

HEALTH CARD



ID before

TPA ID No.: SHHFPL/0445//TG0100002652

Name of Insured Person: Ajay Rohila Address: 85, FIRST FLOOR LOCATION ARTHOUSE, PHASE 1 UDYOG VIHAR,

GURUGRAM, GURGAON, HARYANA, 122016

Age: 28 Gender:M Policy No.: 0239588234

Policy Period/Validity Period: 01/08/2022 - 31/07/2023

Name of Policyholder: Ajay Rohila

(S H HOME FURNISHINGS PRIVATE LIMITED)

Relationship with Policyholder: SELF

Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms & Conditions

This card is for identification purposes only.

Emergency Contact no. of TPA: 011-45451300

Toll Free No. of TPA.: 18001025671

2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless

3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission

4. For reimbursement claims, TPA has to be intimated within 7 days

of hospitalization and prior to discharge
All terms and conditions of the Insurance policy are applicable. 5.

For grievance redressal, login to insurance Company



HEALTH CARD



TPA ID No.: SHHFPL/0445//TG0100002653

Name of Insured Person: Ginika

Address: 85. FIRST FLOOR LOCATION ARTHOUSE, PHASE 1 UDYOG VIHAR, GURUGRAM, GURGAON, HARYANA, 122016

Gender :F Age: 27 Policy No.: 0239588234

Policy Period/Validity Period: 01/08/2022 - 31/07/2023

Name of Policyholder: Ajay Rohila

(S H HOME FURNISHINGS PRIVATE LIMITED) Relationship with Policyholder: SPOUSE

verify Photo ID before Admiceion

HEALTH CARD





ID before

TPA ID No.: SHHFPL/0445//TG0100002655

Name of Insured Person: Kevin Rohila Address: 85, FIRST FLOOR LOCATION ARTHOUSE, PHASE 1 UDYOG VIHAR, GURUGRAM, GURGAON, HARYANA, 122016

Age: 3 Gender:M Policy No.: 0239588234

Policy Period/Validity Period: 01/08/2022 - 31/07/2023

Name of Policyholder: Ajay Rohila

(S H HOME FURNISHINGS PRIVATE LIMITED)

Relationship with Policyholder: SON

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emergency cases, inform within 24 hours of admission 4 For reimbursement claims, TPA has to be intimated within 7 days

of hospitalization and prior to discharge

5. All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in Terms & Conditions

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4. For reimbursement claims, TPA has to be intimated within 7 days

of hospitalization and prior to discharge 5. All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company