

HEALTH CARD



TPA ID No.: SHEPL/0053//TG0100002789

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

ID before

Age: 42 Gender : M Policy No.: 0239602544

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

Name of Policyholder: Abhay 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 For planned hospitalization inform TPA at least 7 days before. For
- 3. 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



TPA ID No.: SHEPL/0053//TG0100002790

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

verify Photo ID before

Gender :F Age: 36 Policy No.: 0239602544

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

Name of Policyholder: Abhay 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.

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671

All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company





TPA ID No.: SHEPL/0053//TG0100002792

Name of Insured Person: Shivani

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

ID before

Age: 16 Gender:F Policy No.: 0239602544

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

Name of Policyholder: Abhay Singh

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

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/0053//TG0100002793

Name of Insured Person: Arvan

Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050 verify Photo ID before Admission

Age: 11 Gender : M Policy No.: 0239602544

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

Name of Policyholder: Abhay 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

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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
- 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