TPA ID No. : 3/NI0300458464 Name of Insured Person: Rev Fr George Jacob Address: CATHOLICATE OFFICE,	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 1. This card is for identification purposes only.
DEVALOKAM P.O MUTTAMBALAM VIA, KOTTAYAM, KERALA, 686004 Age: 85 Gender :M Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr George Jacob (MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: SELF	verify Photo ID before Admission	 First card is for identification pulposes driv. 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. : 3/NI0300458466 Name of Insured Person: Eavamma George	afeway 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: 80 Gender :F Policy No.: 360700/50/24/10002641 Policy Period/Validity Period: 03/09/2024 - 02/09/2025 Name of Policyholder: Rev Fr George Jacob (MALANKARA ORTHODOX SYRIAN CHURCH)	Please 1. This card is for identification purposes only. ID before 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	
Relationship with Policyholder: SPOUSE		