

Name of Insured Person: Fr.Kuriakose Andrews (Subin Andrews)

Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Policy No.: 360700/50/24/10002641

Age: 32 Gender:M

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Kuriakose Andrews (Subin Andrews

(MALANKARA ORTHODOX SYRIAN CHURCH)

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

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
All terms and conditions of the Insurance policy are applicable. 5.

For grievance redressal, login to insurance Company



HEALTH CARD

Safeway Insurance TPA Pvt. Ltd.

Please

verify Photo

ID before

Admission

verify Photo

ID before

TPA ID No. : 1656/NI0300460682 Name of Insured Person: Divya P Raju Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 32 Gender:F

Policy No.: 360700/50/24/10002641

Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Kuriakose Andrews (Subin Andrews

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