

# Hassan Mangalore Rail Development Company Limited

(A Joint Venture of Ministry of Railways & Govt. of Karnataka)

Regd. Office : MSIL House, 7th Floor, #36, Cunningham Road, Bangalore-560 052.

Tel : +91-80-2237 0581, Fax: +91-80-2237 0582, website : [www.hmrdc.com](http://www.hmrdc.com)

CIN NO.U45203KA2003PLC032183,E-mail: [ceohmrdc@gmail.com](mailto:ceohmrdc@gmail.com)

HMRDC/HR/21/MEDI-CLAIM POLICY/2020

24<sup>th</sup> July 2020

## TO WHOMSOEVER IT MAY CONCERN

Dear Sir/Madam,

### **Sub: Tender for “Renewal of Group Medical and Group Personal Accident Policies ”.**

M/s. Hassan Mangalore Rail Development Company Limited invites tenders for “ Renewal of Group Medical and Group Personal Accident Policies ”

Interested and eligible firms/companies may apply in prescribed format to M/s. Hassan Mangalore Rail Development Company Limited, MSIL House, 7<sup>th</sup> Floor, No.36, Cunningham Road, Bangalore 560052.

The tender documents and the formats can be downloaded from the website: [www.hmrdc.com](http://www.hmrdc.com). You are requested to go through the information and send your tender Quotation in the format prescribed.

Submission of last date for Tender is 10<sup>th</sup> August 2020 at 3.00 PM.

Any corrigendum to this Tender will be only issued in the Website stated above and no paper advertisement will be issued separately.

Thanking you,

Yours faithfully,

**For Hassan Mangalore Rail Development Company Limited**

**(S.N. SRINIVASA)**  
Authorised Signatory

Encl: a/a.



# HMRDC

## HASSAN MANGALORE RAIL DEVELOPMENT COMPANY LTD

(A Joint Venture of Ministry of Railways & Govt. of Karnataka)

Regd. Office : MSIL House, 7<sup>th</sup> Floor, #36, Cunningham Road, Bangalore – 560 052

Tel : +91-80-2237 0581, Fax : +91-80-2237 0582, website : hmrdc.com

CIN NO.U45203KA2003PLC032183, E-mail: [ceohmrdc@gmail.com](mailto:ceohmrdc@gmail.com)

## TENDER DOCUMENT FOR RENEWAL OF GROUP MEDICAL & GROUP PERSONAL ACCIDENT POLICIES

Tender Document No. HMRDC/HR/21/MEDI-CLAIM POLICY/2020 Dated : 24.07.2020

**Last date of Tender is 10/08/2020 @ 3.00 pm**

ISSUED BY:

Hassan Mangalore Development Company Limited

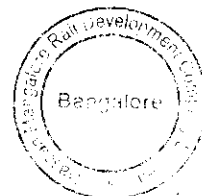
Regd. Office : MSIL House, 7<sup>th</sup> Floor, #36, Cunningham Road,  
Bangalore – 560 052

Tel : +91-80-2237 0581, Fax : +91-80-2237 0582,  
website : hmrdc.com

CIN NO.U45203KA2003PLC032183,

E-mail: [ceohmrdc@gmail.com](mailto:ceohmrdc@gmail.com)

Note: This document contains a total of 23 pages. No change in the document by the tenderer is permissible



## INDEX

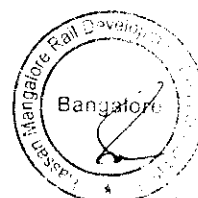
<b>Sl. Nos.</b>	<b>Contents</b>	<b>Page No.</b>
1.	TENDER INFORMATION SHEET	3 – 3
2.	NOTICE INVITING TENDER	4 – 6
3.	GENERAL TERMS AND CONDITIONS (GTC)	6 – 7
4.	SPECIAL TERMS AND CONDITIONS (STC)	7 – 7
5.	General Instructions	8 – 14
6.	FORMATS OF ANNEXURES I TO VI	15 –23



## **1. Tender Information Sheet**

<b>Document Description</b>	Tender Document for Renewal of Group Medical & Personal Accident Insurance Policies
<b>Tender No.&amp; Date</b>	HMRDC/HR/21/Medi-claim Policy/2020 Dated: 24.07.2020
<b>Last date &amp; Time of Submission of Response to Tender Document</b>	10.08.2020 at 3:00 p.m.
<b>Tender Opening Date</b>	10.08.2020 at 3.15 p.m.
<b>Validity of Tender</b>	60 (Sixty) days from the date of opening of tender.
<b>Address for submission of Response to Tender Document</b>	Hassan Mangalore Rail Development Company, MSIL House, 7 <sup>th</sup> Floor, #36, Cunningham Road, Bangalore – 560 052 Ph.No. 080 – 22370581 Fax No. 080 – 22370582 Email ID: <a href="mailto:ceohmrdc@gmail.com">ceohmrdc@gmail.com</a>

**Important Note:** Prospective Tenderers are requested to remain updated for any notices/amendments/clarifications etc. to the Tender Document through the website [www.hmrdc.com](http://www.hmrdc.com) No separate notifications will be issued for such notices/amendments/clarifications etc. in the print media or individually.



