


<div>  <div> HEALTH CARD  </div> </div> <p>TPA ID No. : SHEPL/0492//TG0100006447 Name of Insured Person: SANJAY RAGHAV Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> Please verify Photo ID before Admission </div> <p>Age: 37 Gender :M Policy No.: 0239602544 Policy Period/Validity Period: 01/08/2022 - 31/07/2023 Name of Policyholder: SANJAY RAGHAV (SARITA HANDA EXPORTS PRIVATE LIMITED) Relationship with Policyholder: SELF</p>	<p>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</p> <ol style="list-style-type: none"> 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. <p>For grievance redressal, login to insurance Company</p>
<div>  <div> HEALTH CARD  </div> </div> <p>TPA ID No. : SHEPL/0492//TG0100006448 Name of Insured Person: SASHI BALA Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> Please verify Photo ID before Admission </div> <p>Age: 36 Gender :F Policy No.: 0239602544 Policy Period/Validity Period: 01/08/2022 - 31/07/2023 Name of Policyholder: SANJAY RAGHAV (SARITA HANDA EXPORTS PRIVATE LIMITED) Relationship with Policyholder: SPOUSE</p>	<p>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</p> <ol style="list-style-type: none"> 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. <p>For grievance redressal, login to insurance Company</p>
<div>  <div> HEALTH CARD  </div> </div> <p>TPA ID No. : SHEPL/0492//TG0100006449 Name of Insured Person: SWATI Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> Please verify Photo ID before Admission </div> <p>Age: 12 Gender :F Policy No.: 0239602544 Policy Period/Validity Period: 01/08/2022 - 31/07/2023 Name of Policyholder: SANJAY RAGHAV (SARITA HANDA EXPORTS PRIVATE LIMITED) Relationship with Policyholder: DAUGHTER</p>	<p>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</p> <ol style="list-style-type: none"> 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. <p>For grievance redressal, login to insurance Company</p>
<div>  <div> HEALTH CARD  </div> </div> <p>TPA ID No. : SHEPL/0492//TG0100006450 Name of Insured Person: DEV RAGHAV Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> Please verify Photo ID before Admission </div> <p>Age: 11 Gender :M Policy No.: 0239602544 Policy Period/Validity Period: 01/08/2022 - 31/07/2023 Name of Policyholder: SANJAY RAGHAV (SARITA HANDA EXPORTS PRIVATE LIMITED) Relationship with Policyholder: SON</p>	<p>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</p> <ol style="list-style-type: none"> 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. <p>For grievance redressal, login to insurance Company</p>