

# HEALTH CARD



ID before

#### TPA ID No.: SHRPL/0086//TG0100002676

Name of Insured Person: Deepak Goswami Address: PLOT NO 85, UDYOG VIHAR, PHASE 1, GURUGRAM, GURGAON,

HARYANA, 122016 Age: 35 Gender:M Policy No.: 0239594264

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

Name of Policyholder: Deepak Goswami (S H RETAIL 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

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

Emergency Contact no. of TPA: 011-45451300

Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in



# **HEALTH CARD**



### TPA ID No.: SHRPL/0086//TG0100002677

Name of Insured Person: Raini Bharti Address: PLOT NO 85, UDYOG VIHAR, PHASE 1, GURUGRAM, GURGAON,

HARYANA, 122016 Gender :F Age: 28 Policy No.: 0239594264

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

Name of Policyholder: Deepak Goswami (S H RETAIL PRIVATE LIMITED) Relationship with Policyholder: SPOUSE Safeway
Insurance TPA Pvt. Ltd.

Please verify Photo ID before Admiceion

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





ID before

# TPA ID No.: SHRPL/0086//TG0100002679

Name of Insured Person: Vidhi Goswami Address: PLOT NO 85, UDYOG VIHAR, PHASE 1, GURUGRAM, GURGAON,

HARYANA, 122016 Age: 1 Gender:F Policy No.: 0239594264

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

Name of Policyholder: Deepak Goswami (S H RETAIL 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

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