensure that you intimate all your claims within the stipulated period to avoid rejection.

Claim Intimation Guidelines

Alliance Contact Details

Ms. Sai Kishore

Cell - +91 7208822289

The employee has the option to intimate claims to the TPA via FAX/PHONE/MAIL.

- Planned Hospitalization should be intimated two days prior to admission.
- Emergency Hospitalization should be intimated within 24 hours of admission.

For all claims, members can send an intimation mail to _Cc: saikishore@allianceinsurance.in & marysharin@allianceinsurance.in with the following details:

- Name of the Employee
- Name of the Corporate
- Name of the Patient
- Employee ID/TPA ID
- Name of the Hospital/Provider
- Address of the Hospital
- Date of Admission
- Estimated Cost of Hospitalization
- Diagnosis

Note: - Violation of the above mentioned timelines may result in denial of claims by the Insurer/TPA & any exception will be at the sole discretion of the Insurer only.

For further assistance /clarification, you can contact: Mr. Sai Kishore

* All Reimbursement claims must be submitted to the TPA within 30 days from the date of discharge. Pre-hospitalization bills can be submitted along with hospitalizations bills in case of re-imburement and in case of cashless Claims, the pre-hospitalization bills can be submitted within 7 days from the date of discharge.

In case of post-hospitalization, the timeline would be 15 days from the completion of the treatment or 60 days from the completion of hospitalization, whichever is earlier.

The following documents, in ORIGINAL, must be submitted at the time of Claims submission, Signed Claim Form of the Insurance Company

Note_:- Claim Form : Part B stamp & Sign by the hospital is Mandatory in Reimbursement claim along with Declaration & Part A to be filled by the Insured

- Original Discharge Card /Summary or Death Summary (In Case of Death)
 - Main Hospital bills in original (with pre numbered bill no; signed and stamped by the hospital) with all charges itemized and the original payment receipts
 - Original Bills & Receipts for investigations done outside hospital along with Doctors Prescription
 - Indoor Case Papers Attested by hospital Authority
 - In Case of Accident Claims –X-ray film along with report, FIR / MLC copy and incident report (How, When and where the injury has occurred (if MLC / FIR not done, required declaration from treating doctor) . Also Alcohol History is required
 - In Case of Cataract Claims – Please mention Phaco charges and Anesthesia charges in O.T. Charges
 - Please mention equipment charges in O.T. Charges in surgical claims
 - Doctors Prescription, Pre & Post Hospitalization bills (in original)
 - Original Bills of medicines and surgical appliances if purchased
- Continue to next Page.



DECLARATION
FORM

All Reimbursement Claims must be submitted within 7 Days from Date of Discharge

- Proof of identity with photo, address proof required for all Reimbursement claims (Identity proof – Aadhar Card (Mandatory), Passport, PAN Card, Voter's Identity Card, Driving License)
- HOSPITAL REGISTRATION CERTIFICATE (form "C") If Registration is not there then declaration from hospital stating no's of beds in the hospital, 24hrs Nursing staff, Fully Equipped Operation Theater & Qualified Doctors in the hospital.
- Cancelled Cheque with the employee name printed or the same bank statement which has the details .
- Claiming for balance amount (Contribution claims) -
- Settlement letter / Certificate from earlier TPA/ Insurance Co.
- Complete set of Documents attested from earlier TPA / Ins Co

Note:

There may be additional documents other than the above mentioned list, required by the TPA, based on specific treatments.

Violation of the above mentioned timelines during the claims submission process may result in denial of claims by the Insurer/ TPA & any exception will be at the sole discretion of the insurer only.

Copy of set of all submitted documents including bills should be kept with employee

**All Reimbursement Claims must be submitted within 15 Days from
Date of Discharge**

OPD Cover

This extension provides for expenses which does not necessarily require hospitalization. **It is however, not applicable to ailments/treatment which is excluded in the policy.**

Not Covered

Illustration:

An employee goes for a eye check up and he has been advised to wear spectacles. Will the expenses incurred for doctor visit and cost of spectacles covered under OPD benefit in the policy?

The doctor visit charges will be payable under OPD benefit up to the specified limit. However, the cost of spectacles will not be covered as it comes under general exclusion in the policy.

Dental Cover

Dental treatment as a result of hospitalization due to an accidental injury is covered in the policy. However, extension for dental treatment in the policy will cover dental expenses for a fixed specified limit defined in the policy which is otherwise an exclusion under the health policy.

Not Covered

Ailment Conditions

Bone marrow transplant, Septoplasty, RFQMR - Rotational Field Quantum Magnetic Resonance Device - Cryotron, C3R, Bariatric surgery, Inj Avastin /Lucentis/ Macugen, Ozone Therapy, Enhanced External Counter Pulsation Therapy (EECP), Rejuvenation therapy, Lasik Surgery, Hormonal Therapy / Adjuvant Therapy / Immune Modulators in Cancer treatment

Not Covered

1. Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operation or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
2. Circumcision unless necessary for treatment of the disease, cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
3. Surgery for correction of eyesight, cost of spectacles, contact lenses, hearing aids.
4. Convalescence, general debility 'run-down' condition or test cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury, all psychiatric and psychosomatic diseases/disorders, accident due to misuse of drugs/alcohol or use of intoxicating substance.
5. Acquired Immune Deficiency Syndrome (AIDS).
6. Naturopathy, unproven procedure/treatment, experimental or alternative medicine/treatment including acupuncture, acupressure, magneto therapy etc.
7. Out patient diagnostic/medical/surgical procedures/treatments, non-prescribed drugs/medical supplies/hormone replacement therapy, sex change or any treatment related.
8. Any kind of service charges/surcharges, admission fees/registration charges etc. levied by the hospital.
9. Doctor's home visit charges/attendant, nursing charges during pre and post hospitalization period except in case of domiciliary hospitalization.
10. Expenses on irrelevant investigations/treatment; private nursing charges, referral fee to family physician, outstation doctor/surgeon/consultant's fees etc.
11. Genetic disorders/stem cell implantation/surgery.
12. External/durable medical/non medical equipment's of any kind used for diagnosis/treatment including CPAD, CAPD, infusion pump etc., ambulatory devices like walker/ crutches/ belts/ collars/ caps/ splints/ slings/ braces/ stockings/ diabetic foot wear/ glucometer/ thermometer & similar related items & any medical equipment which could be used at home subsequently.
13. Non medical expenses including personal comfort/ convenient items/ services such as telephone/ television/barber/ beauty services/ diet charges/ baby food/ cosmetics/ napkins/ toiletries/ guest services etc.
14. Treatment for obesity or condition arising there from (including morbid obesity) and any other weight control program services/supplies.
15. Injury arising from any hazardous activity including scuba diving, motor racing parachuting, hand gliding, rock or mountain climbing etc.
16. Treatment received in convalescent home/hospital, health hydro/nature care clinic and similar establishments.



Payment: All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.

Note: The above list is an illustrative list of exclusions and not an exhaustive list of all exclusions.

- **How do you define dependency and in whose case is it applicable?**
Dependency means a person is financially dependent on the primary insured i.e., they are not engaged in any kind of profession of earning their livelihood or are gainfully employed. They should be dependent on the Employee. Dependency is only applicable in the case of Children and parents/parents-in-law.
- **Is dependency relevant in case of Spouse also?**
No, dependency for spouse is not relevant under Health Insurance.
- **What happens if my family status changes during the policy?**
If the family status changes (by reason of marriage or birth), the employee needs to enroll the details of the new dependent within 30 days from date of marriage or date of birth as may be applicable.
- **Will location of dependent family members matter?**
No. Further, as the policy provides the coverage for treatment taken within India, employee and dependent family member can avail benefit at any registered hospital in India.
- **What happens if I and my spouse are working in the same organization?**
An individual can be covered in the policy only once. In such a case, you are advised not to declare each other under the definition of family, and may cover your children, if any, only once under any of the two families.
- **Is the 24 hours rule applicable for all ailments?**
Yes, the 24 hours hospitalization is a must. However, this time limit is not applied to specific treatments which do not necessarily require 24 hours due to technological advancement in treatment. Some of these treatments include Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Tonsillectomy taken in the Hospital/Nursing Home.
- **Are there any special criteria for seeking admission/ treatment in the hospitals/ nursing homes?**
It is generally recommended that you choose a Hospital on the TPA Network. However, you do have the right to choose any other hospital also, subject to the Hospital meeting one of the following minimum criteria as under:
It should have at least 15 inpatient beds.
Fully qualified doctor(s) should be in charge round the clock.
Should be registered with the relevant governmental and regulatory authorities. The registration number should be printed on discharge summary and / or receipt of the Hospital.
Further, it necessarily should not be blacklisted with the TPA.

- **Does pre-existing disease cover mean that all diseases and medical procedures are covered?**
Pre-existing disease benefit helps the member get a complete coverage for all medical emergencies, including ailments that may have been there before the start of this policy. However, it does not cover congenital external disease / illness / defect
- **Will my hospitalization be covered under Health Insurance, if I have been admitted under doctor's instructions but no treatment is given?**
No. Hospitalization not accompanied with active line of treatment is not covered under Health Insurance.
- **Is it possible to have cashless approval for Pre and Post Hospitalization?**
Cashless Facility will not be given for Pre & Post Hospitalization Expenses. Reimbursement of these expenses is possible on submitting of complete, detailed bills and documents relating to the same.
- **Is there a time limit within which I am expected to submit the pre and post hospitalization bills?**
Yes, you are advised to submit bills with respect to Pre Hospitalization and post Hospitalization, within 30 days of discharge from hospital. Post Hospitalization bills must be submitted within 7 days of completion of the treatment or completion of 60 days post discharge, whichever is earlier.
- **Is Dental Treatment covered?**
Dental treatment or surgery of any kind is covered only if there is hospitalization on account of accidental cases. Non accidental dental treatment is not covered under this policy unless specific cover has been taken for the same.
- **What if the cost exceeds the sum insured?**
In such a situation you will be liable to pay the incremental amount, over and above the Sum Insured limit. The TPA will inform the hospital about your balance Sum Insured and the hospital will recover the amount over and above the balance sum insured from you.
- **Are naturopathy expenses covered?**
Naturopathy expenses are not covered under the policy, irrespective of whether they were incurred in a network hospital or otherwise.
- **What is an Authorization Letter?**
Authorization Letter is the communication authorizing extension of cashless hospitalization to the Insured. The same is issued by The TPA subject to admissibility of the claim and availability of balance sum insured for the member.
- **How do I know whether my Claim has been admitted for Cashless Reimbursement or not?**
Authorization Letter or Denial Letter shall be faxed directly to the Hospital and the Hospital will intimate you about the same.