# HASSAN MANGALORE RAIL DEVELOPMENT COMPANY LIMITED

## 2. NOTICE INVITING TENDER

- 2.1 Hassan Mangalore Rail Development Company Limited (HMRDC) invites "Sealed Tender" in the prescribed proforma from Insurance Regulatory and Development Authority of India (IRDAI) approved General Insurance Companies in connection with renewal of Group Mediciam and Group Personal Accident Insurance policies for a period of 1 (one) year from 25.08.2020 to 24.08.2021, as per the details hereunder:-

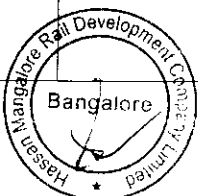
### **2.2 Background of the Company:**

Hassan Mangalore Rail Development Company Ltd., (HMRDC) was incorporated on 01.07.2003 as a joint venture SPV with equal equity participation by Ministry of Railways and Government of Karnataka with the objective of Development, Financing, Designing, Construction, Operation and Maintenance of Broad Gauge rail link connectivity between Hassan and Mangalore (referred to as Project Railway).

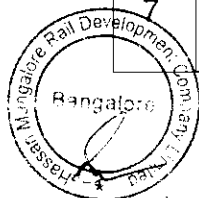
- 2.3 The company is obtaining the Group Mediciam Insurance policy since 2014 onwards to the existing employees and their dependents, employees who had retired and their respective spouses. The Company is also obtaining the Group Personal Accident Insurance Policy to the existing employees engaged by HMRDC. The company desires to renew the Group Mediciam and Group Personal Accident Insurance policies for a period of one year from 25.8.2020 to 24.8.2021.

### **2.4 Brief scope of the coverage is as under:**

Sl. No.	Name of the Policy	Details
1	Group Mediciam Insurance Policy	(a) Floater Cover (b) Coverage for Employees and their Dependants (c) Sum Insured Rs. 10 lakhs to Rs. 2 lakhs as detailed in the annexure 1 attached. (d) Pre existing diseases are to be covered (e) Maternity expenses benefit up to Rs. 25,000/- for Normal Delivery Rs. 50,000/- for Caesarian (f) First 30 days waiting period from the commencement date of the policy to be waived. (g) First one year and two years and four years waiting periods for diseases to be waived. (h) Pre-hospitalization treatment for a period of 30 days (i) Post hospitalization treatment for a period of 60 days (j) New born baby covered from day one, expenses covered under maternity (k) Corporate buffer Rs. 5 lakhs



		(l) Ambulance charges Rs. 1500/- (m) Cashless hospitalization (n) Mid term inclusion / exclusion (o) Room rent 1 percent of sum insured per day subject to maximum of Rs. 5000/- and in respect of ICU 2 percent of sum insured per day subject to maximum of Rs. 10000/- (p) Day care treatment covered (q) Mid term natural additions will be allowed. To be intimate within 45 days. Premium rate to be charges on pro rata Basis. (r) Congenital internal disease is covered. Congenital external disease excluded. (s) Benefits under the policy could be availed all over India. (t) Covid-19 cover from the commencement of the policy.												
2	Group Personal Accident Insurance Policy	Personal Accident arising out of and in the course of Employment Or by Rail/ road Accident or other means. Covers death/disability of the insured arising out of accidents. (b) Sum insured : for various employees are as per the list attached (Annexure II) (c) Contingencies Covered / Compensation Payable: <table><tr><td>Death due to accident</td><td>100% of sum insured</td></tr><tr><td>Permanent Total Disablement</td><td>150% of sum insured</td></tr><tr><td>Loss of 2 hands/2legs/2 eyes or combination there of</td><td>150% of sum insured</td></tr><tr><td>Medical Expenses Cover – Hospitalization/Domiciliary Hospitalization.</td><td>Rs. 1 lakh or actual whichever is less</td></tr><tr><td>Outpatient treatment</td><td>Rs. 2500/- (an excess of Rs. 250/-)</td></tr><tr><td>Pre and Post Hospitalization Treatment</td><td>Rs 10000/-</td></tr></table>	Death due to accident	100% of sum insured	Permanent Total Disablement	150% of sum insured	Loss of 2 hands/2legs/2 eyes or combination there of	150% of sum insured	Medical Expenses Cover – Hospitalization/Domiciliary Hospitalization.	Rs. 1 lakh or actual whichever is less	Outpatient treatment	Rs. 2500/- (an excess of Rs. 250/-)	Pre and Post Hospitalization Treatment	Rs 10000/-
Death due to accident	100% of sum insured													
Permanent Total Disablement	150% of sum insured													
Loss of 2 hands/2legs/2 eyes or combination there of	150% of sum insured													
Medical Expenses Cover – Hospitalization/Domiciliary Hospitalization.	Rs. 1 lakh or actual whichever is less													
Outpatient treatment	Rs. 2500/- (an excess of Rs. 250/-)													
Pre and Post Hospitalization Treatment	Rs 10000/-													
3	Date of issue of Tender	24.07.2020												
4	Last Date and Time of Submission of Tender	10.08.2020: 3.00 PM												
5	Date and Time of Opening of Tenders	10.08.2020: 3.15 PM												
6	Validity of Tender	60 (Sixty) days from the date of opening of tender.												
7	Authority and place for seeking clarification & submission of Tender document.	M/s. Hassan Mangalore Rail Development Company Ltd., (HMRDC)												



		MSIL House, 7 <sup>th</sup> Floor, Cunningham Road, No.36, Bangalore - 560052 Phone: 080 – 22370581/2 Email: ceohmrdc@gmail.com
--	--	---

## 2.5 Important Note:

- a. Prospective Tenderers are requested to remain updated for any notices/amendments/clarifications etc., to the Tender document through the website [www.hmrdc.com](http://www.hmrdc.com). No separate notifications will be issued for such notices/amendments/clarifications etc., in the print media or individually.
- b. Option of quoting: The tenderers may quote either for renewal of both Group Medclaim Policy & Group Personnel Accident Policy or quote either for only for Group Medclaim policy or either for Only Group Personnel Accident policy.

