

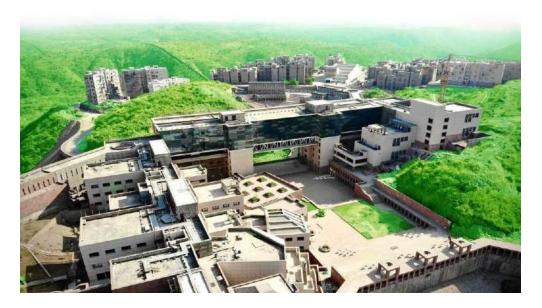
INDIAN INSTITUTE OF MANAGEMENT UDAIPUR

(An Autonomous Institute under the Ministry of Education, Govt. of India)

TENDER DOCUMENT

FOR

PROVIDING GROUP MEDICAL HEALTH INSURANCE AND ACCIDENTAL INSURANCE POLICY FOR EMPLOYEES OF IIM UDAIPUR



Tender No.: IIMU/Tender/Health Insurance/2024-25 Dated: 30 Dec 2024

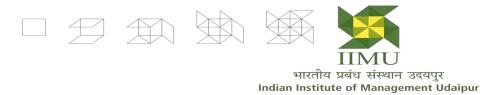
Indian Institute of Management Udaipur Balicha, Udaipur-313001, Rajasthan Website: <u>www.iimu.ac.in</u>





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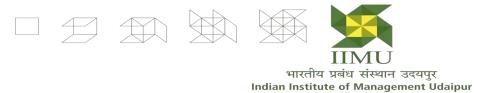


Section-1: Schedule of Tender

SN	Event	Date and Time/Remarks
1	Tender Availability on Institute website and Central Public Procurement Portal	31-12-2024, 1800 Hrs. Onward
2	Pre-Bid meeting queries submission (if any)	03-01-2025, 1800 Hrs.
3	Pre-Bid Meeting	Date & time: 03-01-2025, 1100 Hrs.
5	Bid Submissions Start	31-12-2024, 1800 Hrs
6	Bid Submissions Close	08-01- 2025, 1400 Hrs.
7	Opening of Technical Bid	08-01-2025, 1500 Hrs.
8	Opening of Financial Bid	To be updated later
	All the communication with respect to	(Stores & Purchase)
9	this tender shall be addressed to	Phone: 0294-2477222
		Email: <u>procurement@iimu.ac.in</u>

Note:

1. If for any unforeseen circumstances the tender is not opened on the above date, then the next working day will be considered as the tender opening date.



Section-2: About IIM Udaipur

Name of Work: -PROVIDING GROUP MEDICAL HEALTH INSURANCE AND ACCIDENTAL INSURANCE POLICY FOR EMPLOYEES OF IIM UDAIPUR

Indian Institute of Management Udaipur (hereinafter referred to as "Institute" or "IIMU") is an Autonomous Institute under the Ministry of Education (MoE), Government of India. IIM Udaipur is recognized as a premier management institution in the country.

Indian Institute of Management Udaipur invites quotations from successful service providers for the following services at the institute: -

(i) Group Medical Health Insurance coverage for the employees of the Institutes & their families.

(ii) Group Personal Accidental coverage for employees only.

Services are required for a period of one year from **15th January 2025** to **14th January 2026**.

Bidders must read the complete 'Tender Documents: This NIT is an integral part of the Tender Document and serves a limited purpose of invitation and does not purport to contain all relevant details for submission of bids. The Bidders must go through the complete Tender Document for details before submission of their Bids.

'The Bidders shall sign and stamp each page of this tender document as a token of having read, understood, and comply with tender, the terms, and conditions contained herein. Manual bid/tender will not be accepted under any circumstances. Incomplete bids/ documents shall be rejected without giving any reason.

Availability of the Tender Document -This tender document containing eligibility criteria, the scope of work, terms and conditions, specifications, and other documents, can be downloaded at/from the Central Public Procurement (CPP) Portal https://eprocure.gov.in/cppp/ or Indian Institute of Management Udaipur website: www.iimu.ac.in.

Clarifications – A Bidder requiring any clarification regarding the Tender Document may ask questions in writing/ electronically from the Office/ Contact Person as mentioned in TIS, provided the questions are raised before the clarification end date mentioned in TIS. This deadline shall not be extended.

Submission of Bids, EMD: - Bids shall be submitted through online mode under the eprocurement system. No manual Bids shall be made available or accepted for submission. The bidders have to apply online through E-Procurement portal





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Indian Institute of Management Udaipur https://eprocure.gov.in/cppp/ only. "The original EMD is to be submitted in a sealed envelope to be superscribed this tender name & the name of their agency and must reach the below address before the last date & time for submission of the bid."

The Chief of Administration IIM Udaipur,Balicha, Udaipur-313001,Rajastha



Section-3: Instruction to Bidders

1.0 GENERAL INSTRUCTIONS:

1.1 For Bidding / Tender Document Purposes, 'Office of the Director, Indian Institute of Management, Udaipur, Rajasthan referred to as 'Client' and the Bidder / Successful Bidder shall be referred to as 'Agency/ Contractor' and / or Bidder interchangeably.

1.2 The bidders are required to submit soft copies of their bids electronically on the CPP Portal, using valid Digital Signature Certificates.

1.3 While all efforts have been made to avoid errors in the drafting of the tender documents, the Bidder is advised to check the same carefully. No claim on account of any errors detected in the tender documents shall be entertained.

1.4 Each page of the Tender documents must be stamped and signed by the person or persons authorized to submit the Tender in token of his/their having acquainted himself/ themselves and accepted the entire tender documents including various conditions of contract. Any bid with any of the Documents not so signed is liable to be rejected at the discretion of the client.

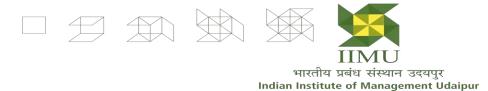
1.5 The Bidder shall attach the copy of the authorization letter / Power of Attorney as the proof of authorization for signing on behalf of the tendering company/ firm/ tenderer.

1.6 All Bidders are hereby explicitly informed that conditional offers or offers with deviations from the conditions of Contract, the bids not meeting the minimum eligibility criteria, technical bids not accompanied with EMD of requisite amount/format, or any other requirements, stipulated in the tender documents, are liable to be rejected.

1.7 The parties to the Bid shall be referred to as the 'Bidders' /Agency (to whom the work has been awarded) and 'Office of the Director, Indian Institute of Management, Udaipur, Rajasthan' shall be referred to as 'Client'.

1.8 For all purposes of the contract including arbitration there under, the address of the Bidder mentioned in the bid shall be final unless the Bidder notifies a change of address by a separate letter sent by registered post with acknowledgement to the 'Office of the Director, Indian Institute of Management, Udaipur, Rajasthan. The Bidder shall be solely responsible for the consequences of any omission or error to notify change of address in the aforesaid manner.

1.9 The requirement/execution of the work is indicative as mentioned in Schedule of Quantity and may deviate or change at the sole discretion of the client upto the permissible deviation limit.



1.10 **Pre- Bid Meeting**:-The purpose of the pre-bid meeting will be to clarify issues and to answer questions on any matter concerning bids that may be raised at that stage or for any clarification in connection with the bid documents. The bidder may submit any queries in writing or by e-mail, to reach the Estate Officer before such a meeting. The proceedings of the pre-bid meeting, including copies of the queries raised and responses given, will be furnished expeditiously to all those attending the meeting (and subsequently to all purchasers of the bidding documents). Any modification of the biding documents which may become necessary as a result of the pre-bid meeting or otherwise shall be made by the Procurement Committee through the issuance of an Addendum (or Amendment) to the bid documents and shall form part of the resultant contract.

2. PREPARATION/SUBMISSION OF BIDS

i. Bidder should take into account any corrigendum published on the tender document before submitting their bids.

ii. Please go through the tender advertisement and the tender document carefully to understand the documents required to be submitted as part of the bid. Please note the number of covers in which the bid documents have to be submitted, the number of documents - including the names and content of each of the documents that need to be submitted. Any deviations from these may lead to the rejection of the bid.

iii. Bidder, in advance, should get ready the bid documents to be submitted as indicated in the tender document/schedule and generally, they can be in PDF / XLS / RAR / DWF/JPG formats. Bid documents may be scanned with 100 dpi with the black and white option which helps in reducing the size of the scanned document.

iv. To avoid the time and effort required in uploading the same set of standard documents which are required to be submitted as a part of every bid, a provision of uploading such standard documents (e.g. PAN card copy, annual reports, auditor certificates etc.) has been provided to the bidders. Bidders can use "My Space" or "Other Important Documents" area available to them to upload such documents. These documents may be directly submitted from the "My Space" area while submitting a bid, and need not be uploaded again and again. This will lead to a reduction in the time required for bid submission process.

Note: My Documents space is only a repository given to the Bidders to ease the uploading process. If Bidder has uploaded his Documents in My Documents space, this does not automatically ensure these Documents being part of Technical Bid.





3. SUBMISSION OF TENDER

1) Bidders should log into the site well in advance for bid submission so that they can upload the bid in time i.e. on or before the bid submission time. Bidder will be responsible for any delay due to other issues.

2) The bidder must digitally sign and upload the required bid documents one by one as indicated in the tender document.

3) Bidders are requested to note that they should necessarily submit their financial bids in the format provided and no other format is acceptable. If the price bid has been given as a standard BoQ format with the tender document, then the same is to be downloaded and to be filled by all the bidders. Bidders are required to download the BoQ file, open it and complete the white-colored (unprotected) cells with their respective financial quotes and other details (such as the name of the bidder). No other cells should be changed. Once the details have been completed, the bidder should save it and submit it online, without changing the filename. If the BoQ file is found to be modified by the bidder, the bid will be rejected.

4) The server time (which is displayed on the bidders' dashboard) will be considered as the standard time for referencing the deadlines for submission of the bids by the bidders, opening of bids etc. The bidders should follow this time during bid submission.

5) All the documents being submitted by the bidders would be encrypted using PKI encryption techniques to ensure the secrecy of the data. The data entered cannot be viewed by unauthorized persons until the time of bid opening. The confidentiality of the bids is maintained using the secured Socket Layer 128 bit encryption technology. Data storage encryption of sensitive fields is done. Any bid document that is uploaded to the server is subjected to symmetric encryption using a system generated symmetric key. Further this key is subjected to asymmetric encryption using buyers/bid opener's public keys. Overall, the uploaded tender documents become readable only after the tender opening by the authorized bid openers.

6) The uploaded tender documents become readable only after the tender opening by the authorized bid openers.

7) Upon the successful and timely submission of bids (i.e. after Clicking "Freeze Bid Submission" in the portal), the portal will give a successful bid submission message & a bid summary will be displayed with the bid no. and the date & time of submission of the bid with all other relevant details.

8) The bid summary has to be printed and kept as an acknowledgment of the submission of the bid. This acknowledgment may be used as an entry pass for any bid opening meetings.

9) Any queries relating to the tender document and the terms and conditions contained therein should be addressed to the Tender Inviting Authority for a tender or the relevant contact person indicated in the tender.

10) Any queries relating to the process of online bid submission or queries relating to CPP Portal in general may be directed to the 24x7 CPP Portal Helpdesk.



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11) The Agencies are requested to submit the bids through online e-tendering system to the Tender Inviting Authority (TIA) well before the bid submission end date & time (as per Server System Clock). The **TIA will** not be held responsible for any sort of delay or the difficulties faced during the submission of bid online by the Agencies at the eleventh hour.

