TPA ID No. : 1991/NI0300457151 Name of Insured Person: Fr Ancesh Skariah	Safeway surance TPA Pvt. Ltd.	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
Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 31 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Aneesh Skariah (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SELF	Please verify Photo ID before Admission	 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. For grievance redressal, login to insurance Company
TPA ID No. : 1991/NI0300457152 Name of Insured Person: Aksa Prasad	Safeway surance TPA Pvt. Ltd.	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
Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 26 Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Fr.Aneesh Skariah (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SPOUSE	Please verify Photo ID before Admission	 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. For grievance redressal, login to insurance Company