

HEALTH CARD

Safeway

TPA ID No.: SHEPL/0117//TG0100003309

Name of Insured Person: Omveer Singh Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050

ID before

Age: 38 Gender : M Policy No.: 0239602544

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

Name of Policyholder: Omveer Singh

(SARITA HANDA EXPORTS PRIVATE LIMITED)

Relationship with Policyholder: SELF

Toll Free No. of TPA.: 18001025671 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

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

For reimbursement claims, TPA has to be intimated within 7 days 4. 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.: SHEPL/0117//TG0100003311

Name of Insured Person: Upasana Devi Address: PLOT NO.29, SECTOR-- 4, IMT. MANESAR, GURUGRAM, HARYANA, 122050

verify Photo ID before Admiceion

Gender :F Age: 32 Policy No.: 0239602544

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

Name of Policyholder: Omveer Singh

(SARITA HANDA EXPORTS PRIVATE LIMITED)

Relationship with Policyholder: SPOUSE

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

- 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





TPA ID No.: SHEPL/0117//TG0100003312

Name of Insured Person: Janit Singh Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050

ID before

Age: 11 Gender: M Policy No.: 0239602544

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

Name of Policyholder: Omveer Singh

(SARITA HANDA EXPORTS PRIVATE LIMITED)

Relationship with Policyholder: SON

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

- 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/0117//TG0100003313

Name of Insured Person: Dhruv Singh Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050

verify Photo ID before Admission

Age: 7 Gender:M Policy No.: 0239602544

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

Name of Policyholder: Omveer Singh

(SARITA HANDA EXPORTS PRIVATE LIMITED)

Relationship with Policyholder: SON

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

- 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