






 <b>HEALTH CARD</b> 	<p>TPA ID No. : <b>SHEPL/0487//TG0100006430</b></p> <p>Name of Insured Person: KAPIL DEV SHARMA</p> <p>Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <p>Age: 44      Gender :M</p> <p>Policy No.: 0239602544</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: KAPIL DEV SHARMA (SARITA HANDA EXPORTS PRIVATE LIMITED)</p> <p>Relationship with Policyholder: SELF</p>	<p><b>Please verify Photo ID before Admission</b></p>	<p>Emergency Contact no. of TPA : 011-45451300</p> <p>Toll Free No. of TPA. : 18001025671</p> <p>Email ID of TPA: info@safewaytpa.in</p> <p>website:www.safewaytpa.in</p> <p>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>
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 <b>HEALTH CARD</b> 	<p>TPA ID No. : <b>SHEPL/0487//TG0100006431</b></p> <p>Name of Insured Person: SHAVETA SHARMA</p> <p>Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <p>Age: 40      Gender :F</p> <p>Policy No.: 0239602544</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: KAPIL DEV SHARMA (SARITA HANDA EXPORTS PRIVATE LIMITED)</p> <p>Relationship with Policyholder: SPOUSE</p>	<p><b>Please verify Photo ID before Admission</b></p>	<p>Emergency Contact no. of TPA : 011-45451300</p> <p>Toll Free No. of TPA. : 18001025671</p> <p>Email ID of TPA: info@safewaytpa.in</p> <p>website:www.safewaytpa.in</p> <p>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>
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 <b>HEALTH CARD</b> 	<p>TPA ID No. : <b>SHEPL/0487//TG0100006432</b></p> <p>Name of Insured Person: LAVANYA SHARMA</p> <p>Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <p>Age: 11      Gender :F</p> <p>Policy No.: 0239602544</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: KAPIL DEV SHARMA (SARITA HANDA EXPORTS PRIVATE LIMITED)</p> <p>Relationship with Policyholder: DAUGHTER</p>	<p><b>Please verify Photo ID before Admission</b></p>	<p>Emergency Contact no. of TPA : 011-45451300</p> <p>Toll Free No. of TPA. : 18001025671</p> <p>Email ID of TPA: info@safewaytpa.in</p> <p>website:www.safewaytpa.in</p> <p>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>
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 <b>HEALTH CARD</b> 	<p>TPA ID No. : <b>SHEPL/0487//TG0100006433</b></p> <p>Name of Insured Person: KRISHAY SHARMA</p> <p>Address: PLOT NO.29, SECTOR-- 4, IMT, MANESAR, GURUGRAM, HARYANA, 122050</p> <p>Age: 11      Gender :M</p> <p>Policy No.: 0239602544</p> <p>Policy Period/Validity Period: 01/08/2022 - 31/07/2023</p> <p>Name of Policyholder: KAPIL DEV SHARMA (SARITA HANDA EXPORTS PRIVATE LIMITED)</p> <p>Relationship with Policyholder: SON</p>	<p><b>Please verify Photo ID before Admission</b></p>	<p>Emergency Contact no. of TPA : 011-45451300</p> <p>Toll Free No. of TPA. : 18001025671</p> <p>Email ID of TPA: info@safewaytpa.in</p> <p>website:www.safewaytpa.in</p> <p>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>
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