12) Not more than one tender shall be submitted by one Agency or Agencies having a business relationship. Under no circumstance will the father and his son(s) or other close relations who have a business relationship with one another (i.e. when one or more partner(s)/director(s) are common) be allowed to tender for the same contract as separate competitors. A breach of this condition will render the tenders of both parties liable to rejection.

13) Bidder who has downloaded the tender from the IIMU website www.iimu.ac.in and Central Public Procurement Portal (CPPP) website https://eprocure.gov.in/eprocure/app **shall not alter/modify the tender form including downloaded price bid template in any manner**. In case if the same is found to be altered/ modified in any manner, tender will be completely rejected and EMD would be forfeited, and Bidder is liable to be banned from doing business with IIMU.

4. TENDER OPENING PROCEDURE

The tender will be opened online on the Central Public Procurement Portal (CPP Portal).

5. CLARIFICATION ON TENDER EVALUATION

5.1 The Tender shall be evaluated based on the available documents submitted by the tenderer.

5.2 Client also reserves right to seek confirmation/ clarification on the supporting documents submitted by the tenderer.

6. **RIGHT OF ACCEPTANCE**

6.1 Office of Director, IIM Udaipur, Rajasthan reserves all rights to reject any tender including of those tenderer's who fail to comply with the instructions without assigning any reason whatsoever and does not bind itself to accept the lowest or any specific tender. The decision of the Competent Authority in this regard shall be final and binding.

6.2 Any failure on the part of the Tenderer to observe the prescribed procedure and any attempt to canvass shall render the Tenderer liable for rejection.

6.3 The Competent Authority reserves the right to award any or part or full contract to any successful tenderer's at its discretion and this will be binding on the Tenderer's.

6.4 Office of Director, IIM Udaipur, may terminate the contract if it is found at any stage that Contractor is black listed on previous occasion by any institution.

7. LETTER OF ACCEPTANCE

7.1 After determining the successful evaluated Tenderer, Client shall issue a Letter



of Acceptance (LoA) in duplicate, who will return one copy to client duly acknowledged, accepted, and signed by the authorized signatory, within 3 days of receipt of the same by him.

7.2 The issuance of the Letter of Acceptance to the Tenderer shall constitute an integral part of the contract and it will be binding on the contractor.



Section-4: Eligibility Criteria & Online Bid Submission Procedure

In order to apply for this tender, the intending bidders must fulfil the following eligibility criteria, failing which their bid will not be considered for the further evaluation process.

1. Bidders must have the valid PAN, GST Registration and Firm/ Company incorporation certificate as on the date of submission of the bid.

2. Bidder must have valid registration certificate issued by IRDA; the registration must be valid as on the date of submission of the bid.

3. Bidders must submit the Undertaking for Tender Terms & Conditions Acceptance as per the annexure given in this tender document.

4. Bidders should be neither blacklisted by any Government Dept., nor is any criminal case registered / pending against the firm or its owner / partners anywhere in India. A duly completed certificate of the Clean Track Record to this effect is to be submitted as per Annexure given in this tender document.

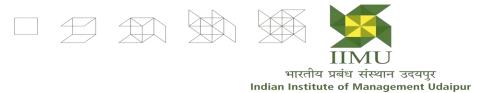
5. The bidder must submit the Certificate of Declaration for Confirmation of IRDA Guidelines as per the annexure given in this tender document.

6. Bidders must have prior experience in providing Group Health Insurance policy in the last three years (from the date of publishing of this tender) in any Govt. /Semi Govt.

/Centrally Funded Technical Institutes/ Large reputed organizations. Also, the details of the same along with supporting document/copy of insurance policy are to be submitted asper the Annexure given in this tender document.

7. Bidders must submit the Bid Security Declaration as per the annexure given in this tender document.

Bidder are directed to upload the required relevant documents in the respective packets as mentioned below, It is the sole responsibility of the Bidder to comply with all the supporting documents. In case of any irrelevant or non-readable files, non-submission of any of the below mentioned documents in the bid may be rejected:



Important Documents to be uploaded as a readable PDF File on the CPP Portal.

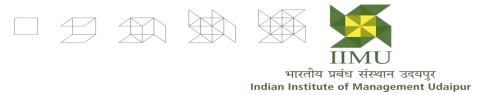
S No.	Details	Supporting Documents
1	Permanent Account Number (PAN)	Self-certified scanned PDF File
2	GST registration certificate	Self-certified scanned PDF File
3	Bidders firm incorporation certificate	Self-certified scanned PDF File
4	Bidders Profile	As per the Annexure-I
5	Registration certificate issued by IRDA	Valid registration certificate.
6	Undertaking for Tender Terms & Conditions Acceptance.	As per the Annexure-II
7	Self-Declaration Certificate for the Clean Track Record	As per the Annexure-III
8	Certificate of Declaration for Confirmation of IRDA Guidelines	As per the Annexure-IV
9	List of the Documents to be uploaded	As per the Annexure-V
10	Prior work experience record (as per point no. 5 mentioned above)	As Per the Annexure-VI
11	Technical specification compilation sheet	As Per the Annexure-VII
12	Insured Group Detail (Total Number of Lives)	As Per the Appendix-A
13	List of Hospitals in Udaipur from which Cashless hospitalization Arrangement/ tie-up is compulsory at least in 6 hospitals at the time of submission of bid and List of networks - Approved/ Tie up/ Hospitals in Udaipur & pan India (attach separate list if necessary) with cashless facility	As per Appendix-B
14	Package Charges/ Capping's including Room/ICU rent per person	As per Appendix-C
15	List of networks - Approved/ Tie up/ Hospitals in Udaipur & pan India (attach separate list if necessary) with cashless facility	
16	Inclusion & Exclusion list for Group Medical Health Insurance (attach separate list if necessary)	





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	Indian Instit	ute of Management Udaipur
17	Inclusion & Exclusion list for Group Personal Accidental Insurance (attach separate list if necessary	
18	List of diseases with capping value – if any	
19	List of Daycare activities	
20	Consolidated Claim Analysis Report (submitted, settled, rejected) for the last two Financial Years for both Group Medical Health Insurance & Group Personal Accident	
21	A model copy of Group Health Insurance policy & Group Personal Accident Insurance with detailed terms and conditions of the policy coverage	
22	Bid Security Declaration	As per Annexure-VIII
23	Detailed list of Authorized hospitals (Pan India).	Provide the List of Authorized hospitals empaneled for the cashless facility on Pan India Basis.
24	Full Details of TPA	Details of the TPA(s) including contact persons of TPA, their phone numbers and e-mails in case of 1 st , 2 nd and 3 rd level Escalation of Complaints, if any.



Section-5: Technical Specification for the Group Health Insurance Policy

The intending bidder must ensure that along with the eligibility criteria (as mentioned in section4), bidders are fulfilling the required technical specification for the Group Health Insurance Policyfor IIM Udaipur Employees (including EX-Employees) and their Family Members

Location Udaipur Tentative Commencement Date 15-01-2025 Period One year Insured Group Details Employee Strength as on 30-12-2024 One year No. of Employees 149 (including retired employee) No. of Dependents 474 (including retired employee's spouse) No. of Dependents 474 (including retired employee's spouse) 1 No. of Dependents (Retired-Employees) 1 Total No. of Lives 623 (Details of Employees and their family members are attached as Appendix-A). Family Definition Employee+ spouse + 2 children + 2 parents or parents in-laws (Either of these, selection cannot be made fron 1 parent and 1 parent-in-law). Maximum Age Not Applicable Floater/Individual Family Floater Sum Insured ₹ 5.00 Lakh per family (floater) Coverage and Benefits Details Covered Coverage of Pre-Existing diseases from day-1 Covered Cashless facility As Applicable (At least in 6 major hospitals in Udaipur from the attached Appendix-B) Inpatient Treatment Covered Day Care Treatment Covered S0 days waiting Period Waived S0 Days Pre and 60 Days post Kaived <t< th=""><th>Technical Specification</th><th></th></t<>	Technical Specification		
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Domiciliary HospitalizationCoveredCoverage of Pre-Existing diseases from day-1CoveredCashless facilityAs Applicable (At least in 6 major hospitals in Udaipur from the attached Appendix-B)Inpatient TreatmentCoveredDay Care TreatmentCovered30 days waiting PeriodWaived1st Year and 2 years exclusionsWaived30 Days Pre and 60 Days post hospitalization Expenses coveredCovered	Sum Insured	₹ 5.00 Lakh per family (floater)	
Coverage of Pre-Existing diseases from day-1CoveredCashless facilityAs Applicable (At least in 6 major hospitals in Udaipur from the attached Appendix-B)Inpatient TreatmentCoveredDay Care TreatmentCovered30 days waiting PeriodWaived1st Year and 2 years exclusionsWaived30 Days Pre and 60 Days post hospitalization Expenses coveredCovered	Coverage and Benefits Details		
day-1As Applicable (At least in 6 major hospitals in Udaipur from the attached Appendix-B)Inpatient TreatmentCoveredDay Care TreatmentCovered30 days waiting PeriodWaived1st Year and 2 years exclusionsWaived30 Days Pre and 60 Days post hospitalization Expenses coveredCovered	Domiciliary Hospitalization	Covered	
Udaipur from the attached Appendix-B)Inpatient TreatmentCoveredDay Care TreatmentCovered30 days waiting PeriodWaived1st Year and 2 years exclusionsWaived30 Days Pre and 60 Days post hospitalization Expenses coveredCovered	Coverage of Pre-Existing diseases from day- 1	Covered	
Day Care TreatmentCovered30 days waiting PeriodWaived1st Year and 2 years exclusionsWaived30 Days Pre and 60 Days post hospitalization Expenses coveredCovered	Cashless facility		
30 days waiting PeriodWaived1st Year and 2 years exclusionsWaived30 Days Pre and 60 Days post hospitalization Expenses coveredCovered	Inpatient Treatment	Covered	
1st Year and 2 years exclusionsWaived30 Days Pre and 60 Days post hospitalization Expenses coveredCovered	Day Care Treatment	Covered	
30 Days Pre and 60 Days post hospitalization Expenses coveredCovered	30 days waiting Period	Waived	
hospitalization Expenses covered	1st Year and 2 years exclusions	Waived	
New Born Baby from Covered up to the amount of Sum Insured	30 Days Pre and 60 Days postCoveredhospitalization Expenses coveredImage: Covered		
	New Born Baby from	Covered up to the amount of Sum Insured	



IIMU भारतीय प्रबंध संस्थान उदयपुर Indian Institute of Management Udaipur

Day 1	
Corporate Buffer	₹ 20 Lakh (with additional benefit up to the amount of initial Sum Insured per family)
Co-Payment (Claimed Amount)	 (i) Option 1 - 20% Co-pay on all parental claims (ii) Option 2 - without Co-Pay The Bidders are requested to refer to the financial bid where both the options (i) & (ii) should mandatorily be filled in. The Institute shall have an exclusive right to choose either of the options.
Pre/Post Natal Expenses	Rs. 20000 per claim
Maternity Benefit	Covered
9 Months Waiting Period Waiver for Delivery	Waived off
Emergency Ambulance Expense	Required
Parents'/Parent-in-law coverage	Required
Surgeon, Anesthetist, Medical practitioner, Consultants, Specialists fees etc.	Covered
Sub Limits For Disease / Room Rent Capping / Ambulance Charges	 Room-Rent – ₹ 10,000 per day (Max.) per person ICU Rent– ₹ 20,000/- per day (Max.) per person Ambulance Charges- ₹ 5,000/- (Max) per admission
Capping value	Package charges/Capping's including Room/ICU rent per person should be as specified in the Appendix-C.
	However, waiver of capping is desirable by the management of IIMU without any extra cost of premium



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	Indian Institute of Management Udaipur
	New Employees along with their dependents
	shall be included in policy from their date of
	joining the Institute; and resigned / terminated /
	employees along with their dependents shall be
	deleted from their date of relieving from the
	Institute.
Other Conditions	Accordingly, pro rata Premium to be
	charged/refunded in case of addition and
	deletion @ per family premium rate agreed upon.
	The reconciliation regarding charge/ refund of
	premium will be done once in a quarter.
	Institute would inform the Insurance company
	through e-mail about all such
	additions/separations once in a month.
	Addition and deletion in the family of existing
	employees would not have any financial
	implication for the institute.
	TPA Services Involved (if any) and Full details of
ТРА	the TPA. Details of Contact persons of TPA, their
IFA	phone numbers and e-mails in case of 1 st , 2 nd
	and3 rd level Escalation of Complaints, if any.
	List of Network of Authorized hospitals to be
	provided.
Any Service Charges on Medical Bills	
	Should not be deducted from the individual Claim.
	45 days from the submission of required
Time Limit for Reimbursement Cases	documents. Additional 10 days would be
	provided from the date of submission of
	additional documents in case of any
	query/additional requirement of documents.
	In case of the delay in the settlement the reason
Claim Settlement (provision for Penal	has to be informed to IIM Udaipur in writing, If
Interest)	reasons are not found justified, the Insurance
	company shall be liable to pay interest as per the
	IRDA guidelines/ notifications.





U

	indian institute of Management odalpur
	Health Insurance Policy Cards for availing
Health Insurance Policy Cards	Cashless.
	facility by all insured members to be provided
	within 15 days from the date of issue of the
	Policy.



Section-6: Technical Specification for the Accidental Insurance Policy

This policy will cover the only employees engaged by the Indian Institute of Management Udaipur.

This Policy shall offer benefits like Accidental Death Cover, Accidental Permanent Total Disability Cover, Accidental Permanent Partial Disability Cover, Accidental Temporary Total Disability Cover, and a few optional benefits for self. In addition to payment of compensation in case of death due to accidents, the policy also covers disablement, both permanent and temporary. The brief particulars of the covers and the procedure to be followed in this regard are furnished hereunder.

Brief particulars of the covers: The Policy provides for payment of a certain amount, depending upon the Capital Sum Insured for death or disablement of the insured person due to an accident.

Benefits:

S.No	Case	Compensation
1	Death only	Capital Sum Insured (CSI) Rs. 2000000.00 (Rupees twenty lakh only)
2	Loss of two limbs, two eyes or one limb and one eye	CSI
3	Loss of one limb or one eye	≥50% of CSI
4	Permanent Total disablement from other than those	CSI
5	named above (PTD)	
6	Permanent Partial Disablement (PPD)	% of CSI as mentioned below
		% of Capital Sum insured
S.No	Parts Lost	$(\geq : greater than or equal to)$
1	Loss of toes-all	20
2	Great-both phalanges	5
3	Great-one phalanx	2
4	Other than great, if more than one toe lost each	1
5	Loss of hearing-both ears	75
6	Loss of hearing-one ear	30





1	Indian Institute of Management Udaipur	
7	Loss of four fingers and thumb of one hand	40
8	Loss of four fingers	35
9	Loss of thumb-both phalanges	25
10	-One phalanx	10
11	Loss of Index finger three phalanges or two phalanges or one phalanx	10
12	Loss of middle finger three phalanges or two fingers or one phalanx	6
13	Loss of ring finger three phalanges or two phalanges or one phalanx	5
14	Loss of little finger three phalanges or two phalanges or one phalanx	4
15	Loss of metacarpals – first or second third, fourth or fifth (additional)	3
16	Any other Permanent Partial Disablement	%Age as assessed by the panel doctor of the Co.
17	Temporary Total Disablement (TTD)	at 1% of CSI up to 100 Weeks (maximum weekly benefits not exceeding Rs.5000/-) However limited To Capital Sum Insured.

Additional benefit Amount Benefit

Expenses for carriage of the dead body of the	
insured person (death due to accident only) to the	2% of CSI
place of residence.	



Section-7: Bid Evaluation

For the purpose of selection of the bidder, a two bid system evaluation process will be followed. The response to the tender should be submitted in two parts viz. Technical Bid & Commercial Bid. Evaluation will be done strictly on Eligibility Criteria and Technical Specification as mentioned in this tender.

The Procurement Committee constituted by the IIM Udaipur shall verify the particulars furnished by the bidder independently and shall examine the bids to confirm that all documents pertaining to the Eligibility Criteria and Technical Criteria have been provided, and shall ascertain the completeness of each document submitted. If any of these documents or information is missing, IIM Udaipur reserves the right to call upon for the missing documents from the Bidders or reject the bid on account of unresponsive bid and the rejected bids will be ignored for the further evaluation purpose.

The financial bid will be opened only for those bidders who are verified and confirmed by the technical evaluation committee as technically qualified bidders as per Tender. **The commercial bid with the lowest price will be the highest evaluated bid.**



Section-8: General Terms and Conditions

1. **Bidder:** Tenders are invited only from the Insurance Companies having Certificate of Registration issued by Insurance Regulatory and Development Authority of India (IRDA).

2. **Tender Type:** Two-Bid through Online Mode.

3. **Pre-Bid Meeting:** Pre-Bid meeting specified as mentioned in the schedule of the tender. The purpose of the meeting is to clarify the queries of the prospective bidders on technical bid and commercial terms and conditions of this tender. In view of the above, prospective bidders are advised to submit their doubts / questions /clarifications if any, bearing tender no., title and marked "Queries for Pre-Bid Meeting" through Mail, (Mail ID: procurement@iimu.ac.in) in the specified timeline, no queries will be entertained beyond the date of pre bid meeting.

4. **Bid Validity:** The quoted bid shall be valid for a period of 90 days from the date of opening of the Financial Bid.

5. **Modification and withdrawal of bids:** No bid can be modified subsequent to the deadline for submission of bids. No bid can be withdrawn after the deadline for submission of bids and the expiration of the period of bid validity.

6. **Confidentiality:** Information relating to the evaluation, comparison, and post qualification of bids, and recommendation of contract award, shall not be disclosed to bidders or any other persons not officially concerned with such process until publication of the Contract Award.

7. Any effort by a Bidder to influence the Purchaser in the examination, evaluation, comparison, and post qualification of the bids or contract award decisions may result in the rejection of its Bid.

8. **Award Criteria:** IIM Udaipur reserves the rights to award the contract to the successful Bidder whose bid has been determined to be substantially responsive and has been determined to be the highest evaluated bid.

9. **Notification of Award:** Prior to the expiration of the period of bid validity, IIM Udaipur will notify the successful bidder in writing by registered letter or e-mail that the bid has been accepted.

10. **Order Acceptance:** The successful bidder should submit Order acceptance within 7 days from the date of issue of order, failing which it shall be presumed that the bidder is not interested and his bid security (if any) is liable to be forfeited.

11. No correspondence/discussion/visits whatsoever will be entertained on the subject unless specifically called by the duly authorized office bearers of IIM Udaipur after opening the tenders for technical discussions/ price negotiations. Any violation of this will render the quotations invalid and the firm is liable to be blacklisted.

12. **Termination for Insolvency:** IIM Udaipur may at any time terminate the Contract by giving a written notice to the awarding firm, without compensation to the firm, if the firm becomes bankrupt or otherwise insolvent as declared by the competent



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Court, provided that such termination will not prejudice or affect any right of action or remedy, which has accrued or will accrue thereafter to the department. The courts of Udaipur alone will have the jurisdiction to try any matter, dispute or reference between the parties arising out of this purchase. It is specifically agreed that no court outside and other than Udaipur Court shall have jurisdiction in the matter.

13. **Force Majeure:** Neither party shall be liable to the other, for any delay in or failure of their respective obligations under this contract/ award of tender caused by occurrences beyond the control of either party because of fire, floods, acts of God, acts of public enemy, wars, riots, strikes, lockouts, sabotage, fire, floods, explosion, epidemic, quarantine restrictions, any law statute or ordinance order actions or regulations of the Government or any compliance there is similar to the above. Either party shall promptly notify (within 15 days) the other of his commencement and cessation of such contingency and prove that such is beyond the controls and affects the implementation of this contract adversely.

14. False declaration/documents will be in breach of the Code of Integrity under Rule 175(1) (i) (h)of the General Financial Rules for which a bidder or its successors can be debarred for up to two years as per Rule 151 (iii) of the General Financial Rules along with such other actions as may be permissible under law.

15. Arbitration:

a) All disputes or differences, whatsoever, arising between the parties out of or relating to the interpretation, meaning and operation or effect of this contract or the breach thereof, shall be resolved through mutual consultation and negotiation.

b) Any dispute not resolved by mutual consultations shall be settled through arbitration by an arbitrator duly appointed by the Director, IIM Udaipur. The award of the said Arbitrator shall be final and binding on both parties. The place of the Arbitration shall be at Udaipur.

c) The courts of Udaipur alone will have the jurisdiction to try any matter, dispute or reference between the parties arising out of this purchase. It is specifically agreed that no court outside and other than Udaipur Court shall have jurisdiction in the matter.

d) Arbitration cost will be borne jointly by both the parties to the Contract.



Section-9: Special Terms and Conditions

1. IIM Udaipur reserves the right to modify/change/delete/add any further terms and conditions prior to issue of purchase order.

2. IIM Udaipur reserves the right to relax / amend / withdraw any of the terms and conditions contained in the Tender Document without assigning any reason thereof. Any inquiry after submission of the quotation will not be entertained.

3. It is 'bidders' responsibility to check for any amendment/corrigendum (if any) on the website of IIM Udaipur and CPP Portal before submitting their duly completed bids.

4. **Payment:** Premium for the Group Health Insurance policy & Group Personal Accidental Coverage will be paid on submission of Performa Invoice / Formal quotation, complete with the details of the group and coverage. Payment will be done through the e-payment mode only.

5. **Precedence Clause:** In the case of any ambiguity in interpretation, the decision by IIM Udaipur authority on the interpretation of the entire contract terms and conditions will be final and binding to all.

6. CONTRACT PERIOD:

a) The contract will be initially for a period of one year starting from **15-01-2025 (00:00** Hrs). Based on satisfactory performance, the contract may be extended maximum up to another two years on mutually agreed terms and conditions.

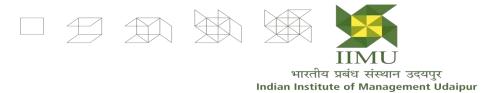
b) IIM Udaipur can terminate the contract with 30 days' notice in case the services are not found satisfactory. In such a case, IIM Udaipur will settle the premium amount of service rendered on pro rata basis and the remaining amount will be recovered from the bidder, after levying appropriate penalty, if any.

7. **DELIVERY SCHEDULE:** Successful bidder has to provide the group health insurance policy & Group Personal Accidental Coverage with the commencement of the services w.e.f. **15-01-2025 (00:00 Hrs).**

8. The bidders have to necessarily submit the Bid Declaration certificate as per annexure-VIII stating that, if they withdraw or modify their bids during the period of validity, or if they are awarded the contract and they fail to sign the contract, or to submit a performance security (if required) before the deadline defined in the request for bids document, they will be suspended for the period of two years or as decided by the competent authority from being eligible to submit bids for contracts with the entity that invited the bids.

9. MIS reports including claims of individuals and details of settlement to be furnished to the institute on monthly basis or as communicated by the Institute. Periodic meeting to be held in Institute campus between the Institute and the TPA/Insurance Company for review of cases/settlement of grievances of the employees.

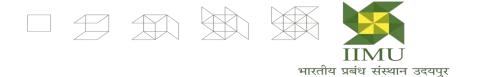
10. The response time by the TPA/Insurance Company at the time of admission should be maximum Five hours.



Section-10: Existing Policy and Claim ratio details

Report Date	24.12.2024
Corporate Name	Indian Institute of Management Udaipur
Policy No.	50000/48/2024/155
Claim Amount Settled	3757471
Outstanding Claim Amount	1470782
Premium	3759355
Claim Ratio	159 %

Note: Detailed Claim Dump and Existing policy details are attached at the end of this tender document.



Annexure-I: Bidder Profile

Indian Institute of Management Udaipur

(On Company/ Firm's Letterhead)

Profile						
Registered Name						
Date of Incorporation / Establishment						
Permanent Account Number (PAN)						
GST Registration Number						
Company Registration Number (CIN)						
IRDA Registration Number						
Registered Address						
Postal address for communication						
	Name					
Authorized Signatory Details	Designation					
	Email					
	Phone					

Date:







Annexure-II: Undertaking for Tender Terms & Conditions Acceptance

(Duly sealed and signed certificate on Company/ Firm's Letterhead) Date :

To,

The Director, IIM Udaipur Balicha, Udaipur, Rajasthan-313001.

Sub. : Acceptance of Terms & Conditions of Tender.

Tender Reference No.: IIMU/Tender/ Health Insurance/2024-25

Name of Tender/Work: **PROVIDING GROUP MEDICAL HEALTH INSURANCE AND** ACCIDENTAL INSURANCE POLICY FOR EMPLOYEES OF IIM UDAIPUR

Dear Sir,

1. I/We have downloaded/obtained the tender document(s) for the above mentioned 'Tender/Work' from the web site(s) namely: CPPP Portal as per your advertisement, given in the above mentioned website(s).

2. I/We hereby certify that I/We have read the entire terms and conditions of the tender documents from Page No._____(including all documents like annexure(s), schedule(s), etc.,) which form part of the contract agreement and I/we shall abide by with the terms/conditions/clauses contained therein.

3. The corrigendum(s) issued from time to time by your department/organization too have all been taken into consideration while submitting this acceptance letter.

4. I/We hereby unconditionally accept the tender conditions of abovementioned tender document(s) / corrigendum(s) in its totality / entirety.

5. In case any provisions of this tender are found violated, then your department/organization shall without prejudice to any other right or remedy be at liberty to reject this tender/bid including the forfeiture of the full earnest money deposit absolutely.

Yours faithfully,

(Signature of the Bidder, with Official Seal)





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Indian Institute of Management Udaipur Annexure-III: Self-Declaration Certificate for the Clean Track Record

Self-Declaration Certificate

(Duly sealed and signed certificate on Company/ Firm's Letterhead)

I/we, the undersigned certify that I/we have gone through the terms and 1. tender documents and undertake to comply with conditions mentioned in the them.

The rates quoted by me/us are valid and binding on me/us during the period 2. of validity of the tender.

3. I/we, the undersigned hereby bind myself/ ourselves to the Indian Institute of Management Udaipur, Balicha Udaipur, Rajasthan-313001 during the period of contract.

4. The Performance Security deposited by me/us shall remain in the custody of the Indian Institute of Management Udaipur, Balicha Udaipur, Rajasthan-313001 subject to settlement of all dues on either side. The performance Security Deposit will not carry any interest.

The conditions herein contained shall form part of and shall be taken as 5. included in the agreement itself. I/we will be wholly responsible for undertaking "Name of Tender/Work:- PROVIDING GROUP MEDICAL HEALTH INSURANCE AND ACCIDENTAL INSURANCE POLICY FOR EMPLOYEES OF IIM UDAIPUR.

An affidavit to the effect that there is no vigilance/CBI or court case 6. pending/contemplated against the firm as on the date of submission of bid.

7. The decision of the IIM Udaipur regarding acceptance/rejection of Tender shall be final & binding on me/us.

Affirmation

Son / Daughter of Shri Partner / Director Authorized Signatory of 1. I. affirm that I am competent to sign this declaration and execute this tender document.

2. I have carefully read and understood all the terms and conditions of the tender and hereby convey my acceptance of the same.

The information / documents furnished along with the above application 3. are true and authentic to the best of my knowledge and belief. I am aware of the fact that furnishing any false information / fabricated document would lead to rejection of my tender at any stage besides liabilities towards prosecution under appropriate law.

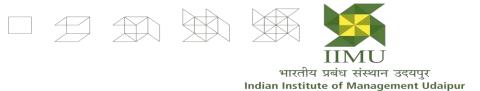
Date: Partner / Director Signature of Bidders / Managing

Place:

Name:

Seal:

N.B. The above declaration, duly signed and sealed by the authorized signatory of the Company, should be enclosed with a Technical Bid.



Annexure-IV: Self-Declaration Certificate for Confirmation of IRDA Guidelines

Self-Declaration Certificate (Duly sealed and signed certificate on Company/ Firm's Letterhead)

I/	We	hereby	certify	that	our	Offer	no	 Dated
								against the

IIM Udaipur Tender No: IIMU/Tender/Health Insurance/ 2024-25 does not amount to any breach of IRDA guidelines. I further confirm that in the event of disclosure at a later stage that the same are not in line with IRDA Guidelines and IIM Udaipur is put to any disadvantage or face cancellation of the Policy or any claim becomes substandard/untenable, the whole liabilities arising out of this shall lie squarely on us.

I/ We hereby undertakes that in case of any violations to the above declarations at any stage of the contract, IIM Udaipur reserves the sole right to cancel the contract and recover the full value of the contract from us.

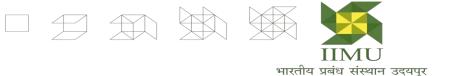
I/ We, further certify that I am the duly authorized representative of the Insurer and competent to agree as above.

Authorized Signatory

Name: Date: Designation: Place:



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Indian Institute of Management Udaipur

Annexure-V: List of documents to be uploaded with technical bid as mentioned inSection-4.

Important Documents to be uploaded as a readable PDF File on the CPP Portal.

S No.	Details	Supporting Documents	Complied (yes/No)
1	Permanent Account Number (PAN)	Self-certified scanned PDF File	
2	GST registration certificate	Self-certified scanned PDF File	
3	Bidders firm incorporation certificate	Self-certified scanned PDF File	
4	Bidders Profile	As per the Annexure-I	
5	Registration certificate issued by IRDA	Valid registration certificate.	
6	Undertaking for Tender Terms & Conditions Acceptance.	As per the Annexure-II	
7	Self-Declaration Certificate for the Clean Track Record	As per the Annexure-III	
8	Certificate of Declaration for Confirmation of IRDA Guidelines	As per the Annexure-IV	
9	List of the Documents to be uploaded	As per the Annexure-V	
10	Prior work experience record (as per point no. 5 mentioned above)	As Per the Annexure-VI	
11	Technical specification compilation sheet	As Per the Annexure-VII	
12	Insured Group Detail (Total Number of Lives)	As Per the Appendix-A	
13	List of Hospitals in Udaipur from which Cashless hospitalization Arrangement/ tie-up is compulsory at least in 6 hospitals at the time of submission of bid and List of networks - Approved/ Tie up/ Hospitals in Udaipur & pan India (attach separate list if necessary) with	As per Appendix-B	





r	Indian Institute of Management Udaipur					
	cashless facility					
14	Package Charges/ Capping's including Room/ICU rent per person	As per Appendix-C				
15	List of networks - Approved/ Tie up/ Hospitals in Udaipur & pan India (attach separate list if necessary) with cashless facility					
16	Inclusion & Exclusion list for Group Medical Health Insurance (attach separate list if necessary)					
17	Inclusion & Exclusion list for Group Personal Accidental Insurance (attach separate list if necessary					
18	List of diseases with capping value – if any					
19	List of Daycare activities					
20	Consolidated Claim Analysis Report (submitted, settled, rejected) for the last two Financial Years for both Group Medical Health Insurance & Group Personal Accident					
21	A model copy of Group Health Insurance policy & Group Personal Accident Insurance with detailed terms and conditions of the policy coverage					
22	Bid Security Declaration	As per Annexure-VIII				
23	Detailed list of Authorized hospitals (Pan India).	Provide the List of Authorized hospitals empaneled for the cashless facility on Pan India Basis.				
24	Full Details of TPA	Details of the TPA(s) including contact persons of TPA, their phone numbers and e-mails in case of 1 st , 2 nd and 3 rd level				





भारतीय प्रबंध संस्थान उदयपुर

Indian Institute of Management Udaipur				
Escalation of Complaints, if				
any.				

Note: All of the above details sought required to be compulsorily attached with the Tender Form, which are necessary to get qualified.

Authorized Signatory

Name:

Date:

Designation:





ANNEXURE - VI: Prior Work Experience

Indian Institute of Management Udaipur

Evaluation Criteria	Year	Name of the Client	Policy details	Premium Amount (Rs.)	Remarks
List of Purchase Order / Work Order/Policy where the similar type of Work executed by you during the last 3 years as on last date of bid submission	2021-22 2022-23 2023-24				Supporting Documents are to be attached along with the Annexure-III

Note: Details of Satisfactory performance reports from similar organizations Govt./ PSU's (at least three reports on the letterhead of the clients under signatures of the authorized signatory with seal & (attach separate list if necessary)

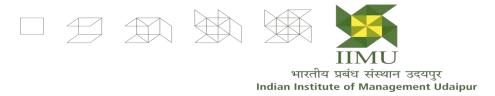
Authorized Signatory

Name:

Designation:

Date:





Annexure-VII: Technical Specification Compliance Sheet

This is to certify that all the technical specifications mentioned in Section-5 & Section-6 of the Tender document is complied.

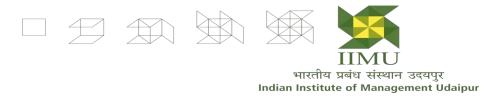
Authorized Signatory

Name:

Date:

Designation:





APPENDIX-A: Insured Group Detail (Total Number of Lives)

Employees (Including Retired Employees) and dependent details for Group Health Insurance Policy as on 30 December 2024

Age Band	Employees	Child	Dependent	Spouse	Grand Total
0-18		106			106
19-35	64	12		47	123
36-45	56		2	49	107
46-55	21		40	13	74
56-65	6		96	5	107
66-70	2		47		49
71-75			28		28
Above 75			28	1	29
	149	118	241	115	623

Authorized Signatory

Name:

Date:

Designation:





APPENDIX-B: List of Hospitals

S. No.	List of Hospitals in Udaipur from which Cashless hospitalization arrangement/tie-up is compulsory in at least six hospitals at The time of submission of bids.	
1.	Aravali Hospital, 332, Ambamata Scheme, Udaipur, Rajasthan, 313004	
2.	Mewar Orthopedic Hospital Pvt Ltd, PRIYDARSHANI NAGAR BEDLA UDAIPUR 313001 Udaipur	
3.	ASG HOSPITAL PVT LTD ,7-C2 Meera Marg Opp Udaipur.	
4.	GBH American Hospital, 101, Kothi Bagh Bhatt Ji Ki Bari	
5.	GBH American Hospital, Near Transport Nagar Airport Road Bedwas,Udaipur	
6.	Geetanjali Medical College and Hospital, Geetanjali Medcity, Hiran Magri Extn. Eklingpura Chouraha, UDAIPUR	
7.	Pacific Institute of Medical Sciences, Ambua Road VillageUmarda, RJ SH 32, Udaipur, Rajasthan 313015	
8.	PACIFIC MEDICAL COLLEGE AND HOSPITAL Village Bhilo ka Bedla, Pratappura, Amberi, Near N.H. 27, Udaipur	
9.	Paras JK Hospital Plot No 1, JK Lane, Shobhagpura Udaipur	
10.	KIDNEY CARE HOSPITAL AND RESEARCH CENTER New Navratan complex, Fatehpura, Udaipur	
11.	ALPANA NURSING HOME 214-C, SARDARPURA,Udaipur	
12.	Magnus Hospital, 24 Meera nagar, 80 Feet Road, Shobhagpura, Bhuwana, Udaipur, Rajasthan 313001	

Note: List of networks - Approved/ Tie up/ Hospitals in Udaipur & pan India (attach separate list if necessary) with cashless facility

Authorized Signatory

Name: Date: Designation: Place:

Seal





APPENDIX-C: Package Charges/Capping's including Room/ICU rent per <u>person.</u>

Sr. No.	Procedures / Surgeries	Metro Locations	Non-metro Locations
1	Appendectomy	1,25,000/-	90,000/-
2	Eye related	90,000/-	70,000/-
3	Cholecystectomy	1,50,000/-	1,00,000/-
4	Hernia	1,50,000/-	1,00,000/-
5	Hydrocele repair	1,50,000/-	1,00,000/-
6	Hysterectomy	1,50,000/-	1,10,000/-
7	Piles related	1,50,000/-	1,00,000/-
8	Kidney stone removal (including DJ stent removal for the same stone)/Gall Bladder	1,50,000/-	1,10,000/-
9	Cataract	60,000/-	40,000/-
10	Normal Delivery Coverage	75,000/-	50,000/-
11	Caesarean Delivery Coverage	1,00,000/-	75,000/-

Authorized Signatory

Name:

Date:

Designation:







भारतीय प्रबंध संस्थान उदयपुर Indian Institute of Management Udaipur

Annexure-VIII: Bid Security Declaration

(Duly sealed and signed certificate on Company/ Firm's Letterhead)

To,

The Director, IIM Udaipur Balicha, Udaipur, Rajasthan-313001.

PROVIDING GROUP MEDICAL HEALTH INSURANCE AND ACCIDENTAL INSURANCE POLICY FOR EMPLOYEES OF IIM UDAIPUR Dear Sir,

I/We, the undersigned, declare that.

1. We understand that, according to the conditions of the tender document, bid must be supported by a Bid Security Declaration.

2. We accept that, we will be automatically suspended from being eligible for bidding in and contract with the Institute for the period of 2 years or as decided by the competent authority from being eligible to submit bids for contracts starting from the bid closing date, if we are in breach of our obligation(s) under the bid conditions, because we:

a) Have withdrawn our bid during the period of bid validity specified in the tender document.

b) Having been notified of the acceptance of our bid by the Institute during the period of bid validity and (i) fail or refuse to execute the contract, if required, or

(ii) fail or refuse to furnish the performance security (if required), in accordance with the tender conditions.

Authorized Signatory

Name:

Designation:

Place:

Seal

Page 37 | 36

Date:



The Oriental Insurance Company Limited

This Document is Digitally Signed



GROUP MEDICLAIM TAILORMADE POLICY SHEDULE UIN : OICHLGP449V022021

Policy No.	: 500000/48/2024/155		No.			
Cover Note No.	: 50000054984		Cover Note Date	: 01/01/2024		
Insured's Code	: AB0000055971	-	Issue Office Cod			
Insured's Name	INDIAN INSTITUTE OF M UDAIPUR (GSTIN: 08AAA			ne : CBO Ahmed 24AAACT06		
Address	: DIRECTOR INDIAN INST MANAGEMENT, IIM, Balic Rajasthan -	cha, Udaipur,	Address	SOCIETY OPP. FEMIN NAVRANGP	TIK CENTRE, SWASTIK IA TOWN, CG ROAD, URA, AHMEDABAD D GUJARAT 380009	
Fel. /Fax /Email	UDAIPUR RAJASTHAN 3 : //9119376335/hrd@iim	13001 1u.ac.in	Tel. /Fax /Email	: / / 500000@	orientalinsurance.co.in	
Agent/Broker D Dev.Off.Code	etails : NA0000010137				and under the story of the	
	. 1140000010137					an phile 4
Agent/Broker						The second
Address						A CARGE CA
Tel/Fax/Email	: ////					
Period of Insurance	ce: FROM 00:00 ON 15/01/2	2024 TO MIDNIC	GHT OF 14/01/20	25	* :	
Collection No. & D	Dt.: CD A/C AB0000055971	GST INVO	ICE NO :2422420	35415 UIN :0	D., 1999, 1999, 1999, 1999	
Gross Premium	: 31,85,894 GST :	5,73,461 Sta	amp Duty: 1	Total: 37,59,355	5	
Gross Premium Co-insurance Det		5,73,461 Sta	amp Duty : 1	Total : 37,59,358	5	
		5,73,461 Sta	amp Duty : 1	Total : 37,59,358	5 ~	
Co-insurance Det		5,73,461 Sta	amp Duty: 1	Total : 37,59,355	5	
Co-insurance Det		5,73,461 Sta	amp Duty: 1	Total : 37,59,35	5	
Co-insurance Det TPA Details : TPA ID :	ails : NIL		amp Duty : 1	Total : 37,59,35	5	
	ails : NIL YA000000347	ER		Total : 37,59,35	5	
Co-insurance Det TPA Details : TPA ID : TPA Name :	ails : NIL YA0000000347 PARAMOUNT HEALTH SE A-442, ROAD NO-28, WAG	ER				
Co-insurance Det TPA Details : TPA ID : TPA Name :	ails : NIL YA0000000347 PARAMOUNT HEALTH SE A-442, ROAD NO-28, WAG THANE WEST, 400 604.	ER BLE INDUSTRIA	L ESTATE,	ee No : 1800-;		
Co-insurance Det TPA Details : TPA ID : TPA Name : TPA Address :	ails : NIL YA0000000347 PARAMOUNT HEALTH SE A-442, ROAD NO-28, WAG THANE WEST, 400 604. THANE 400604 022-66444600 TOLL FREE	ER BLE INDUSTRIA	L ESTATE, Toll Fr Fax No	ee No : 1800-;	22-6655	
Co-insurance Det TPA Details : TPA ID : TPA Name : TPA Address : TPA Address :	ails : NIL YA0000000347 PARAMOUNT HEALTH SE A-442, ROAD NO-28, WAG THANE WEST, 400 604. THANE 400604 022-66444600 TOLL FREE 1800-22-6655	ER BLE INDUSTRIA Risk Deta s per attached	L ESTATE, Toll Fr Fax No ails Annexure	ee No : 1800-;	22-6655	
Co-insurance Det TPA Details : TPA ID : TPA Name : TPA Address : Telephone No :	ails : NIL YA0000000347 PARAMOUNT HEALTH SE A-442, ROAD NO-28, WAG THANE WEST, 400 604. THANE 400604 022-66444600 TOLL FREE 1800-22-6655	ER BLE INDUSTRIA Risk Deta s per attached ndant : Total Li	L ESTATE, Toll Fr Fax No ails Annexure	ee No : 1800-;	22-6655	: 555
Co-insurance Det TPA Details : TPA ID : TPA Name : TPA Address : Telephone No :	ails : NIL YA0000000347 PARAMOUNT HEALTH SE A-442, ROAD NO-28, WAG THANE WEST, 400 604. THANE 400604 022-66444600 TOLL FREE 1800-22-6655 A Emp/Deper Name	ER BLE INDUSTRIA Risk Deta s per attached ndant : Total Li	L ESTATE, Toll Fri Fax No ails Annexure Ives (Self SI ; Dep. 423)	8e No : 1800-/ 5 : 022-6	22-6655 6444754-755 No Of	: 555
Co-insurance Det TPA Details : TPA ID : TPA Name : TPA Address : Telephone No : Sr No : 1	ails : NIL YA0000000347 PARAMOUNT HEALTH SE A-442, ROAD NO-28, WAG THANE WEST, 400 604. THANE 400604 022-66444600 TOLL FREE 1800-22-6655 A Emp/Deper Name	R BLE INDUSTRIA Risk Deta s per attached ndant : Total Li 132 + I	L ESTATE, Toll Fri Fax No ails Annexure Ives (Self SI ; Dep. 423)	8e No : 1800-/ 5 : 022-6	22-6655 6444754-755 No Of	: 555
Co-insurance Det TPA Details : TPA ID : TPA Name : TPA Address : Telephone No : Sr No : 1	ails : NIL YA0000000347 PARAMOUNT HEALTH SE A-442, ROAD NO-28, WAG THANE WEST, 400 604. THANE 400604 022-66444600 TOLL FREE 1800-22-6655 A Emp/Deper Name Particula	R BLE INDUSTRIA Risk Deta s per attached ndant : Total Li 132 + I	L ESTATE, Toll Fri Fax No ails Annexure Ives (Self SI ; Dep. 423)	ee No : 1800-/ b : 022-6 66000000	22-6655 6444754-755 No Of Dependants	
Co-insurance Det TPA Details : TPA ID : TPA Name : TPA Address : TPA Address : Telephone No : Sr No : 1 Place : AHME Date : 16/01/ This is an electro	ails : NIL YA0000000347 PARAMOUNT HEALTH SE A-442, ROAD NO-28, WAG THANE WEST, 400 604. THANE 400604 022-66444600 TOLL FREE 1800-22-6655 A Emp/Deper Name Particula	R BLE INDUSTRIA Risk Deta s per attached ndant : Total Li 132 + I rs of the Perso	L ESTATE, Toll Fri Fax No alls Annexure ives (Self SI : Dep. 423) ons covered	ee No : 1800-/ b : 022-6 66000000	22-6655 6444754-755 No Of Dependants For and on behalf of	
Co-insurance Det TPA Details : TPA ID : TPA Name : TPA Address : Telephone No : Sr No : 1 Place : AHME Date : 16/01/ This is an electrc Policy documen In case of any qu	ails : NIL YA0000000347 PARAMOUNT HEALTH SE A-442, ROAD NO-28, WAG THANE WEST, 400 604. THANE 400604 022-66444600 TOLL FREE 1800-22-6655 A Emp/Deper Name Particula DABAD 2024	Risk Deta SLE INDUSTRIA Risk Deta s per attached indant : Total Li 132 + 1 rrs of the Perso policy Schedule). post.	L ESTATE, Toll Fri Fax No alls Annexure ives (Self SI : Dep. 423) ons covered	ee No : 1800-/ b : 022-6 66000000	22-6655 6444754-755 No Of Dependants For and on behalf of tal Insurance Company	
Co-insurance Det TPA Details : TPA ID : TPA Name : TPA Address : TPA Address : Telephone No : Sr No : 1 Place : AHME Date : 16/01/ This is an electrc Policy documen In case of any qu Free No. 1800 11	ails : NIL YA0000000347 PARAMOUNT HEALTH SE A-442, ROAD NO-28, WAG THANE WEST, 400 604. THANE 400604 022-66444600 TOLL FREE 1800-22-6655 A Emp/Deper Name Particula DABAD 2024 nically generated document (F t duly stamped will be sent by generating the Policy please	R BLE INDUSTRIA Risk Deta s per attached ndant : Total Li 132 + I rrs of the Perso Policy Schedule). post. e call Toll	L ESTATE, Toll Fri Fax No ails Annexure Vves (Self SI : Dep. 423) ons covered	ee No : 1800-; o : 022-6 66000000	22-6655 6444754-755 No Of Dependants For and on behalf of	

Attached	to and forming p	eart of policy nu	The Or mber 500000/48/20		irance Con	This Document is D npany Limited Signer: SUNITA TU Date: Tue, Jan 18 Location: NOIDA Reason: Signing P	2924 1
Sr. No.	Name	Relationship	Sex Age		ng Ailments, I	f	
Total Sum Total Prer	n Insured in words mium in words	: Indian Rupee : Indian Rupee	s Six Crores Sixty L s Thirty-Seve n Lakt	Any akhs Only is Fifty-Nine Ti	housand Three	Hundred Fifty-Five Only	
				nt Details			
Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks	
1	15/01/2024	100	31,85,894	5,73,461	37,59,355		
The insura	ince under this po	licy is subject to	conditions, clauses			L	
The policy		pitalization expe				ng Home/Hospital in INDIA as	
 7 - Covera 8 - Cashle 9 - Inpatie 10 - Day C 11 - 30 da 12 - 1st Ye 13 - 30 Da 14 - New I 15 - Corpc 16 - Co-Pa 17 - Pre/Pi 18 - Mater 19 - 9 Mor 20 - Emerg 21 - Surge 22 - Room 23 - Cappi Appendix- 24 - Other 1nstitute wa Addition ar 25 - Any S 26 - Time I would be p documents 	Born Baby from D prate Buffer : Rs. 2 ayment (Claimed , ost Natal Expensi, nity Benefit : Cow ths Waiting Perio gency Ambulance on, Anesthetist, M Rent Capping : F ng value : Packag C. Conditions : New e; and resigned/ta istitute. According ate agreed upon- ould inform the In nd deletion in the ervice Charges o Limit for Reimburs provided from the 3.	g diseases from able vered Covered : Waived : Waived : Waived : Waived : Waived : Waived : Waived 20 Lakh (with ad Amount) : Not ag es : Rs. 20,000/ ered as per limit d Waiver for Del : Expense : Rs. 6 /dedical practition 'ss. 10,000 per di ge charges/Capp : Employees alor erminated/emplo ly, pro rata Pren The reconciliatic surance compar family of existing n Medical Bills : sement Cases : 4 date of submissi	ed lization Expenses : jo to the amount of 1 ditional benefit up to plicable per claim mentioned ivery : Waived off 5,000/- per admissic ter; Consultants, Sp ay (Max.) per persoo ing¿s including Roo ng with their depend yees along with the nium to be charged/ in regarding charge, y through e-mail ab gemployees would Should not be dedu 45 days from the su	Sum Insured the amount o ecialists fees e n, ICU Rent : F mr/ICU rent pe ents shallbe in ir dependents : refund of prem out all such ad not have any fi cted from the i bmission of rec	etc. : Covered Rs. 20,000/- pe er person shoul ncluded in polic shall be delete use of addition additions/separal inancial implica individual Claim ndividual Claim	r day (Max.) per person d be as specified in the y from their date of joining d fromtheir date of relieving and deletion @ per family ne once in a quarter. tions once in a month. tion for the institute	
Place : Date :	AHMEDABAD 16/01/2024			RDA-REGNO-556	The	For and on behalf of Oriental Insurance Company Li	imited
This is an	electronically ger	nerated documer	nt (Policy Schedule)	The			
Policy do	cument duly stam	ped will be sent	by post.				



The Oriental Insurance Company Limited

This Document is Digitally Signed IST

Attached to and forming part of policy number 500000/48/2024/155

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operaing offices as well as Company's website. Procedures / Surgeries Capping (in Rs.) (Package Charges/Capping¿s including Room/ICU rent per person): 1. Appendectomy ¿ a. Metro Locations : 1,25,000/-b. Non-metro Locations: 90,000/-

2. Eye related¿

a. Metro Locations: 90,000/-

b. Non-metro Locations: 70.000/-

a. Metro Locations: 1,50,000/-

b. Non-metro Locations: 1,00,000/-

4. Hernia).

a. Metro Locations: 1,50,000/-

b. Non-metro Locations: 1,00,000/-

5. Hydrocele repair¿ a. Metro Locations: 1,50,000/-

b. Non-metro Locations: 1,00,000/-

6. Hysterectomy; a. Metro Locations: 1,50,000/-

b. Non-metro Locations: : 1,10,000/-

7. Piles related?

a. Metro Locations: 1,50,000/-

b. Non-metro Locations: 1,00,000/-

8. Kidney stone removal (including DJ stent removal for the same stone)/Gall Bladder-

a. Metro Locations: 1,50,000/-

b. Non-metro Locations: 1,10,000/-9. Cataract, a. Metro Locations: 60,000/-

b. Non-metro Locations: 40,000/-

10. Normal Delivery Coverage¿ a. Metro Locations: 75,000/-

b. Non-metro Locations: 50,000/-

11. Caesarean Delivery Coverage ¿ a. Metro Locations: 1,00,000/-

b. Non-metro Locations: 75,000/-

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at CBO Ahmedbad (GSTIN: 24AAACT0627R2Z4) on 16-JAN-24

Place : AHMEDABAD 16/01/2024 Date :



For and on behalf of The Oriental Insurance Company Limited

Authorised Signatory

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee Page 3 of 4 IRDA Regn. No. 556 - Now you can buy and renew selected policies online at www.orientalinsurance.org.in



The Oriental Insurance Company Limited

Signer: SUNITA Date: Tue, Jan Location: NOID Reason: Signin 15 ICI POI

130

This Document is Digitally Signed

Attached to and forming part of policy number 500000/48/2024/155

"In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office. The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002.

If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By	:	Prajapati Priyanka Visl	nnubhai	
Examined By	:	R S RAHUL		
Policy Printed	By :	942910	IP :	
Policy Printed	On :	16-JAN-24 18:03:47	MAC :	

Authorised Signatory

For and on behalf of The Oriental Insurance Company Limited

Place :	AHMEDABAD			For and on behalf of	
Date :	16/01/2024		IRDA-REGNO-556	The Oriental Insurance Company	/ Limited
	n electronically genera ocument duly stampe				
	of any query regarding 1800 11 8485 and 01		e call Toll	Authorised Signatory	,
CIN: U6	6010DL1947GOI0071	58 All the Amour	nts mentioned in this policy are in India		Page 4 of 4
	IRDA Regn. No. 5	556 - Now you ca	n buy and renew selected policies onlir	ne at www.orientalinsurance.org.in	

PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED

Report generated on:- 24/12/2024 04:39:09 PM

	~	CORPOR	ATE PREMIUM DETAILS				
Corporate Name	INDIAN INS	TITUTE OF MANAGEMENT	UDAIPUR				
Insurance Company	The Orient	al Insurance Company Lt	d.				
Broker Name	DIRECT BUS	INESS					
Policy Number	500000/48/2	024/155	Policy Period		Policy From	15/01/2024	
Policy Run Days	345		5		Policy upto	14/01/2025	
Inception Lives	555		5 Inception Premium			31,85,894	
Lives Added	120		0 Additional Premium			3,14,304	
Lives Deleted	52 D		2 Deletion Premium			21,425	
Present Lives Covered		62	3 Current Total Premium		3		
			Premium Type		FULL PREMIUM		
		CORPORATE	PREMIUM VS CLAIMS RATIO				
Earned Premium		32,79,171 P	remium Per Life (Per Capita	Premium)		5,584	
Incurred Amt IPD		52,28,253 Ir	curred Amt OPD	C			
Claim Frequency IPD		9% A	verage Claim Size - IPD	81,684			
Claim Frequency OPD		0% A	verage Claim Size - OPD	C			
Claim Ratio (Actual) - IPD		150% C	laim Ratio (Pro-rata) - IPD	159%			
Claim Ratio (Actual) - OPD+IPD		150% C	laim Ratio (Pro-rata) - OPD+I	IPD		159%	
CORPORATE FLOAT SUM INSURED ALLOTTED	8					20,00,000	
CORPORATE FLOAT SUM INSURED UTILISED						1,40,513	
BALANCE AMOUNT OF CORPORATE FLOAT SU	JM INSURED					18,59,487	
		CLAIMS	REPORTED SUMMARY				
Type of Claims Cashless		Reimbursement	OPD		1		

							Total No. of Claims	Total Amt of Claims
Claims Status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	TOTAL NO. OF CLAIMS	TOTAL ANTE OF CLAIMS
Paid	29	25,41,490	17	12,15,981	0	0	46	37,57,471
Declined	6	4,98,500	0	0	0	0	6	4,98,500
Outstanding	7	10,71,110	5	3,99,672	0	0	12	14,70,782
Reported	42	41,11,100	22	16,15,653	0	0	64	57,26,753

	CLAIMS PAID SUMMARY												
Claims Status		nless	Reimbursement		OPD		Total No. of Claims	Total Amt of Claims					
clarins status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	Total No. of claims	Total Amt of Claims					
Paid Main	29	23,56,721	17	11,78,192	0	0	46	35,34,913					
Paid Pre Post	6	1,84,769	3	37,789	0	0	9	2,22,558					
Total	29	25,41,490	17	12,15,981	0	0	46	37,57,471					

			CLAII	MS DECLINED SUM	IMARY				
Claims Status	Cas	hless	Reimbu	rsement	O	PD	Total No. of Claims	Total Amt of Claims	
Claims Status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	Total No. of Claims	Iotal Amt of Claims	
Rejected Main	0	0	0	0	0	0	0	C	
Rejected Pre Post	0	0	0	0	0	0	0	(
Deficient, Closed Main	0	0	0	0	0	0	0	C	
Deficient, Closed Pre Post	0	0	0	0	0	0	0	C	
Total	0	0	0	0	0	0	0	(

Cashless Request Denied	6	4,98,500	0	0	0	0	6	4,98,500
Cashless Request Closed	0	0	0	0	0	0	0	0
Total	6	4,98,500	0	0	0	0	6	4,98,500

			CLAII	MS OUTSTANDING	SUMMARY				
Claims Status	Cas	hless	Reimbu	Reimbursement		PD	Total No. of Claims	Total Amt of Claims	
Claims Status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	Total No. of Claims	Total Ame of Claims	
Processed	1	54,997	2	3,09,364	0	0	3	3,64,361	
Under Deficiency	0	0	1	22,002	0	0	1	22,002	
Under Process	3	8,68,051	2	68,306	0	0	5	9,36,357	
Bills Not Received	3	1,48,062	0	0	0	0	3	1,48,062	
Pre Post	0	0	0	0	0	0	0	0	
Total	7	10,71,110	5	3,99,672	0	0	12	14,70,782	



Corporate Office : Tower-2, 1st floor, SJR I Park, Plot No: 13,14,15, EPIP Zone, Whitefield, Bangalore-560066 Phone: 91-80-40125678 Fax : 91-80-41159215 Email: care@vidalhealthtpa.com Website : www.vidalhealthtpa.com

Corporate Analysis Report

Policy Details:

Corporate Name:
Insurer Policy Number:
Policy Start Date:
Policy End Date:
Total Premium:(in Rs.)
Earned Premium:(in Rs.)
Lives Covered:(in Nos.)
Report Generated By:
Report Generated Date:

Relation

Self

Spouse

Partner

Child

Parents

In Laws

Others

Total

%

INDIAN INSTITUTE OF MANAGEMENT UDAIPUR '380201502210000442' 15-Jan-2023 14-Jan-2024 3198909 2909691 594 AJENDRA SINGH 13-Dec-2023 17:09

1. Incurred Claims Ratio (ICR):

	C	Cashless	ľ	lember	Total		
Claim Status	Nos.	Amt. (in Rs.)	Nos.	Amt. (in Rs.)	Nos.	Amt. (in Rs.)	
Reported	28	2348406	13	963537	41	331194	
Settled	17	1262724	10	565251	27	182797	
Rejected	4	394384	1	43088	5	43747	
Cancelled	2	363300	0	0	2	36330	
Awaiting Utr	3	172076	1	200867	4	37294	
Shortfall	0	0	0	0	0		
Approved	1	12325	1	4275	2	1660	
Underprocess	1	132313	0	0	1	13231	
Bills Pending	0	0	0	0	0		
Recommended For Repudiation	0	0	0	0	0		
Recommended For Approval	0	0	0	0	0		
Outstanding Claims	5	316714	2	205142	7	52185	
Incurred(Os+Settled)	22	1579438	12	770393	34	234983	

ICR On EP*			80.8%
Incidence Rate			6.9%
Disposal Rate	93%	92%	<mark>93%</mark>
Cost per Claims(CPC)	68911	64199	67198

Table of Contents

1	L.	Incurred	Claims	Ratio	(ICR)

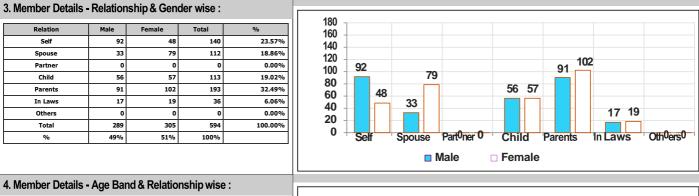
- Incurred Claims Ratio (ICR) Hospitalisation Type Details Member Details Relationship & Gender wise Member Details Age Band & Relationship wise Claims Approved Age Band & Relationship wise Claims Approved Amount Band & Relationship Claims Approved Alimeent wise Top 15 Hospital wise utilization Claims Approved Cashless & Member Summar Turn Around Time (TAT) Month On Month 2.3.4.5.
- 6. 7. 8.
- 9. Claims Approv 10. Turn Around T 11. Month On Mon 12. Payout Ratio 13. Policy Details

2. Hospitalisation Type Details:

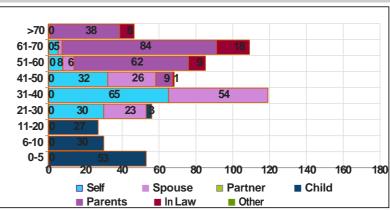
		Cashless		Member
Claim Subtype	Nos.	Amt. (in Rs.)	Nos.	Amt. (in Rs.)
Claim Benefits	0	0	0	0
Daycare	1	30000	1	4275
Domiciliary	0	0	0	0
Health_Check_Up	0	0	0	0
Hospitalization	20	1417125	11	766118
Opd	0	0	0	0
Total	21	1447125	12	770393

*Considering Only Settled ,Approved and UTR Awaiting (Cheque Pending)

Notes: ICR = [Settled Amt + Outstanding Amt) / Annual Premium ICR on EP* = [Settled Amt + Outstanding Amt) / Earned Premium Earned Premium = Prorated premium as on report generated date Cost Per Claim(PCP) = Approved Amt / Number of Events(Main Claims) for IPD + Daycare Cases Incidents Rate = No of Claim Events/ Lives Disposal Rate = [Settled Rejected + Awaiting UTR+Cancelled / Claims Reported) * EP- Earned Premium ; O/S - Outstanding * Event = Main Claims Only (Excluding Prepost and Addendum)



AgeBand	Self	Spouse	Partner	Child	Parents	In Law	Other	Total	%
0-5	0	0	0	53	0	0	0	53	8.92%
6-10	0	0	0	30	0	0	0	30	5.05%
11-20	0	0	0	27	0	0	0	27	4.55%
21-30	30	23	0	3	0	0	0	56	9.43%
31-40	65	54	0	0	0	0	0	119	20.03%
41-50	32	26	0	0	9	1	0	68	11.45%
51-60	8	6	0	0	62	9	0	85	14.31%
61-70	5	2	0	0	84	18	0	109	18.35%
>70	0	1	0	0	38	8	0	47	7.91%
Total	140	112	0	113	193	36	0	594	100.00%
%	24%	19%	0%	19%	32%	6%	0%	100%	



Claims Appr	oved -	Age Band	& Re	lationship	wise	e:												
		Self	S	pouse	P	artner		Child	Pa	arents]	in Law		Other	Т	otal	Tot	al%
Age Band	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%
0-5	0	0	0	0	0	0	3	45318	0	0	0	0	0	0	3	45318	9.09%	2.04%
6-10	0	0	0	0	0	0	1	32400	0	0	0	0	0	0	1	32400	3.03%	1.46%
11-20	0	0	0	0	0	0	2	131376	0	0	0	0	0	0	2	131376	6.06%	5.92%
21-30	0	0	2	231572	0	0	0	0	0	0	0	0	0	0	2	231572	6.06%	10.44%
31-40	2	340208	4	125242	0	0	0	0	0	0	0	0	0	0	6	465450	18.18%	20.99%
41-50	0	0	2	346656	0	0	0	0	0	0	0	0	0	0	2	346656	6.06%	15.63%
51-60	2	126050	0	0	0	0	0	0	4	164399	0	0	0	0	6	290449	18.18%	13.10%
61-70	0	0	0	0	0	0	0	0	7	371732	0	0	0	0	7	371732	21.21%	16.76%
>70	0	0	0	0	0	0	0	0	3	260688	1	41877	0	0	4	302565	12.12%	13.64%
Total	4	466258	8	703470	0	0	6	209094	14	796819	1	41877	0	0	33	2217518	100.00%	100.00%
%	12%	21%	24%	32%	0%	0%	18%	9%	42%	36%	3%	2%	0%	0%	100%	100%		

6. Claims Approved - Amount Band & Relationship wise :

		Self	S	pouse	F	Partner		Child	Pa	arents	1	in Law		Other	Т	otal	Tot	al%
Amount Band	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%												
00K-10K	0	0	0	13537	0	0	1	9545	1	6865	0	0	0	0	2	29947	6.06%	1.3
10K-20K	0	30644	0	15320	0	0	2	29195	3	44963	0	0	0	0	5	120122	15.15%	5.4
20K-30K	1	48454	1	21268	0	0	1	24663	5	140959	0	0	0	0	8	235344	24.24%	10.
30K-40K	0	0	4	142690	0	0	1	32400	2	76000	0	0	0	0	7	251090	21.21%	11.
40K-50K	0	0	0	0	0	0	0	0	0	0	1	41877	0	0	1	41877	3.03%	1.
50K-60K	1	50868	0	0	0	0	0	0	0	0	0	0	0	0	1	50868	3.03%	2.
60K-70K	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	
70K-80K	1	77596	0	0	0	0	0	0	0	0	0	0	0	0	1	77596	3.03%	3.
80K-90K	0	0	1	88308	0	0	0	0	0	0	0	0	0	0	1	88308	3.03%	3.
90K-100K	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	
>100K	1	258696	2	422347	0	0	1	113291	3	528032	0	0	0	0	7	1322366	21.21%	59.
Total	4	466258	8	703470	0	0	6	209094	14	796819	1	41877	0	0	33	2217518	100.00%	100.
%	12%	21%	24%	32%	0%	0%	18%	9%	42%	36%	3%	2%	0%	0%	100%	100%		

7. Claims Approved - Top 15 Ailment wise :

		Self	S	pouse	P	artner	•	Child	Pa	arents	I	n Law		Other	Т	otal	Tot	al%
Ailment Group	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt.%												
INJURY	2	373786	2	174238	0	0	0	0	2	126968	0	0	0	0	6	674992	18.18%	30.44
ABNORMAL CLINICAL AND LABORATORY FINDINGS	0	0	2	346656	0	0	2	42748	2	242422	0	0	0	0	6	631826	18.18%	28.49
ENDOCRINE	0	0	0	0	0	0	0	0	1	200867	0	0	0	0	1	200867	3.03%	9.06
EYE	0	0	0	0	0	0	0	0	6	159865	0	0	0	0	6	159865	18.18%	7.21
PREGNANCY	1	66072	2	73000	0	0	0	0	0	0	0	0	0	0	3	139072	9.09%	6.27
EAR	0	0	1	88308	0	0	0	0	0	0	0	0	0	0	1	88308	3.03%	3.98
DIGESTIVE	0	0	0	0	0	0	0	0	0	0	1	41877	0	0	1	41877	3.03%	1.89
RESPIRATORY	0	0	0	0	0	0	1	32400	0	0	0	0	0	0	1	32400	3.03%	1.46
INFECTIOUS	0	0	1	21268	0	0	0	0	0	0	0	0	0	0	1	21268	3.03%	0.96
CIRCULATORY	0	0	0	0	0	0	0	0	1	14372	0	0	0	0	1	14372	3.03%	0.65
SKIN	0	0	0	0	0	0	0	0	1	12325	0	0	0	0	1	12325	3.03%	0.56
OTHERS	1	26400	0	0	0	0	3	133946	1	40000	0	0	0	0	5	200346	15.15%	9.03
Total	4	466258	8	703470	0	0	6	209094	14	796819	1	41877	0	0	33	2217518	100.00%	100.00
%	12%	21%	24%	32%	0%	0%	18%	9%	42%	36%	3%	2%	0%	0%	100%	100%		

8. Top 15 Cashless Hospital wise utilization :

Hospital_ID	Hospital_Name	No of Claims	Amount
HOS-DEL-4336	ARTEMIS MEDICARE SERVICES LTD	1	292620
HOS-JAI-013405	GBH AMERICAN HOSPITAL (A UNIT OF AIHML)	2	7300
HOS-KOL-046866	SARADA MULTISPECIALITY HOSPITAL	1	2395
HOS-JAI-015212	PACIFIC MEDICAL COLLEGE AND HOSPITAL	1	
HOS-JAI-007830	GEETANJALI MEDICAL COLLEGE & HOSPITAL	2	24943
HOS-JAI-011613	DR. KOTHARI'S EYE HOSPITAL	1	2900
HOS-JAI-018542	A-PARAS JK HOSPITAL	2	1808
HOS-JAI-018542	PARAS JK HOSPITAL	7	33955
HOS-DEL-1326	ARAVALI HOSPITAL	3	17649
HOS-JAI-019545	ALAKH NAYAN MANDIR (EYE INSTITUTE)	1	2800
HOS-JAI-019861	PACIFIC INSTITUTE OF MEDICAL SCIENCES	1	1232
HOS-JAI-015466	PARAS JK HOSPITAL(A UNIT OF PARAS HEALTHCARE PVT LTD)	1	25869
HOS-JAI-012021	ASG HOSPITAL PVT. LTD., UDAIPUR	2	6000
HOS-KOC-52	KIMS (KERALA INSTITUTE OF MEDICAL SCIENCES)	1	1826
HOS-BHO-014709	SHALBY HOSPITAL,INDORE(SHESHADRIPURAM) LIMITED (A UNIT OF GUJARMAL MODI HOSPITAL AND RESEARCH CENTRE FOR MEDICAL SCIENCES)	1	

9. Claims Approved - Cashless & Member Summary :

· · · · · ·			
Events	Events%	Amount	Amount%
12	36.36%	770393	34.74%
21	63.64%	1447125	65.26%
33	100.00%	2217518	100.00%
	12 21	Events Events% 12 36.36% 21 63.64%	Events Events% Amount 12 36.36% 770393 21 63.64% 1447125

10. Turn Around	Time	(TAT) :
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Preauth Processing TAT :

TAT Band	Nos.	%
0 - 30 Mins	15	28.85%
30 Mins - 1 Hrs	12	23.08%
1 - 2 Hrs	18	34.62%
2 - 3 Hrs	3	5.77%
3 - 4 Hrs	3	5.77%
4 - 6 Hrs	1	1.92%
6 - 7 Hrs	0	0%
7 - 12 Hrs	0	0%
12 - 24 Hrs	0	0%
Above 24 Hrs	0	0%
Total	52	100.00%

Note: Approved and Rejected transactions (all fresh and enhancements) have been shown - LDR to decision.

