

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- 23120582. website: www.hmrdc.com
CIN NO. U45203KA2003SGC032183, E-mail: ceohmrdc@gmail.com

HMRDC/HR/21/MEDI-CLAIM POLICY/2024

08th August 2024

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, 7th Floor, No. 36, Cunningham Road, Bangalore 560052.

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

Submission of last date of Tender is 30.08.2024 at 3:00 P.M.

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


SHARATH BABU. R.M.
Company Secretary

Encl: a/a.

HMRDC

HASSAN MANGALORE RAIL DEVELOPMENT COMPANY LTD

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

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

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

Tender Document No. HMRDC/HR/21/MEDI-CLAIM POLICY/2024 Dated : 08.08.2024

Last date of Tender is 30/08/2024 @ 3.00 pm

ISSUED BY:

Hassan Mangalore Rail Development Company Limited

Regd. Office : MSIL House, 7th Floor, #36, Cunningham Road,

Bangalore – 560 052

Tel : +91-80-23120582,

website : www.hmrdc.com

CIN NO.U45203KA2003SGC032183,

E-mail: ceohmrdc@gmail.com

Note: This document contains a total of 25 pages. No change in the document by the tenderer is permissible



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1. Tender Information Sheet

Document Description	Tender Document for Renewal of Group Medical & Personal Accident Insurance Policies
Tender No.& Date	HMRDC/HR/21/Medi-claim Policy/2024 Dated: 08.08.2024
Last date & Time of Submission of Response to Tender Document	30.08.2024 at 3:00 p.m.
Tender Opening Date	30.08.2024 at 3.15 p.m.
Validity of Tender	60 (Sixty) days from the date of opening of tender.
Address for submission of Response to Tender Document	Hassan Mangalore Rail Development Company, MSIL House, 7 th Floor, #36, Cunningham Road, Bangalore – 560 052 Ph.No. 080 – 23120582 Email ID: ceohmrdc@gmail.com

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 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 Medclaim and Group Personal Accident Insurance policies for a period of 1 (one) year from the date of issuing of the work order, 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 desires to renew the present Group Medclaim and Group Personal Accident Insurance policies for a period of one year from the date of issuing of the work order.

2.4 **Scope of the coverage:**

1. **Group Medclaim Insurance:**

1	Hospitalisation	a. Both in patient / out patient Treatment for Illness and Accident. b. Cashless Hospitalisation.
2	Sum Insured	Rs. 5 lakhs, Rs. 3 lakhs & Rs. 2 lakhs Floater basis as per Annexure 'A'.
3	Family size	Employee, Spouse, 2 Dependent children & 2 Dependent Parents.
4	Room Rent	2% of Sum Insured for Normal Delivery 4% of Sum Insured for ICU
5	Day Care Treatment	To be covered
6	Domiciliary Hospitalisation	To be covered
7	Pre Hospitalisation Medical Expenses	30 days
8	Post Hospitalisation Medical Expenses	60 days
9	Road Ambulance Expenses	Minimum Rs 1500/- per trip Maximum Rs 5000/- per trip
10	Pre-existing diseases	All pre-existing diseases are to be covered
11	Coverage of Benefits	Should be covered from 1 st day of inception of policy
12	Ayush Treatment (In Patient)	25% of Sum Insured
13	Psychiatric In Patient Care	Rs. 25000/- per Patient
14	Maternity Benefit	Rs. 35000/- Normal Delivery Rs. 50000/- Caesarian section
15	New Born Baby	From day 1
16	Well Mother Expenses	To be covered within the maternity limit
17	Well baby Expenses	To be covered within the maternity limit
18	9 months waiting period for Maternity	Not applicable
19	Pre & Post Natal Cover	Rs 10000/- within Maternity Limit
20	Commencement of the policy	Immediate; No waiting period such as 30 days, 1 year, 2 years, 4 years etc.,



21	Cataract Both Eyes	Rs 50000/- per Eye
22	Co Payment	Not applicable
23	Deductible	Not applicable
24	Non Medical Expenses incurred while as In Patient, Pre Hospitalisation, Post Hospitalisation.	To reimburse at actuals
25	All Modern Treatments viz ultra advanced technologies like robotic surgeries, stem cell therapy, oral chemotherapy, etc	To allow
26	Organ Donor Expenses	Medical Expenses upto limit of Sum Insured additionally
27	Hospitalisation on account of Animal attack	To allow maximum Rs 10000/-
28	Midterm Inclusion / Exclusion	To allow : Premium collection on pro – rata basis for additions Premium refund on deletion on pro – rata basis subject to no claim
29	Rare and Uncommon Disease	To include with limit of Sum Insured
30	LGBT Category	To be covered
31	Corporate Buffer	Rs 500000/- Management to decide quantum of disbursal
32	Infection with the severe acute respiratory syndrome corona virus – Similar to Covid 19	Coverage from the commencement of the policy

2. Group Personal Accident Insurance Policy

Cover: Death or Bodily Injury resulting solely and directly from accident which is caused by external violent and visible means.