## 2.6 Sum Insured:

a) The Medclaim Scheme shall provide coverage for meeting all expenses relating to hospitalization of beneficiary members up to Rs2,00,000/-, Rs 3,00,000 /- and Rs 5,00,000/- per family per year as per the entitlements as stated in the Annexure I. The benefit shall be available to each and every member of the family on floater basis, i.e., the total reimbursement of Rs.2,00,000/- (Rupees two Lakhs) Rs.3,00,000/-(Rupees Three Lakhs)/ Rs.5,00,00/- (Rupees Five lakhs) can be availed either by one individual or collectively by other dependent members of the family.

b) The Group Personal Accident Insurance Policy shall provide coverage for employees as stated in the Annexure II as per their entitlements of Rs 3,00,000 & Rs 2,00,000 respectively for the employees stated therein.

## 3. General Terms & Conditions –

- I. **TPA**– The insurer shall provide a good TPA and the TPA should be controlled by the insurer for better services. **TPA- The insurer shall provide a good TPA to take care of cashless hospitalisation and reimbursement of expenses where ever cashless hospitalisation is not availed both in respect of Group Medi claim policy and Group personnel accident policy where hospitalisation is warranted.**

II. **Surgeries** –All major & minor surgeries will be out of any capping limit.

III. **Network Hospitals / Nursing Homes** – Renowned & Major Hospitals / Nursing homes pan

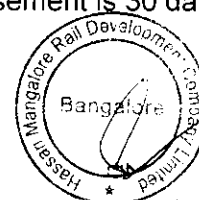
India should be in the NWH/PPN Hospital list, which is to be attached with the quotation.

IV. All pre-existing diseases are to be covered under the policy.

V. Coverage of benefits should be from the very first day of the inception of the policy.

VI. **Claim submission after discharge from Hospitals/Nursing Homes**- Submission of claims should be allowed up-to 30 days from the date of discharge from the Hospital / Nursing Homes.

VII. **Pre & Post Hospitalization benefits** – Coverage for reimbursement is 30 days for pre- hospitalization and post hospitalization is 60 days.



**VIII. Claim settlement on discharge** - Settlement of claims on discharge should be done on priority without any delay. Responsibility against such settlement by the TPA should be borne by the Insurer.

**IX. Claim submission for pre-hospitalization**- should be 30 days from the date of discharge. **Claim submission after post-hospitalization**- Should be up-to 30 days from the date of treatment.

**X. Return of original documents** -In some cases after the claims are submitted along with the original documents for reimbursement, where the patient is in need of getting back the original documents after the verifications are over by the TPA, should be returned on furnishing a request towards the same by the concerned employee.

**XI. Intimation of hospitalization**-On admission of a patient in a network-hospital, intimation is required to be given within 24 to 48 hours, with reasonable flexibility in certain circumstances.

**XII. Inclusion/Exclusion** – Provision for inclusion / exclusion of members should be made on pro-rata basis. In this regard, the break-up figure of individual exclusion is to be specified by the insurance service provider.

**XIII. Inclusion of rare & uncommon diseases** - Certain diseases which are not covered in the common list of disease may be covered in the policy documents.

**XIV.** Coverage of the policy should take place from the very first day of renewal.

**XV.** Statistical data for amount of claim settled during the expiring policy period from 25.08.2019 to 24.08.2020 (claims dump analysis) is attached as per the requirement. (Annexure III).

#### **4. Special Terms and Conditions**

**I.** There should be a dedicated helpline (24x7) from the TPA of Insurance Company available and the contact details should be furnished after the finalization of the Policy.

**II.** If there is any reimbursement to the employees by the TPA/Insurance Company, the same should be paid within 15 days to the employees on receipt of bills.

**III.** The response time by the TPA at the time of admission should be maximum of six hours.

**IV.** Management Information System (MIS) Reports and Claim Dumps are to be furnished to the HMRDC on quarterly basis.

**V.** In case of **emergency hospitalization**, the insured members can directly approach any Hospital / Nursing Home with the Mediclaim ID card provided by the TPA.

**VI. 24x7** Cashless Facility will be given to the members for availing treatment from the network hospitals.

**VII.** The Mediclaim ID cards of the members should be issued by the TPA within 15 days after submission of names by HMRDC.

**VIII.** A representative from the TPA must visit HMRDC once in 2 months for receiving claims and handling the grievances as a whole.





## **5. GENERAL INSTRUCTIONS**

### **5.1 SELECTION OF SUCCESSFUL TENDERER (INSURANCE COMPANY)**

The successful tenderer would be selected on the basis of lowest quoted rate as per the format enclosed at Annexure III & Annexure IV for a period of one year w.e.f. **25<sup>th</sup> August, 2020 up to 24<sup>th</sup> August, 2021.**

The Offer shall remain valid for a period of 60 days from the last date of submission of tender documents.

**5.2 Date of Issue:** Tenders forms can be downloaded from HMRDC website: [www.hmrhc.com](http://www.hmrhc.com)

### **5.3 LAST DATE AND ADDRESS FOR SENDING THE TENDER**

Interested Insurance companies can send their duly completed tender proposal on or before **10/08/2020 up to 3:00 pm** at the following address in person or by post:

To

M/s.Hassan Mangalore Rail Development Company Ltd.,  
MSIL House, 7<sup>th</sup> Floor, #36, Cunningham Road,  
Bangalore – 560 052  
Ph.No. 080 – 22370581  
Fax No. 080 – 22370582  
Email ID: [ceohmrhc@gmail.com](mailto:ceohmrhc@gmail.com)

The tenders can also be personally dropped in the Tender Box Placed in the HMRDC Office at the above address on or before the due date and time.

The responses should be submitted strictly as per prescribed format along with documents in support of information submitted therein by the responding Insurance Company.

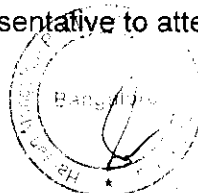
**5.4** HMRDC reserves the right to accept, modify, expand, restrict, split, reject or cancel the tenders at any stage without assigning any reason and liability whatsoever and to re-invite tender at its sole discretion. The corrigendum, extension, cancellation of this Tender, if any, shall be given on HMRDC's website only. Prospective tenderers are requested to visit the website regularly for this purpose.

In case the successful tenderer is unable to provide the service after issuance of P.O. for any reason whatsoever, the HMRDC shall have the right to take suitable necessary action as deemed fit.

Delivery of the responses along with documents against the Tender at the above address will be the sole responsibility of the responding Insurance Company. HMRDC shall not be responsible for any postal delay, if any and no claim whatsoever shall be entertained in this regard. The tenders received after the stipulated tender submission date / time will be rejected.

### **5.5 Date of Opening of Tender:**

The tenders will be opened on 10/08/2020 at 3:15 P.M. All the tenderers are invited to be present in the opening or send their authorized representative to attend the opening.



## 5.6 SUBMISSION OF PROPOSAL

The financial quotes in the prescribed form shall be signed on every page by the authorized person including annexure / appendices shall be submitted in separate sealed envelopes clearly super-subscribed as **"Tender for Group Mediclaim & Group Accident Insurance Policies - HMRDC"** All the relevant documents shall be enclosed with the Tender.

Tenderer must fill up all the details as required in Annexure I To VI and also Financial quotation as per Annexure V and furnish all the required information as per the instructions given in various sections of the Tender Document.

The tender should be signed by a duly authorized representative of the Insurance Company. It shall be certified that the person signing the tender is empowered to do so on behalf of the Company

The proposal shall be filled in by the Insurance Company neatly and accurately. Any corrections or overwriting would render the proposal invalid. Conditional offers / offers which are not in conformity to the prescribed document will be summarily rejected. All the documents submitted with the Tender are to be furnished duly signed on all pages along with the financial quote.

## 5.7 TENDER EVALUATION:

The tender evaluation will be on the basis of total premium outed for each of the policies. HMRDC reserves right to consider the premium quoted for each individual policy separately and the lowest quoted tenderer for each of the policies will be considered for acceptance subject to compliance with other terms and conditions of the tender notification. HMRDC reserves the right to negotiate with responsive and unconditional L-1 tenderer, determined on the basis of total premiums quoted for each individual policy.

Insurance Companies are at liberty to send their authorized representative at the time of opening of financial proposal. The authorized Committee of HMRDC shall evaluate the Tender quotes for further consideration.

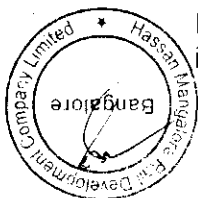
## 5.8 AWARD OF CONTRACT

The contract shall be awarded to the Insurance Company, by conveying acceptance of the proposal by HMRDC through registered / speed post / courier. Negotiation with the L-1 Insurance Company, if needed, will be done by the Committee before awarding of the contract.

All the terms and conditions as stated in the Tender documents, Annexures and Acceptance conveyed by HMRDC will constitute a binding contract between the Insurance Company and HMRDC.

## 5.9 FORCE MAJEURE

For the purposes of this Contract, "Force Majeure" means any unforeseen event directly interfering with the services during the currency of the contract such as war, insurrection,



restraint imposed by the government, Act of Legislature or other authority, explosion, accident, strike, riot, lockout, act of public enemy, act of God, sabotage which is beyond the reasonable control of a Party and which makes a Party's performance of its obligations under the Contract impossible or so impractical as to be considered impossible under the circumstances.

The obligations of HMRDC and the Insurance Company shall remain suspended if and to the extent that they are unable to carry out such obligations owing to force majeure or reasons beyond their control.

The failure of a Party to fulfil any of its obligations under the contract shall not be considered to be a breach of, or default under, this Contract insofar as such inability arises from an event of Force Majeure, provided that the Party affected by such an event –

(a) has taken all reasonable precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of this Contract, and

(b) has informed the other Party as soon as possible about the occurrence of such an event and such impossibility subsists for not less than 60 days.

#### 5.10 INDEMNITY

The Insurance Company hereby agrees to keep indemnified and shall keep indemnified and hold harmless HMRDC from and against all and any claims, demands, losses, damages, penalties, expenses and proceedings connected with the implementation of this Contract or arising from any breach or non-compliance whatsoever by the Insurance Company or any of the persons deployed by it pursuant hereto of or in relation to any such matter as aforesaid or otherwise arising from any act or omission on their part, whether wilful or not, and whether within or without the premises.

#### 5.11 OTHER TERMS AND CONDITIONS

Any changes in the terms and conditions of the document can only be made in writing and by mutual agreement. This Contract, its meaning and interpretation, and the relation between the Parties shall be governed by the laws of India for the time being in force.

Any notice, request or consent made pursuant to this Contract shall be in writing and shall be deemed to have been made when delivered in person or sent by registered / speed post / courier to an authorized representative of the Party.

Any action required or permitted to be taken, and any document required or permitted to be executed, under this contract by HMRDC or the Insurance Company, may be taken or executed by the officials authorized.

