


**HEALTH CARD**


TPA ID No. : **146/NI0300458136**  
 Name of Insured Person: Rev Fr V Daniel  
 Address: CATHOLICATE OFFICE,  
 DEVALOKAM P.O MUTTAMBALAM VIA,  
 KOTTAYAM, KERALA, 686004  
 Age: 69 Gender :M  
 Policy No.: 360700/50/24/10002641  
 Policy Period/Validity Period: 03/09/2024 - 02/09/2025  
 Name of Policyholder: Rev Fr V Daniel  
 (MALANKARA ORTHODOX SYRIAN CHURCH)  
 Relationship with Policyholder: SELF

**Please  
verify Photo  
ID before  
Admission**

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

1. 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


**HEALTH CARD**


TPA ID No. : **146/NI0300461178**  
 Name of Insured Person: Elizabeth Daniel  
 Address: CATHOLICATE OFFICE,  
 DEVALOKAM P.O MUTTAMBALAM VIA,  
 KOTTAYAM, KERALA, 686004  
 Age: 66 Gender :F  
 Policy No.: 360700/50/24/10002641  
 Policy Period/Validity Period: 03/09/2024 - 02/09/2025  
 Name of Policyholder: Rev Fr V Daniel  
 (MALANKARA ORTHODOX SYRIAN CHURCH)  
 Relationship with Policyholder: SPOUSE

**Please  
verify Photo  
ID before  
Admission**

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

1. 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