











<div>  <div> <b>HEALTH CARD</b>  </div> </div> <p>TPA ID No. : <b>SHHFPL/0469//TG0100002656</b></p> <p>Name of Insured Person: Kirtikumar Gunwantrai Desai</p> <p>Address: 85, FIRST FLOOR LOCATION ARTHOUSE, PHASE 1 UDYOG VIHAR, GURUGRAM, GURGAON, HARYANA, 122016</p> <p>Age: 52      Gender :M</p> <p>Policy No.: 0239588234</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: Kirtikumar Gunwantrai Desai (S H HOME FURNISHINGS PRIVATE LIMITED)</p> <p>Relationship with Policyholder: SELF</p> <div> Please verify Photo ID before Admission </div>	<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 &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p>
<div>  <div> <b>HEALTH CARD</b>  </div> </div> <p>TPA ID No. : <b>SHHFPL/0469//TG0100002657</b></p> <p>Name of Insured Person: Daxa Kirtikumar Desai</p> <p>Address: 85, FIRST FLOOR LOCATION ARTHOUSE, PHASE 1 UDYOG VIHAR, GURUGRAM, GURGAON, HARYANA, 122016</p> <p>Age: 51      Gender :F</p> <p>Policy No.: 0239588234</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: Kirtikumar Gunwantrai Desai (S H HOME FURNISHINGS PRIVATE LIMITED)</p> <p>Relationship with Policyholder: SPOUSE</p> <div> Please verify Photo ID before Admission </div>	<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 &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p>
<div>  <div> <b>HEALTH CARD</b>  </div> </div> <p>TPA ID No. : <b>SHHFPL/0469//TG0100002658</b></p> <p>Name of Insured Person: Diviyang Kirtikumar Desai</p> <p>Address: 85, FIRST FLOOR LOCATION ARTHOUSE, PHASE 1 UDYOG VIHAR, GURUGRAM, GURGAON, HARYANA, 122016</p> <p>Age: 22      Gender :M</p> <p>Policy No.: 0239588234</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: Kirtikumar Gunwantrai Desai (S H HOME FURNISHINGS PRIVATE LIMITED)</p> <p>Relationship with Policyholder: SON</p> <div> Please verify Photo ID before Admission </div>	<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 &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p>
<div>  <div> <b>HEALTH CARD</b>  </div> </div> <p>TPA ID No. : <b>SHHFPL/0469//TG0100002659</b></p> <p>Name of Insured Person: Peyursh Kirtikumar Desai</p> <p>Address: 85, FIRST FLOOR LOCATION ARTHOUSE, PHASE 1 UDYOG VIHAR, GURUGRAM, GURGAON, HARYANA, 122016</p> <p>Age: 14      Gender :M</p> <p>Policy No.: 0239588234</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: Kirtikumar Gunwantrai Desai (S H HOME FURNISHINGS PRIVATE LIMITED)</p> <p>Relationship with Policyholder: SON</p> <div> Please verify Photo ID before Admission </div>	<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 &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p>
<div>  <div> <b>HEALTH CARD</b>  </div> </div> <p>TPA ID No. : <b>SHHFPL/0469//TG0100002660</b></p> <p>Name of Insured Person: Maira</p> <p>Address: 85, FIRST FLOOR LOCATION ARTHOUSE, PHASE 1 UDYOG VIHAR, GURUGRAM, GURGAON, HARYANA, 122016</p> <p>Age: 4      Gender :F</p> <p>Policy No.: 0239588234</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: Kirtikumar Gunwantrai Desai (S H HOME FURNISHINGS PRIVATE LIMITED)</p> <p>Relationship with Policyholder: DAUGHTER</p> <div> Please verify Photo ID before Admission </div>	<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 &amp; Conditions</p> <ol style="list-style-type: none"> <li>1. This card is for identification purposes only.</li> <li>2. For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.</li> <li>3. For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission</li> <li>4. For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge</li> <li>5. All terms and conditions of the Insurance policy are applicable.</li> </ol> <p>For grievance redressal, login to insurance Company</p>