

Beneficiary name Chithambarathanu T

5028470401 Member ID: E11555 Employee code: Relation: Self Date of birth: 28-Dec-1977

Primary insured: Chithambarathanu T

Valid upto: 06-Jul-2021

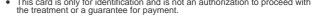
THIRDWARE SOLUTION LIMITED Policy holder:

Policy number: 12070034200400000021

Insurer ID:



Contact number: 08022069449 022-62594777(Backup)



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Beneficiary name Saraswathy C Member ID: 5028470397 E11555

Spouse 20-Jun-1980

Chithambarathanu T Primary insured:

Valid upto: 06-Jul-2021

THIRDWARE SOLUTION LIMITED Policy holder:

12070034200400000021 Policy number:

MEMBER362 Insurer ID:



Medi Assist





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Thiruneelakandan C S Beneficiary name

Member ID: 5028470400 E11555 Employee code: Relation: Son Date of birth: 03-Sep-2005

Primary insured: Chithambarathanu T

Valid upto: 06-Jul-2021

Policy holder: THIRDWARE SOLUTION LIMITED

12070034200400000021 Policy number:

MEMBER365





MA5028470400

Contact number: 08022069449 022-62594777(Backup)

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Beneficiary name: Muthammal Member ID: 5040024385 E11555 Employee code: Mother Date of birth: 04-Sep-1954

Chithambarathanu T Primary insured:

06-Jul-2021 Valid upto:

THIRDWARE SOLUTION LIMITED Policy holder:

Policy number: 12070034200400000021

Insurer ID: MEMBER364





Contact number: 08022069449 022-62594777(Backup)

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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.

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The New India Assurance Co. Ltd

Thirunelvely Perumal Beneficiary name:

Member ID: 5040024386 E11555 Employee code: Father Relation: Date of birth: 02-Mar-1952

Primary insured: Chithambarathanu T

Valid upto: 06-Jul-2021

Policy holder: THIRDWARE SOLUTION LIMITED

12070034200400000021 Policy number:

MEMBER363 Insurer ID:





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hospital right



Contact number: 08022069449 022-62594777(Backup)

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