Unless otherwise specified, the Insurance Company, and their personnel shall pay such taxes, duties, fees etc. as may be levied under Central/State law and the same will not be reimbursed by HMRDC.

#### 5.12 Commencement, Validity, Modification and Termination of Contract Effectiveness of Contract

(a) Commencement of services



This contract shall come into effect from 25/8/2020 for a period of one year.

**(b) Validity of Contract**

Unless terminated earlier, this Contract shall be valid for a period of one-year w.e.f.25/8/2020 to 24/8/2021.

**(c) Modification**

After awarding of the contract, any changes in the modus of implementation can be agreed to mutually in writing.

**(d) Termination by HMRDC**

HMRDC may terminate the Contract, by not less than thirty (30) days' written notice of termination to the Insurance Company, to be given after the occurrence of any of the events specified below in clauses:

(a) If the Insurance Company commits breach of contract or do not remedy / rectify a failure in the performance of their obligations under the Contract.

(b) If the Insurance Company become insolvent or bankrupt;

(c) If HMRDC, in its sole discretion, decides to terminate this Contract.

In the event of termination on unsatisfactory service or in violation of any of the terms & conditions of contract, the Insurance Company will be blacklisted / debarred from participating in any tender of HMRDC.

**5.13 OBLIGATIONS OF THE INSURANCE COMPANY**

The Insurance Company shall perform the Services and carry out their obligations with all due diligence, efficiency and economy in accordance with generally accepted professional techniques and practices, and shall observe sound management practices. The Insurance Company shall always act, in respect of any matter relating to this Contract or to the Services, as faithful advisors to HMRDC.

**The Insurance Company must not benefit from Commissions, Discounts, Recruitment Fee, etc.**

Neither the Insurance Company nor their Personnel shall engage, either directly or indirectly, in any such activities which conflict with their role under the assignment.

All transactions between the Insurance Company and third parties shall be carried out as between two principals without reference in any event to HMRDC. The Insurance Company shall also undertake to make the third parties fully aware of the position aforesaid.

Insurance Company shall be liable to pay damages to HMRDC for any losses, costs and expenses incurred by HMRDC due to breach of any of the terms and conditions of this contract and failure to perform any of the obligations under the contract.

The Insurance Company shall give detailed descriptions of the Services to be performed, period for completion of various tasks, different tasks, specific tasks, etc., to be approved by HMRDC.



## **Confidentiality and Non-disclosure of the Agreement**

Without prior written consent of the other party at any time, each party shall not divulge or disclose to any person or use for any purpose unconnected with the implementation of the work, any information concerning the work, the services except to their respective officers, director, employers, agents, representatives and professional advisors on a need to know basis or as may be required by any law, rule, regulation or any judicial process.

The Insurance Company shall obtain HMRDC prior approval in writing wherever necessary.

Documents Prepared by the Insurance Company to be the Property of HMRDC. All plans, charts, specifications, designs, reports, and other documents submitted by the Insurance Company shall become and remain the property of HMRDC, and the Insurance Company shall, not later than upon termination or expiration of this Contract, deliver all such documents to HMRDC, together with a detailed inventory thereof. The Insurance Company may retain a copy of such documents provided. For future use of these documents, if any, shall be subject to the prior written approval of the HMRDC.

### **5.14 OBLIGATIONS OF HMRDC**

HMRDC shall assist the Insurance Company as may be required in order to carry out the assignment.

### **5.15 PAYMENTS TO THE INSURANCE COMPANY**

The Insurance Company will be paid at the accepted rates per family subject to the terms and conditions of the contract.

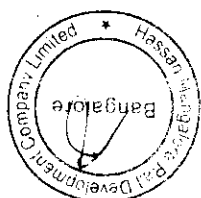
The Insurance Company will be paid as per their quote as accepted by HMRDC subject to agreement of Terms & Conditions stipulated in the tender.

### **5.16. CORRUPT OR FRAUDULENT PRACTICES**

HMRDC expects the highest standard of ethics during the selection and executions of such contracts.

In pursuance of the above objective, the following defines, for the purposes of this provision, the terms set forth below as follows:

- (a) "Corrupt practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of a public official in the selection process or in contract execution;
- (b) "Fraudulent practice" means misrepresentation or omission of facts in order to influence a selection process or the execution of a contract to the detriment of HMRDC or submission of forged documents in connection with this tender.
- (c) "Collusive practice" means a scheme of arrangement between two or more Insurance Company, with or without the knowledge of HMRDC (prior to or after proposal submission) designed to establish bid prices at artificial non-competitive levels; and



- (d) "Coercive practice" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in a procurement process, or affect the executive of contract.

It is further provided that HMRDC will reject the proposal and ban the Insurance Company for an indefinite period if it is found that the Insurance Company has engaged in corrupt or fraudulent activities in competing for the contract in question. HMRDC shall be free to take any other action also. .

#### **5.17 SCOPE OF SERVICE**

In performing the terms and conditions of the Contract, the Insurance Company shall at all times act as an Independent Insurance Company. The contract does not in any way create a relationship of principal and agent between HMRDC and the Insurance Company. The Insurance Company shall not act or attempt or represent itself as an agent of HMRDC. It is clearly understood and accepted by both parties that this Contract between the parties evidenced by it is on a Principal to Principal basis and nothing herein contained shall be construed or understood as constituting either party hereto, the agent or representative of the other, under any circumstances. The employees of the Insurance Company shall never, under any circumstances whatsoever, be entitled to claim themselves to be the employees of the HMRDC.

