
 **HEALTH CARD**  **Safeway**
Insurance TPA Pvt. Ltd.



TPA ID No. : **1605/N10300460538**
 Name of Insured Person: Fr.Shinu P.Paul
 Address: CATHOLICATE OFFICE,
 DEVALOKAM P.O MUTTAMBALAM VIA,
 KOTTAYAM, KERALA, 686004
 Age: 35 Gender :M
 Policy No.: 360700/50/24/10002641
 Policy Period/Validity Period: 03/09/2024 - 02/09/2025
 Name of Policyholder: Fr.Shinu P.Paul
 (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**  **Safeway**
Insurance TPA Pvt. Ltd.



TPA ID No. : **1605/N10300460539**
 Name of Insured Person: Ann Samuel Vilayil
 Address: CATHOLICATE OFFICE,
 DEVALOKAM P.O MUTTAMBALAM VIA,
 KOTTAYAM, KERALA, 686004
 Age: 31 Gender :F
 Policy No.: 360700/50/24/10002641
 Policy Period/Validity Period: 03/09/2024 - 02/09/2025
 Name of Policyholder: Fr.Shinu P.Paul
 (MALANKARA ORTHODOX SYRIAN CHURCH)
 Relationship with Policyholder: SPOUSE

**Please
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Admission**

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 Email ID of TPA: info@safewaytpa.in
 website:www.safewaytpa.in
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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.

TPA ID No. : **1605/N10300460540**
 Name of Insured Person: Azania Ann Shinu
 Address: CATHOLICATE OFFICE,
 DEVALOKAM P.O MUTTAMBALAM VIA,
 KOTTAYAM, KERALA, 686004
 Age: 2 Gender :F
 Policy No.: 360700/50/24/10002641
 Policy Period/Validity Period: 03/09/2024 - 02/09/2025
 Name of Policyholder: Fr.Shinu P.Paul
 (MALANKARA ORTHODOX SYRIAN CHURCH)
 Relationship with Policyholder: DAUGHTER

**Please
verify Photo
ID before
Admission**

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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