- **Do I need to carry my cashless card when I go to the hospital?**
Ideally, you should always carry the cashless card with yourself, when getting admitted to the hospital. But, in the event that you do not have the cashless card, you should get in touch with the Alliance representative who will help you to provide card no and policy no.
However, it is advisable to carry a valid photo identity proof (Employee ID Card, Driving license, Election card or any card which is approved by Government of India), irrespective of whether you are carrying the cashless card or not
- **What if I have not got your cashless card yet? Am I covered? What do I need to do to get cashless treatment?**
The claims would be settled without the cards provided the claimant (the employee or the dependent) is endorsed in the policy. You would be entitled to cashless treatment but in such case you are requested to get in touch with Alliance, before the hospitalization.
- **If I avail cashless facility, will the Insurer pay the entire amount or will I be required to bear part of the bill at the hospital?**
All expenses that are covered under the Insurance Policy will be paid for by the Insurer. However, you will be required to pay for non admissible expenses, if any, such as Registration charges, Surcharges, Service Charges, charges incurred on account of person accompanying you, etc.
- **Can I file more than one claim in a year?**
You can claim as many times you are hospitalized during the period of Insurance but the insurance company's liability in respect of all claims put together shall not exceed the Sum Insured.
- **Will my coverage be treated as continuous if I take an individual policy?**
No, the coverage will not be treated as continuous, once you leave the organization. If you take an individual policy, it will start as a new policy.
- **What if I undergo major hospitalization in 2 different hospitals? Will the policy reimburse expenses incurred?**
Yes. The expenses are reimbursed up to the limit of sum insured and if they satisfy the terms and conditions of the policy and proper documents required for both the hospitalization (Discharge Summary from both the hospital is must)
- **What is meant by a Network / Empaneled Hospital?**
The hospitals which have a tie up with the TPA servicing the health policy is called a network / empaneled hospital. An exhaustive list of Network Hospitals is available on your intranet.
- **Will policy cover my third child in case of twins?**
As per the policy condition only upto two live birth will be covered.

- ✚ Intimation to **HR department within 7 days** for the following;
 - Newly married spouse
 - Newborn baby
 - Change of name (proof should be present)
- ✚ Claims should be intimated **within 48hours** of hospitalization via email, phone or online to Claim submission team with CC to HR department
- ✚ Save the following **details** in your cellphone & your spouse's phone;
 - Insurance Company Name
 - Group Policy number
 - Mobile no. of Mr.Sai Kishore . – one point contact for any queries/ concerns
 - Quick link to your TPA website – <https://www.healthindiatpa.com/Home2.aspx>
 - Mobile number of your HR
- ✚ Always carry a photo ID in your wallet
- ✚ Claims will be credited to Employee's account directly.

For any query related to Insurance, Associates are requested to follow the below mentioned Escalation Matrix:

<p>24 X 7 Customer Care Center of HealthIndia TPA</p> <p>Call Center : 020 – 40881000 / Toll Free No – 1800220102</p> <p><u>Email to : crm@healthindiatpa.com</u></p>
<p>Alliance Insurance Brokers Pvt Ltd</p> <p>6th Floor, Vatika Business Centre, Block C, DivyaSree Omega, Kondapur, Hyderabad - 84, Telangana.</p> <p>Phone 040-44311111</p>

Role	Name	Contact Number	Email ID
Hyderabad			
1 -Point of Contact	Mrs. Bhanu Priya	7780346242	<u>bhanu.Priya@healthindiatpa.com</u>
2 -Point of Contact	Mr .Sai Kishore	7208822289	<u>saikishore@allianceinsurance.in</u>
3 -Point of Contact	Ms. Mary Sharin	9136045800	<u>marysharin@allianceinsurance.in</u>

THANK YOU

Email: info@allianceinsurance.in

Website: www.allianceinsurance.in

Alliance Insurance Brokers Private Limited

Corporate Office: 8th Floor, Gold Crest, 10th Road, Juhu, Vile Parle (West), Mumbai-400049

Tel: 022 67390900 / 022 61220800 Fax: 022 67390918 / 19