

Beneficiary name: **Prabakaran P**  
Member ID: **5108070448**  
Employee code: **813031**  
Relation: **Self**  
Date of birth: **25-May-1989**  
Primary insured: **Prabakaran P**  
Valid upto: **29-Mar-2026**  
Policy holder: **Tech Mahindra**  
Insurer ID: **UIC230086913048130311**



*Signature*



**MA5108070448**

**Contact number: 04068213679**

- 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](http://www.mediassisttpa.in)

**Medi Assist Insurance TPA Pvt. Ltd.**

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, K.M.Layout, Bengaluru,  
Karnataka 560029.CIN: U85199KA1999PTC025676  
Website: [www.mediassisttpa.in](http://www.mediassisttpa.in) Email: [techm@mediassist.in](mailto:techm@mediassist.in)

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Beneficiary name: **Kugan P**  
Member ID: **5110063882**  
Employee code: **813031**  
Relation: **Son**  
Date of birth: **08-Nov-2020**  
Primary insured: **Prabakaran P**  
Valid upto: **29-Mar-2026**  
Policy holder: **Tech Mahindra**  
Insurer ID: **UIC230086913048130313**



*Signature*



**MA5110063882**

**Contact number: 04068213679**

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Beneficiary name: **Kokila N**  
Member ID: **5110063883**  
Employee code: **813031**  
Relation: **Spouse**  
Date of birth: **25-Jan-1993**  
Primary insured: **Prabakaran P**  
Valid upto: **29-Mar-2026**  
Policy holder: **Tech Mahindra**  
Insurer ID: **UIC230086913048130312**



*Signature*



**MA5110063883**

**Contact number: 04068213679**

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United India Insurance Company Ltd.  
Regd. & Head Office: 15, White Road, Chennai - 600 014

Beneficiary name: **Anithra P**  
Member ID: **5110063884**  
Employee code: **813031**  
Relation: **Daughter**  
Date of birth: **19-Jan-2016**  
Primary insured: **Prabakaran P**  
Valid upto: **29-Mar-2026**  
Policy holder: **Tech Mahindra**  
Insurer ID: **UIIC230086913048130314**



*Signature*



**MA5110063884**

**Contact number: 04068213679**

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