



INSURANCE PROVIDER

Go Digit General Insurance

NAME

**Shivam Jaiswal**

DATE OF BIRTH

**Aug. 5, 2000**

GENDER

**Male**

MEMBER ID

**595**

SUM INSURED

**₹ 200,000**

POLICY NUMBER

**-**

VALID TILL

**Nov. 4, 2023**

PRODUCT TYPE

**Group Accident Insurance**

DISCLAIMER

This card is non-transferable. To avail a claim under this cover, you will have to provide this certificate along with valid ID proof.

For any queries, write to [care@healthysure.in](mailto:care@healthysure.in) , contact on **+918976020107**