#### **5.18 ARBITRATION**

In the event of any dispute arising amongst the Parties, the Parties agree to use their best efforts to attempt to resolve all disputes in prompt, equitable and good faith. In the event the Parties are unable to do so, then such dispute shall be finally resolved by arbitration. The arbitration shall be conducted in the English language and the venue of the arbitration shall be in Bangalore. The sole arbitrator will be appointed by the CEO, HMRDC, whose decision in this regard will be final and binding.

#### **5.19 JURISDICTION**

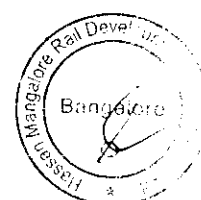
The parties hereby irrevocably consent to the sole jurisdiction of the Courts of Bangalore only in connection with any actions or proceedings arising out or in relation to this Tender.

#### **5.20 GENERAL:**

M/s. Aims Insurance Broking Pvt. Ltd., Thrissur/Bangalore are our insurance intermediary as per IRDAI (Insurance Brokers) Regulations 2018 and they can be contacted over mobile nos. 9945036453 & 9019595300.

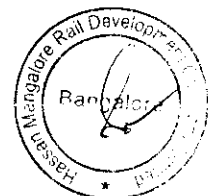
HMRDC reserves the right to accept or reject any or all Tenders without assigning any reason. Tenderer(s) shall have no cause of action or claim against HMRDC for rejection of its / their proposal. HMRDC's decision shall be final, conclusive and binding on Tenderer(s). HMRDC reserves the right to assess the insurer's capacity and capability to perform should the circumstances so warrant.

No Tender can be withdrawn after submission and during tender validity period. Submission of a tender by a tenderer implies that he had read all the tender documents including amendments if any, has made himself aware of the scope and specifications of the Tender Document for providing Group medical & Group Personal Accident Insurance policies and other factors having any bearing on the execution thereof.



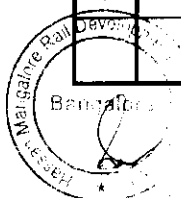
No special/counter conditions are acceptable

All tenderers are hereby cautioned that Tender conditions need to be strictly complied with and that conditional offers with deviations from the conditions and Insurance coverages stipulated in these document shall be rejected as non-responsive and will not be considered in tender evaluation and award of contract. Decision of HMRDC will be final and binding in this regard



**HASSAN MANGALORE RAIL DEVELOPMENT COMPANY LIMITED****List of Employees and their families****Mediclaime**

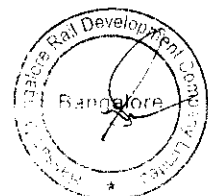
Sl. No.	Employee Nos.	Name		Date of Birth	Age	Policy Amount as per HMRDC Medical Attendance Rules
		Employee & their Dependant	Relationship			
1	003	Mr. C. Pradeep	Self	26.01.1972	48	5,00,000/-
		Mrs. Nisha. M	Wife	08.07.1978	42	
		Ms. Anushri. P	Daughter	29.10.2001	19	
2	012	Mrs. Poorva Vaibhav Joag	Self	01.01.1977	43	3,00,000/-
3	009	Mrs. Shilpa. K.N	Self	13.10.1983	36	2,00,000/-
		Baby. Varsha Manjunath. N	Daughter	09.02.2014	6	
		Mast. Surya Manjunath. N	Son	18.10.2017	2	
4	011	Mr. Raju. R	Self	29.09.1985	35	3,00,000/-
		Mr. Ramu. M	Father	01.01.1954	66	
		Mrs. Sharada. R	Mother	01.02.1967	53	
5	016	Mrs. Chaitra.C	Self	16.07.1987	33	2,00,000/-
		Mr. L. Chandrashekar	Father	12.10.1962	57	
		Mrs. Saroja. B.R	Mother	12.02.1969	51	
		Mast. Daivik Kiran	Son	14.10.2016	3	
6	013	Mr. M. Muniswamy	Self	12.05.1973	47	2,00,000/-
		Mrs. Dakshyani	Wife	26.10.1977	42	
		Baby. Indhumathi	Daughter	26.08.2005	15	
7	014	Mr. K.R. Bettaswamy	Self	05.05.1983	37	2,00,000/-
		Mrs. Lakshamma	Mother	1965	55	
		Mrs. Latha	Wife	08.06.1994	26	
		Mast. Chinmay Gowda	Son	14.05.2015	5	
		Mast. Sathvik Gowda	Son	19.04.2020	3 months	
8	010	Mr. V. Kadi Reddy	Self	02.04.1955	65	5,00,000/-
		Mrs. V. Sulochana	Wife	16.09.1960	59	
9	017	Mr. S.N. Srinivasa	Self	16.05.1960	60	5,00,000/-
		Mrs. V. Vijayalakshmi	Wife	12.05.1965	55	





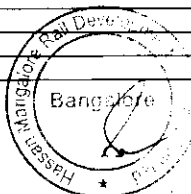
**HASSAN MANGALORE RAIL DEVELOPMENT COMPANY LIMITED****List of Employees  
Personal Accident**

Sl. No.	Employee Nos.	Name of the Employees	Date of Birth	Age	Sum Insured (₹)
1	003	Mr. C. Pradeep	26.01.1972	48	3,00,000
2	012	Mrs. Poorva Vaibhav Joag	01.01.1977	43	3,00,000
3	009	Mrs. Shilpa. K.N	13.10.1983	36	2,00,000
4	011	Mr. Raju. R	29.09.1985	35	2,00,000
5	016	Mrs. Chaitra.C	16.07.1987	33	2,00,000
6	013	Mr. M. Muniswamy	12.05.1973	47	2,00,000
7	014	Mr. K.R. Bettaswamy	05.05.1983	37	2,00,000



