


<div>  <div> HEALTH CARD  </div> </div> <p>TPA ID No. : SHEPL/0474//TG0100006457 Name of Insured Person: PARVINDER YADAV Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <div> <div> Please verify Photo ID before Admission </div> </div> <p>Age: 34 Gender :M Policy No.: 0239602544 Policy Period/Validity Period: 01/08/2022 - 31/07/2023 Name of Policyholder: PARVINDER YADAV (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/0474//TG0100006459 Name of Insured Person: SUMITRA DEVI Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <div> <div> Please verify Photo ID before Admission </div> </div> <p>Age: 35 Gender :F Policy No.: 0239602544 Policy Period/Validity Period: 01/08/2022 - 31/07/2023 Name of Policyholder: PARVINDER YADAV (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/0474//TG0100006460 Name of Insured Person: PARNIKA YADAV Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <div> <div> Please verify Photo ID before Admission </div> </div> <p>Age: 2 Gender :F Policy No.: 0239602544 Policy Period/Validity Period: 01/08/2022 - 31/07/2023 Name of Policyholder: PARVINDER YADAV (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/0474//TG0100006461 Name of Insured Person: YATHARTH YADAV Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <div> <div> Please verify Photo ID before Admission </div> </div> <p>Age: 1 Gender :M Policy No.: 0239602544 Policy Period/Validity Period: 01/08/2022 - 31/07/2023 Name of Policyholder: PARVINDER YADAV (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>