

HEALTH CARD



TPA ID No · 684/NI0300459508

Name of Insured Person: Rev Fr Jiju John Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004

Age: 56 Gender:M

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

Name of Policyholder: Rev Fr Jiju John

Policy No.: 360700/50/24/10002641

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SELF

ID before

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

Emergency Contact no. of TPA: 011-45451300

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.

Toll Free No. of TPA.: 18001025671 Email ID of TPA: info@safewaytpa.in

website:www.safewaytpa.in

Terms & Conditions

2.

3.

4.

5.

website:www.safewaytpa.in Terms & Conditions

This card is for identification purposes only. 2.

For grievance redressal, login to insurance Company

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.: 684/NI0300459509 Name of Insured Person: Bindu Sam Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM, KERALA, 686004

Gender:F Age: 52

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Jiju John

(MALANKARA ORTHODOX SYRIAN CHURCH)

Relationship with Policyholder: SPOUSE

HEALTH CARD



ID before

TPA ID No. : 684/NI0300459511

Name of Insured Person: Krupa Mary John Address: CATHOLICATE OFFICE,

DEVALOKAM P.O MUTTAMBALAM VIA,

KOTTAYAM KERALA 686004 Age: 23 Gender:F

Policy No.: 360700/50/24/10002641

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

Name of Policyholder: Rev Fr Jiju John

(MALANKARA ORTHODOX SYRIAN CHURCH) Relationship with Policyholder: DAUGHTER

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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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

Please verify Photo ID before

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