

## HEALTH CARD



### TPA ID No · SHEPL/0324//TG0100003122

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

ID before

Age: 28 Gender : M Policy No.: 0239602544

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

Name of Policyholder: Amrat Chauhan

(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

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



erify Photo

ID before

# TPA ID No.: SHEPL/0324//TG0100003123 Name of Insured Person: Sangeeta Chouhan

Address: PLOT NO.29, SECTOR-- 4, IMT. MANESAR, GURUGRAM, HARYANA, 122050

Gender :F Age: 25 Policy No.: 0239602544

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

Name of Policyholder: Amrat Chauhan

(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.

For cashless benefit, treatment has to be taken in network 2

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





### TPA ID No.: SHEPL/0324//TG0100003125

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

ID before

Age: 1 Gender:F Policy No.: 0239602544

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

Name of Policyholder: Amrat Chauhan

(SARITA HANDA EXPORTS PRIVATE LIMITED) Relationship with Policyholder: DAUGHTER

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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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

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

For grievance redressal, login to insurance Company



**HEALTH CARD** 



## TPA ID No.: SHEPL/0324//TG0100003126

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

erify Photo ID before Admission

4.

Age: 4 Gender : M Policy No.: 0239602544

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

Name of Policyholder: Amrat Chauhan

(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

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For cashless benefit, treatment has to be taken in network 2. 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

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/0324//TG0100005906

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

rify Photo ID before

Age: 0 Gender:M Policy No.: 0239602544

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

Name of Policyholder: Amrat Chauhan

(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

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2. For cashless benefit, treatment has to be taken in network

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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