

<div>  <div> HEALTH CARD  </div> </div> <p>TPA ID No. : SHEPL/0497//TG0100006811 Name of Insured Person: YASHPAL SHARMA Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> Please verify Photo ID before Admission </div> <p>Age: 36 Gender :M Policy No.: 0239602544 Policy Period/Validity Period: 01/08/2022 - 31/07/2023 Name of Policyholder: YASHPAL SHARMA (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/0497//TG0100006812 Name of Insured Person: REKHA SHARMA Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> Please verify Photo ID before Admission </div> <p>Age: 33 Gender :F Policy No.: 0239602544 Policy Period/Validity Period: 01/08/2022 - 31/07/2023 Name of Policyholder: YASHPAL SHARMA (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/0497//TG0100006813 Name of Insured Person: SMARTH SHARMA Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> Please verify Photo ID before Admission </div> <p>Age: 8 Gender :M Policy No.: 0239602544 Policy Period/Validity Period: 01/08/2022 - 31/07/2023 Name of Policyholder: YASHPAL SHARMA (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>
<div>  <div> HEALTH CARD  </div> </div> <p>TPA ID No. : SHEPL/0497//TG0100006814 Name of Insured Person: BHUMIKA SHARMA Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <div style="border: 1px solid red; padding: 5px; text-align: center; color: red;"> Please verify Photo ID before Admission </div> <p>Age: 4 Gender :F Policy No.: 0239602544 Policy Period/Validity Period: 01/08/2022 - 31/07/2023 Name of Policyholder: YASHPAL SHARMA (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>