

HEALTH CARD



TPA ID No. : 1512/NI0300460066

Name of Insured Person: Fr. Grigory Varghese Daniel

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 41 Gender:M

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Grigory Varghese Daniel (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

verify Photo

ID before

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in

For grievance redressal, login to insurance Company

Emergency Contact no. of TPA: 011-45451300

This card is for identification purposes only.

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
All terms and conditions of the Insurance policy are applicable.

Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in

website:www.safewaytpa.in

Terms & Conditions

2.

3.

4.

5.

Terms & Conditions

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

Safeway Insurance TPA Pvt. Ltd.

Please

verify Photo

ID before

Admission

TPA ID No.: 1512/NI0300460077 Name of Insured Person: Lida Rajan Tharian Address: CATHOLICATE OFFICE. DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004

Age: 36 Gender:F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Grigory Varghese Daniel (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE