

## **HEALTH CARD**

Safeway
Insurance TPA Pvt. Ltd

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ID before

TPA ID No.: 325/NI0300458541

Name of Insured Person: Rev Fr C S Mathews Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 54 Gender :M

Age: 54 Gender :M
Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr C S Mathews (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

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.

For cashless benefit, treatment has to be taken in network hospitals only. Preauthorization is compulsory for cashless.

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 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

नंशनल इन्थ्योरेन्स National Insurance

## HEALTH CARD



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ID before

Admiceion

 ${\rm TPA~ID~No.}: 325/NI0300458542$ 

Name of Insured Person: Betzy Babu Address: CATHOLICATE OFFICE,

 $DEVALOKAM\ P.O\ MUTTAMBALAM\ VIA,$ 

KOTTAYAM, KERALA, 686004 Age: 44 Gender :F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr C S Mathews

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

Emergency Contact no. of TPA: 011-45451300
Toll Free No. of TPA.: 18001025671
Email ID of TPA: info@safewavtba.in

website:www.safewaytpa.in

Terms & Conditions

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For grievance redressal, login to insurance Company

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## **HEALTH CARD**



ID before

TPA ID No. : 325/NI0300458544 Name of Insured Person: Asher Bob

Address: CATHOLICATE OFFICE, DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 17 Gender :M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr C S Mathews

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SON

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

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For grievance redressal, login to insurance Company



## **HEALTH CARD**



verify Photo

ID before

Admission

TPA ID No. : 325/NI0300458545

Name of Insured Person: Emine Sam Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004 Age: 20 Gender :M

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr C S Mathews (MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SON

Emergency Contact no. of TPA: 011-45451300 Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in website:www.safewaytpa.in

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