

HEALTH CARD



TPA ID No. : 1473/NI0300458966

Name of Insured Person: Fr.Joji Rajan 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.Joji Rajan

(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

1. This card is for identification purposes only.

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2. For cashless benefit, treatment has to be ta

Terms & Conditions

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

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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

Emergency Contact no. of TPA: 011-45451300



HEALTH CARD



TPA ID No.: 1473/NI0300458977
Name of Insured Person: Daisy Thomas

Address: CATHOLICATE OFFICE,
DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 38 Gender:F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Joji Rajan

(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

2.

3.

4

5.

Please verify Photo ID before

For grievance redressal, login to insurance Company

of hospitalization and prior to discharge

This card is for identification purposes only.

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hospitals only. Preauthorization is compulsory for cashless

emergency cases, inform within 24 hours of admission

For planned hospitalization inform TPA at least 7 days before. For

For reimbursement claims, TPA has to be intimated within 7 days.

All terms and conditions of the Insurance policy are applicable.

नंशनल इन्थ्योरेन्स National Insurance

HEALTH CARD



ID before

TPA ID No. : $\overline{1473/NI0300458988}$

Name of Insured Person: Josiah Joji George Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 9 Gender :M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Joji Rajan

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SON

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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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



verify Photo

ID before

Admission

5.

 ${\rm TPA~ID~No.}: 1473/NI0300458999$

Name of Insured Person: Abigail Ann Joji Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 6 Gender: F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Fr.Joji Rajan

(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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of hospitalization and prior to discharge
All terms and conditions of the Insurance policy are applicable.

For grievance redressal, login to insurance Company