

**HEALTH CARD**TPA ID No. : **SHEPL/0507//TG0100006803**

Name of Insured Person: MONIT KHERA CHOWDHARY

Address: PLOT NO.29, SECTOR-- 4, IMT,

MANESAR, GURUGRAM, HARYANA, 122050

Age: 48 Gender :F

Policy No.: 0239602544

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

Name of Policyholder: MONIT KHERA CHOWDHARY

(SARITA HANDA EXPORTS PRIVATE LIMITED)

Relationship with Policyholder: SELF

Please
verify Photo
ID before
Admission

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

1. This card is for identification purposes only.
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
5. All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company

**HEALTH CARD**TPA ID No. : **SHEPL/0507//TG0100006804**

Name of Insured Person: AJAY KUMAR CHOWDHARY

Address: PLOT NO.29, SECTOR-- 4, IMT,

MANESAR, GURUGRAM, HARYANA, 122050

Age: 47 Gender :M

Policy No.: 0239602544

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

Name of Policyholder: MONIT KHERA CHOWDHARY

(SARITA HANDA EXPORTS PRIVATE LIMITED)

Relationship with Policyholder: SPOUSE

Please
verify Photo
ID before
Admission

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

1. This card is for identification purposes only.
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
5. All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company

**HEALTH CARD**TPA ID No. : **SHEPL/0507//TG0100006805**

Name of Insured Person: KEHA CHOWDHARY

Address: PLOT NO.29, SECTOR-- 4, IMT,

MANESAR, GURUGRAM, HARYANA, 122050

Age: 18 Gender :F

Policy No.: 0239602544

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

Name of Policyholder: MONIT KHERA CHOWDHARY

(SARITA HANDA EXPORTS PRIVATE LIMITED)

Relationship with Policyholder: DAUGHTER

Please
verify Photo
ID before
Admission

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

1. This card is for identification purposes only.
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
5. All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company

**HEALTH CARD**TPA ID No. : **SHEPL/0507//TG0100006806**

Name of Insured Person: SUHANA CHOWDHARY

Address: PLOT NO.29, SECTOR-- 4, IMT,

MANESAR, GURUGRAM, HARYANA, 122050

Age: 14 Gender :F

Policy No.: 0239602544

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

Name of Policyholder: MONIT KHERA CHOWDHARY

(SARITA HANDA EXPORTS PRIVATE LIMITED)

Relationship with Policyholder: DAUGHTER

Please
verify Photo
ID before
Admission

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

1. This card is for identification purposes only.
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
5. All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company