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

TPA ID No. : **1743/NI0300460913**

Name of Insured Person: Sinu Jose Sajan  
Address: CATHOLICATE OFFICE,  
DEVALOKAM P.O MUTTAMBALAM VIA,  
KOTTAYAM, KERALA, 686004  
Age: 36 Gender :M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Sinu Jose Sajan  
(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. : **1743/NI0300460914**

Name of Insured Person: Tincy Thampachan  
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: Sinu Jose Sajan  
(MALANKARA ORTHODOX SYRIAN CHURCH)



Relationship with Policyholder: SPOUSE

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Admission**

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For grievance redressal, login to insurance Company

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

TPA ID No. : **1743/NI0300460915**

Name of Insured Person: Haya Sara Sinu  
Address: CATHOLICATE OFFICE,  
DEVALOKAM P.O MUTTAMBALAM VIA,  
KOTTAYAM, KERALA, 686004  
Age: 1 Gender :F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Sinu Jose Sajan  
(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: DAUGHTER

**Please  
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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