



## The New India Assurance Co. Ltd.

Beneficiary name: **Chithambarathanu T**  
Member ID: **5028470401**  
Employee code: **E11555**  
Relation: **Self**  
Date of birth: **28-Dec-1977**  
Primary insured: **Chithambarathanu T**  
Valid upto: **06-Jul-2021**  
Policy holder: **THIRDWARE SOLUTION LIMITED**  
Policy number: **12070034200400000021**  
Insurer ID: **MEMBER361**



**MA5028470401**

Contact number: 08022069449 022-62594777(Backup)

- This card is only for identification and is not an authorization to proceed with the treatment or a guarantee for payment.
- In the case of photoless identity cards issued to beneficiaries, acceptable proof of identity such as Aadhar Card/Passport/Driver License/ Ration Card / Voters ID Card / PAN Card should be presented at hospitals.
- This non-transferable identification card is valid at selected Network Hospitals & will enable Card Holder to avail cashless hospitalization only on the basis of preauthorization by Medi Assist.
- For the latest updated Network hospital list, login to [www.mediassist.in](http://www.mediassist.in)

### MEDI ASSIST INSURANCE TPA PRIVATE LIMITED.

Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road,  
K.M.Layout, Bengaluru, Karnataka 560029.CIN: U85199KA1999PTC025676  
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## The New India Assurance Co. Ltd.

Beneficiary name: **Saraswathy C**  
Member ID: **5028470397**  
Employee code: **E11555**  
Relation: **Spouse**  
Date of birth: **20-Jun-1980**  
Primary insured: **Chithambarathanu T**  
Valid upto: **06-Jul-2021**  
Policy holder: **THIRDWARE SOLUTION LIMITED**  
Policy number: **12070034200400000021**  
Insurer ID: **MEMBER362**



**MA5028470397**

Contact number: 08022069449 022-62594777(Backup)

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## The New India Assurance Co. Ltd.

Beneficiary name: **Thiruneelakandan C S**  
Member ID: **5028470400**  
Employee code: **E11555**  
Relation: **Son**  
Date of birth: **03-Sep-2005**  
Primary insured: **Chithambarathanu T**  
Valid upto: **06-Jul-2021**  
Policy holder: **THIRDWARE SOLUTION LIMITED**  
Policy number: **12070034200400000021**  
Insurer ID: **MEMBER365**



**MA5028470400**

Contact number: 08022069449 022-62594777(Backup)

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**The New India Assurance Co. Ltd.**

Beneficiary name: **Muthammal**  
Member ID: **5040024385**  
Employee code: **E11555**  
Relation: **Mother**  
Date of birth: **04-Sep-1954**  
Primary insured: **Chithambarathanu T**  
Valid upto: **06-Jul-2021**  
Policy holder: **THIRDWARE SOLUTION LIMITED**  
Policy number: **12070034200400000021**  
Insurer ID: **MEMBER364**



**MA5040024385**

**Contact number: 08022069449 022-62594777(Backup)**

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**The New India Assurance Co. Ltd.**

Beneficiary name: **Thirunelvly Perumal**  
Member ID: **5040024386**  
Employee code: **E11555**  
Relation: **Father**  
Date of birth: **02-Mar-1952**  
Primary insured: **Chithambarathanu T**  
Valid upto: **06-Jul-2021**  
Policy holder: **THIRDWARE SOLUTION LIMITED**  
Policy number: **12070034200400000021**  
Insurer ID: **MEMBER363**



**MA5040024386**

**Contact number: 08022069449 022-62594777(Backup)**

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