## CLAIMS DUMP ANALYSIS - HIMRDC

Family Health Plan Insurance TPA Limited FHPL-MI-FT-01		
Corporate Name	Mysuru Mangalore Rail Development Company Ltd	
Policy No	GHS/Q0874935/41	
Policy Plan Period	25-Aug-19	24-Aug-20
Claim Analysis Report As on :		23-Jul-20
<b>STATUS</b>	<b>NUMBER</b>	<b>AMOUNT</b>
<b>REPORTED</b>	3	3,90,856
<b>SETTLED</b>	2	45,655
<b>OUTSTANDING</b>	1	3,34,424
Registration	0	0
For Adjudication	0	0
Query to Hospital	0	0
Query to Member	0	0
Query Response (H)	0	0
Query Response (M)	0	0
First Reminder-Hospital	0	0
First Reminder-Member	0	0
Second Reminder-Member	0	0
Second Reminder-Hospital	0	0
Third Reminder-Member	0	0
Third Reminder-Hospital	0	0
For Bill Entry	0	0
From CRM	0	0
Refer to CRM	1	3,34,424
For Investigation	0	0
Audit Return	0	0
For Audit	0	0
Refer to Insurer	0	0
Insurer Response	0	0
For Payment	0	0
For Settlement	0	0
Open Preauth	0	0
<b>REJECTED &amp; CLOSED</b>	<b>0</b>	<b>0</b>
<b>MAIN MEMBERS Vs DEPENDANTS</b>		
<b>MEMBER TYPE</b>	<b>NUMBER</b>	<b>AMOUNT</b>
MAIN MEMBER	0	0
DEPENDANT	3	3,80,079
<b>TOTAL</b>	<b>3</b>	<b>3,80,079</b>
<b>GENDER WISE ANALYSIS</b>		
<b>GENDER</b>	<b>NUMBER</b>	<b>AMOUNT</b>
FEMALE	2	3,59,424
MALE	1	20,655
<b>TOTAL</b>	<b>3</b>	<b>3,80,079</b>
<b>RELATION WISE ANALYSIS</b>		
<b>RELATION</b>	<b>NUMBER</b>	<b>AMOUNT</b>
Self	0	0
Spouse	1	25,000
Son	0	0
Daughter	0	0
Father	1	20,655
Mother	1	3,34,424
Others	0	0
<b>TOTAL</b>	<b>3</b>	<b>3,80,079</b>
<b>AGE WISE ANALYSIS</b>		
<b>AGE</b>	<b>NUMBER</b>	<b>AMOUNT</b>
0 to 10	0	0
11 to 20	0	0
21 to 30	1	25,000
31 to 40	0	0
41 to 50	0	0
51 to 60	0	0
61 to 70	1	20,655
> 70	1	3,34,424
<b>TOTAL</b>	<b>3</b>	<b>3,80,079</b>
<b>CLAIM TYPE ANALYSIS</b>		
<b>CLAIM TYPE</b>	<b>NUMBER</b>	<b>AMOUNT</b>
Reimbursement	1	25,000
Cashless	2	3,55,079
<b>TOTAL</b>	<b>3</b>	<b>3,80,079</b>



INCURRED CLAIMS RATIO		
STATUS	NUMBER	AMOUNT
PAID	2	45,655
OUTSTANDINGS	1	3,34,424
PRORATA PREMIUM		2,03,259
ICR		186.99%
TOTAL PREMIUM		2,23,402
ICR		170.13%
DISEASE WISE ANALYSIS		
DISEASE	NUMBER	AMOUNT
Certain conditions originating in the perinatal period	0	0
Certain infectious and parasitic diseases	1	20,655
Codes for special purposes	0	0
Congenital malformations, deformations and chromosomal abnormalities	0	0
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	0	0
Diseases of the circulatory system	1	3,34,424
Diseases of the digestive system	0	0
Diseases of the ear and mastoid process	0	0
Diseases of the eye and adnexa	0	0
Diseases of the genitourinary system	0	0
Diseases of the musculoskeletal system and connective tissue	0	0
Diseases of the nervous system	0	0
Diseases of the respiratory system	0	0
Diseases of the skin and subcutaneous tissue	0	0
Endocrine, nutritional and metabolic diseases	0	0
External causes of morbidity and mortality	0	0
Factors influencing health status and contact with health services	0	0
Injury, poisoning and certain other consequences of external causes	0	0
Mental and behavioural disorders	0	0
Neoplasms	0	0
Pregnancy, childbirth and the puerperium	1	25,000
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	0	0
Others	0	0
TOTAL	3	3,80,079

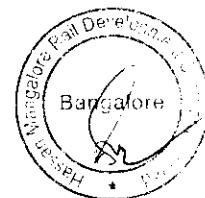


## Annexure – IV

### Section – A

#### List of Documents for Tender

Sl. No.	Particulars	List of Documents to be furnished as 'marked'		Checklist of the documents submitted (Yes / No)
01	Name of Insurance Company :			
02	Detailed office Address of the company with office telephone number, fax number, email address and mobile number of the contact person	(Annexure – A)		
03	Brief profile of the Insurance company : a) Names of cities where the co. has operations. b) Details of any tie-up. c) State-wise list of network hospitals with cashless facility. d) Name(s) and Phone/Cell Nos. of the contact person(s) of all the branches.	(Annexure – B)		
04	Date of Establishment of the company.			
05	Certificate of registration with IRDA or by a Central legislation as a proof of its registration to undertake insurance related activities.	(Annexure - C )		
06	PAN Number (attach documentary evidence)	(Annexure – D)		
07	Goods and Service Tax Registration Number (attach documentary evidence)	(Annexure – E)		
08	Annual Turnover of the company for last three years : Copy of the Income Tax Return and Certified copy of audited balance sheet from Chartered Accountant of last three financial years to be enclosed.	(Annexure – F)		
		Financial Year  2017-2018 2018-2019 2019-2020	Turnover (Rupees in lakhs)	