10. Turn Around Time (TAT) :

Claim Processing TAT:

TAT Band	Nos.	%
0-7	21	100.00%
8-15	0	0%
16-30	0	0%
31-45	0	0%
46-60	0	0%
61-90	0	0%
>90	0	0%
Total	21	100.00%

Note: Only Settled, Awaiting UTR, Approved and Rejected claims are considered * LDR to Decision date * only for Member claims

11. Month on Month

	Hospitalizati	on and Daycare	Otherthan Hospitalization			Total		
Admission Month	Inc Count	Inc Amount	Inc Count	Inc Amount	Inc Count	Inc Amount		
Jan 2023	4	292508	0	0	4	292508		
Feb 2023	3	429304	0	0	3	429304		
Mar 2023	1	307940	0	0	1	307940		
Apr 2023	3	147260	0	0	3	147260		
May 2023	2	32457	0	0	2	32457		
Jun 2023	4	273999	0	0	4	273999		
Jul 2023	3	101116	0	0	3	101116		
Aug 2023	2	132661	0	0	2	132661		
Sep 2023	3	52541	0	0	3	52541		
Oct 2023	4	322768	0	0	4	322768		
Nov 2023	4	124964	0	0	4	124964		
TOTAL	33	2217518	0	0	33	2217518		

12. Payout Ratio		
Claimed Amount	Settled Amount	Payout %
1976625	1827975	92%

13. Policy Details						
Policy Number	Corporate Name	Total Premium	Earned Premium	Policy Start Date	Policy End Date	Lives
380201502210000442	INDIAN INSTITUTE OF MANAGEMENT UDAIPUR	3198909	2909691	15-JAN-2023	14-JAN-2024	594





	Policy Ana	lysis Report		
Name of the TPA:-	Vipul MedCorp Insurance TPA Pvt. Ltd.		Schedule 6	
Underwriter :	National Insurance Company Limited	Report Date :	27 Dec 2023	
Policy Holder:	Indian Institute Of Management			
Policy No :	380201502110000529			
Policy Period:	15/01/2022 - 14/01/2023			
Created By :	DEVENDRA KUMAR DEVATWAL (JAI256983)	Created On :	27/12/2023 14:57:54	
First Time Premium (Rs.)				2245000
Addition Premium (Rs.)				181919
Deletion Premium (Rs.)				23510
Tot al Premium (Rs.)				2403409

elation Wise	No. Of Lives.				
Employee	Spouse	Child	Parents	Others	Total No. Lives
134	100	105	213	0	552

Age Wise No. Of Lives.

							0 · · · · ·	
0-25	26-35	36-45	46-55	56-65	66-70	71-75	76-80	80+
109	115	83	59	106	37	27	8	8

ICR(Incurred claim ratio)

Policy No.	Corporate Name	Policy From	Inception Premium	Premium as on 27-12- 2023	Earned Premium	Nos.	Incurred AMT	ICR as on 27-12- 2023
380201502110000529	INDIAN INSTITUTE OF MANAGEMENT	15-Jan- 2022	2245000	2403409	2403409	53	2789823	116

Claims Experience

	Claims	Value (Rs.)	% daims	s % Value
Cashless Incurred	23	1899529	20%	29%
Reimbursement Incurred	30	890294	26%	14%
Grand Tot al Incurred (Rs.)	53	2789823	46%	43%
Cashless Paid	23	1899529	20%	29%
Reimbursement Paid	29	855294	25%	13%
Total (Paid)	52	2754823	46%	42%
Denials Claims	8	947052	7%	15%
Domiciliary Claims	0	0	0%	0%
Cashless Out standing	0	0	0%	0%
Cashless Outstanding	0	0	0%	0%
Reimbursement Outstanding	1	35000	1%	1%
Preauthorization's Issued	0	0	0%	0%
Gaims Ratio (%)				116%
Claims Ratio (%) - On Earned Premium				116%
Corporate Buffer Utilization				379924

Break-up of claims

Pre Hospitali	isation	Hospita	lisation	Post Hospi	italisation	OP	D	Tot	ai
No. of claims	Amount	No.of claims	Amount	No.of claims	Amount	No. of daims	Amount	No. of daims	Amour
0	0	41	2620254	12	169569	0	0	53	278982

Morbidity Ratio	
Descriptions	Value
No. of lives Insured	552
No. of Claims	53
No. of Claims made per 100 Lives Insured	10%
No. of lives Inception	484
Addition	115
Deletion	47
Current Lives	552

Disease Group	No. of Claims	Value (Rs.)	% of Claim	% of Value
Persons With Potential Health Hazards	1	655863	2%	24%
Obstetric	9	466051	17%	17%
Cardio Vascular	3	223169	6%	8%
Hepato-Biliary	2	188309	4%	7 %
General S/s	4	165555	8%	6%
Trauma	4	163788	8%	6%
Opht halmic	8	161922	15%	6%
Abnormal Findings On Examination	1	155064	2%	6%
Gastro-Int est inal	4	153982	8%	6%
Dermatology : Skin Related Disorders	4	100356	8%	4%
Ot hers	13	355764	25%	13%
Total	53	2789823	100%	100%

Disease Group	No. of Claims	Value (Rs.)	% of Claim	% of Value
Obstetric	9	466051	17%	17%
Opht halmic	8	161922	15%	6%
General S/s	4	165555	8%	6%
Trauma	4	163788	8%	6%
Gast ro-Int est inal	4	153982	8%	6%
Dermatology : Skin Related Disorders	4	100356	8%	4%
Cardio Vascular	3	223169	6%	8%
Infectious	3	79684	6%	3%
Hepato-Biliary	2	188309	4%	7%
Tumor	2	69538	4%	2%
Ot hers	10	1017469	19%	36%
Total	53	2789823	100%	100%

E

Claims Distribution Age-wise

Age Wise	No. of Claims	Value (Rs.)	% of Claim	% of Value
0 - 5	5	50139	9%	2%
06 - 35	16	667515	30%	24%
36 - 40	2	110000	4%	4%
41 - 45	1	25850	2%	1%
46 - 50	6	119118	11%	4%
51 - 55	0	0	0%	0%
56 - 60	1	25026	2%	1%
61 - 65	6	241088	11%	9%
66 - 70	2	54506	4%	2%
Above 70	14	1496581	26%	54%
Total	53	2789823	100%	100%

Claims Distribution Relation -wise

Beneficiary	No. of Claims	Value (Rs.)	% of Claim	% of Value
Self	3	194125	6%	7%
Spouse	16	545700	30%	20%
Child	10	188601	19%	7%
Parents	24	1861397	45%	67%
Others	0	0	0%	0%
Total	53	2789823	100%	100%

Claims Distribution Amount -wise

Amount Band	No. of Claims	Value (Rs.)	% of Claim	% of Value
Rs. 10000 and Less	10	60510	18.87%	2.17%
Rs. 10001 to Rs. 25000	8	153171	15.09%	5.49%
Rs. 25001 to Rs. 50000	21	752792	39.62%	26.98%
Rs. 50001 to Rs. 75000	7	462019	13.21%	16.56%
Rs. 75001 to Rs. 100000	3	254816	5.66%	9.13%
Rs. 100001 to Rs. 150000	1	104277	1.89%	3.74%
Rs. 150001 to Rs. 200000	2	346375	3.77%	12.42%
Rs. 200001 to Rs. 250000	0	0	0%	0%
Rs. 250001 to Rs. 300000	0	0	0%	0 %
Rs. 300001 to Rs. 350000	0	0	0%	0%
Rs. 350001 to Rs. 400000	0	0	0%	0%
Rs. 400001 to Rs. 450000	0	0	0%	0%
Rs. 450001 to Rs. 500000	0	0	0%	0%
Above Rs. 500001	1	655863	1.89%	23.51%
Total	53	2789823	100%	100%

Repeated Utilization Report for Employee						
No. of Claims	No. of Employees	Value (Rs.)	% of Claim	% of Value		
1	2	150000	100%	100%		
Total	2	150000	100%	100%		

Repeated Utilization Report for Dependents

No. of Claims	No. of Dependents	Value (Rs.)	% of Claim	% of Value
L.	26	1052075	81.25%	42.59%
	5	538255	15.63%	21.79%
3	1	879924	3.13%	35.62%
Tot al	32	2470254	100%	100%

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Created By : DEVENDRA KUMAR DEVATWAL (JAI256983)

Created On : 27/12/2023 14:57:54

Provider	Report (Top 10	Provider-As	nerno of	Admission)
I I OVIGCI	I COULT	100 10	I I OVIGCI - AS	001110.01	Hullission/

Hospital Wise	No. of Claims	Value (Rs.)	% of Claim	% of Value
Paras Jk Hospital (A Unit Of Paras Healthcare Private Limited)	7	277173	13%	10%
Magnus Hospital	7	256288	13%	9%
Asg Hospital Pvt. Ltd-Madhuban	5	74922	9%	3%
Amri Hospitals Salt Lake	3	257017	6%	9%
Narayana Hrudayalaya	2	724860	4%	26%
Geetanjali Medical College & Hospital	2	192814	4%	7%
Apolio Cradle Royale	2	119125	4%	4%
Alakh Nayan Mandir (eye Institute)	2	63000	4%	2%
Shalby Hospital	2	55532	4%	2%
Aravali Hospitals	2	45702	4%	2%
Other	19	723390	36%	26%
Total	53	2789823	100%	100%

Provider Report (Top 10 Provider- As per amount of Payment)

Hospit al Name	No. of Claims	Value (Rs.)	% of Claim	% of Value
Narayana Hrudayalaya	2	724860	4%	26%
Paras Jk Hospital (A Unit Of Paras Healthcare Private Limited)	7	277173	13%	10%
Amri Hospitals Salt Lake	3	257017	6%	9%
Magnus Hospital	7	256288	13%	9%
Geetanjali Medical College & Hospital	2	192814	4%	7%
Apolio Cradle Royale	2	119125	4%	4%
Madhu Hospit al	1	104277	2%	4%
Sarvodaya Hospital	1	93887	2%	3%
Bombay Hospital	1	84032	2%	3%
Asg Hospital Pvt. Ltd-Madhuban	5	74922	9%	3%
Other	22	605428	42%	22%
Total	53	2789823	100%	100%

Endorsement Listing.

Endorsement No	Endorsement Date	Endorsement WEF	Remarks	Addition Premium	Deletion Premium
380201502182100080	30 Mar 2022	29 Mar 2022		15326	0
380201502182100100	28 Jun 2022	22 Jun 2022		22622	0
380201502182100058	14 Jul 2022	10 Feb 2022		56450	0
380201502182100106	29 Jul 2022	27 Jul 2022		9018	0
380201502182100110	26 Aug 2022	25 Aug 2022		25645	0
380201502182100114	26 Aug 2022	29 Aug 2022		22830	0
380201502182100116	26 Aug 2022	01 Sep 2022		1	0
380201502182100122	21 Sep 2022	13 Sep 2022		6881	0
380201502182100124	21 Sep 2022	07 Oct 2022		1	0
380201502182100108	21 Sep 2022	28 Jul 2022		18661	0
380201502182100126	28 Oct 2022	21 Oct 2022		4484	0
380201502182100142	28 Jan 2023	06 Jan 2023		0	0
380201502182100086	17 May 2022	17 May 2022		0	521
380201502182100102	14 Jul 2022	11 Jul 2022		0	19026
380201502182100116_	26 Aug 2022	01 Sep 2022		0	1
380201502182100128	28 Oct 2022	31 Oct 2022		0	3962
Grand Tot al				181919	23510