

HEALTH CARD



ID before

TPA ID No. : 1466/NI0300458743

Name of Insured Person: Fr.Saju Unnoonni Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 42 Gender :M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Fr.Saju Unnoonni

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

Toll Free No. of TPA.: 18001025671
Email ID of TPA: info@safewaytpa.in
website:www.safewaytpa.in
Terms & Conditions

This card is for identification purposes only.

Emergency Contact no. of TPA: 011-45451300

For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.

 For planned hospitalization inform TPA at least 7 days before. For emergency cases, inform within 24 hours of admission

For reimbursement claims, TPA has to be intimated within 7 days
 of hospitalization and prior to discharge.

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



verify Photo

ID before

Admiceion

TPA ID No.: 1466/NI0300458754

Name of Insured Person: Jisha Saji Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 35 Gender :F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Fr.Saju Unnoonni

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

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.

 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



ID before

TPA ID No. : 1466/NI0300458765

Name of Insured Person: Sayaan Daniel Saju Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 5 Gender :M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Fr.Saju Unnoonni

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SON

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA: 18001025671

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

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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



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ID before

Admission

TPA ID No. : 1466/NI0300458776

Name of Insured Person: Sancia Susan Saju Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 9 Gender: F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025

Name of Policyholder: Fr.Saju Unnoonni

(MALANKARA ORTHODOX SYRIAN CHURCH)
Relationship with Policyholder: DAUGHTER

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

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2. For cashless benefit, treatment has to be taken in network

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 For reimbursement claims, TPA has to be intimated within 7 days of hospitalization and prior to discharge

All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company