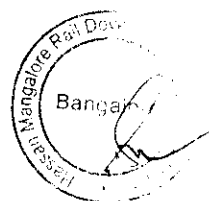


10	<p>Details of some of the organizations where the Insurance Company has been providing services for the last three years giving details of organization name, telephone and fax number with contract validity, type of families insured and total number of families insured by them may be provided.</p> <p>Relevant supporting documents in regard to the same should be submitted along with the tender documents.</p>	(Annexure – G)	
11	<p>Declaration to the effect in form of affidavit that the tenderer has not been blacklisted or barred by any government organization including PSUs or is not under investigation by any law enforcement agency (to be enclosed).</p>	(Annexure – H)	

I / We hereby declare that the information submitted hereby is correct to the best of my / our knowledge and belief. My / Our Insurance Company has not been debarred by any Govt. department / PSUs for providing Mediclaim Insurance coverage in the last 3 years. In case of any information / documents found to be false, fake or incorrect, HMRDC is free to take action against my / our Insurance company as deemed fit by them. I / we, \_\_\_\_\_ do also hereby declare that I / we are not engaged in any activity, which conflicts directly or indirectly with the proposed assignment. I / we further declare that during the currency of the contract, I / we will not engage in any such conflicting activity.

\_\_\_\_\_  
(Signature of Authorized person with seal)

**Note: A signed copy of the tender documents as acceptance of all terms and conditions of the tender is to be enclosed along with tender quotation.**



ANNEXURE - V

**FORMAT FOR SUBMITTING FINANCIAL QUOTE BY THE INSURANCE AGENCIES**

(To be submitted on letterhead of the Insurance Company with signatures of the authorized signatory)

To

M/s.Hassan Mangalore Rail Development Company Ltd.,

MSIL House, 7<sup>th</sup> Floor, #36, Cunningham Road,

Bangalore – 560 052

Ph.No. 080 – 22370581

Fax No. 080 – 22370582

Email ID: [ceohmrdc@gmail.com](mailto:ceohmrdc@gmail.com)

Subject: Financial quote towards tender for providing Group Mediclaim and Group Personal Accident Policy – HMRDC

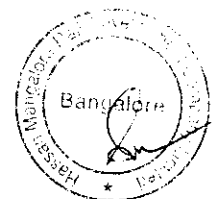
Dear Sir,

I/We, hereby submit our financial quote for the captioned subject, if the work is awarded to us:

**A. Premium against Group Mediclaim Insurance for Employees (Existing / retired) & their dependents as per the annexure enclosed.**

Premium to be charged for one year	Total Lives	Coverage	Amount of Premium (Rs.)	Goods and Service Tax (Rs.)	Total Amount (Rs.)
No. of beneficiaries (Existing employees with dependents Plus retired employees with spouses) as per Annexure - I		As per entitlements stated in the annexure I enclosed			

Note: Premium is payable on prorata basis on additions / refundable for deletions (subject to no claim) which should be predetermined per family basis irrespective of size of the family.



**B. Premium against Group Personal Accident Insurance Policy for employees of HMRDC only:**

Premium to be charged for one year	Total Lives	Coverage	Amount of Premium (Rs.)	Goods and Service Tax (Rs.)	Total Amount (Rs.)
No. of beneficiaries (Existing employees) as per Annexure - II .		As per entitlements stated in the annexure – II enclosed			

Note: Premium is payable on prorata basis on additions / refundable for deletions (subject to no claim) which should be predetermined on per capita basis.

**Tender quote evaluation will be based on the basis of total premium quoted including all taxes and duties separately for each of the policies stated in (A) and (B) above.**

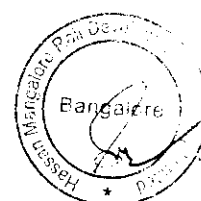
The offer will be valid for 60 days from the last date of submission of this tender. The offer is made after taking into consideration and understanding all the terms and conditions stated in the Tender documents and agreeing to the same.

**Signature of Authorized Signatory** : .....

**Name and Seal of the tenderer** : .....

Date:

Place:



**Annexure – VI**

(On office letter head)

To

Date:

M/s.Hassan Mangalore Rail Development Company Ltd.,  
MSIL House, 7<sup>th</sup> Floor, #36, Cunningham Road,  
Bangalore – 560 052  
Ph.No. 080 – 22370581  
Fax No. 080 – 22370582  
Email ID: [ceohmrdc@gmail.com](mailto:ceohmrdc@gmail.com)

**Ref.: Tender Notice No.**

Dear Sir,

**Sub: Tender for Group Mediclaim & Group Personal Accident Insurance Policies –  
HMRDC**

Dear Sir,

With reference to the above, enclosed herewith are the Tender documents for Group Mediclaim & Group Personal Accident Insurance Policy for HMRDC.

I/We hereby reconfirm and declare that I/We have carefully read and understood the above referred Tender document including instructions, terms & conditions and all the contents stated therein published on HMRDC's website.

Thanking you,

Yours faithfully,

(Signature of the Authorized Signatory)

Name: .....

Designation: .....

Name of the Company: .....

Mobile No.: .....