Sl. No.	Description of benefits	Compensation payable
1	Death Only	100% of Sum Insured
2	Permanent Total disablement	150% of Sum Insured
3	Loss of 2 Hands / 2 Legs / 2 Eyes or Combination thereof	150% of Sum Insured
4	Loss of sight of one eye or loss of use of one hand or one foot	50% of Sum Insured
5	Permanent total disablement from injuries other than the named as above	100% of Sum Insured
6	Permanent partial disability	% of Sum Insured as per policy
7	Temporary total disablement	Weekly benefit upto 104 weeks Weekly benefit 1% of Sum Insured Maximum Rs 5000/-
8	Medical Expenses cover Hospitalisation / Domiciliary Hospitalisation	Rs 100000/- or actual whichever is less
9	Out Patient treatment	Rs 2500/- on actual whichever is less (Excess 10% of the admitted claim)
10	Post Hospitalisation Treatment	Maximum Rs. 10000/-
	Hospitalisation on account of Animal attack	Maximum Rs. 10000/-



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. No separate notifications will be issued for such notices/ amendments / clarifications etc., in the print media or individually.
- b. Option of quoting: The tenderers must quote for renewal of both Group Mediclaim Policy & Group Personnel Accident Policy.

2.6 Sum Insured:

- a) The Mediclaim Insurance shall provide coverage for meeting all expenses relating to hospitalization of beneficiary members up to Rs. 2,00,000/-, 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.5,00,000/- (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 ₹5,00,000, ₹3,00,000 & ₹2,00,000 respectively for the employees stated therein.

3. General Terms & Conditions –

- **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.**
- **Surgeries** –All major & minor surgeries will be out of any capping limit.
- **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.
- **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.
- **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.
- **Claim submission for pre-hospitalization**- should be claimed within 30 days from the date of discharge. **Claim submission after post-hospitalization**- Should be claimed withing 30 days after expiry of taking treatment.
- **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.

- **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.
- **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.
- Statistical data for amount of claim settled during the expiring policy period from 13.05.2023 to 12.05.2024 (claims dump analysis) is attached as per the requirement. (Annexure III).
- There is no claim made in respect of Group Personal Accident Insurance Policy.

4. **Special Terms and Conditions**

- 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.
- 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.
- The response time by the TPA at the time of admission should be maximum of six hours.
- Management Information System (MIS) Reports and Claim Dumps are to be furnished to the HMRDC on quarterly basis.
- In case of **emergency hospitalization**, the insured members can directly approach any Hospital / Nursing Home with the Medclaim ID card provided by the TPA.
- **24x7** Cashless Facility will be given to the members for availing treatment from the network hospitals.
- The Medclaim ID cards of the members should be issued by the TPA within 15 days after submission of names by HMRDC.
- 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 from the date of issuing of the work order.

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.hmrdc.com



5.3 LAST DATE AND ADDRESS FOR SENDING THE TENDER

Interested Insurance companies can send their duly completed tender proposal on or before **30/08/2024 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, 7th Floor, #36, Cunningham Road,
Bangalore – 560 052
Ph.No. 080 – 23120582
Email ID: ceohmrdc@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 30/08/2024 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 quoted 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 for a period of one year from the date of issuing of the work order.

(b) Validity of Contract

Unless terminated earlier, this Contract shall be valid for a period of one-year from the date of issuing of the work order.

(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:

- i If the Insurance Company commits breach of contract or do not remedy / rectify a failure in the performance of their obligations under the Contract.
- ii If the Insurance Company become insolvent or bankrupt;
- iii 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 for getting inputs on the proposal.

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	022	Mrs. Geeta Mohapatra, IRTS	Self	18.07.1979	44	5,00,000/-
		Eva Rai	Daughter	19.04.2010	14	
		Raghav Rai	Son	07.02.2014	10	
1	021	Mr. Sharath Babu Rampura Maheshwarappa	Self	20.06.1990	33	5,00,000/-
		Mrs. Ashwini M B	Wife	18.11.1989	34	
		Ms. Bhuvika S R	Daughter	18.03.2020	4	
		Mrs. Gowamma	Mother	15.08.1967	56	
2	003	Mr. Cherankara Pradeep	Self	26.01.1972	52	5,00,000/-
		Mrs. Nisha Melembatte	Wife	08.07.1978	45	
		Ms. Anushri. P	Daughter	29.10.2001	22	
3	012	Mrs. Poorva Vaibhav Joag	Self	01.01.1977	47	3,00,000/-
		Mast. Parth Vaibhav Joag	Son	20.03.2021	3	
4	009	Mrs. Nagaraj Konasagara Shilpa	Self	13.10.1983	40	3,00,000/-
		Ms. Varsha Manjunath. N	Daughter	09.02.2014	10	
		Mast. Surya Manjunath. N	Son	18.10.2017	6	
5	011	Mr. Raju Ramu	Self	29.09.1985	38	3,00,000/-
		Mrs. R. Sharadha	Mother	01.03.1962	57	
6	016	Mrs. Chaitra.C	Self	16.07.1987	36	3,00,000/-
		Mr. L. Chandrashekar	Father	12.10.1962	61	
		Mrs. Saroja. B.R	Mother	12.02.1969	55	
		Mast. Daivik Kiran S	Son	14.10.2016	7	
		Baby. Shraddha.S	Daughter	27.03.2022	2	
7	013	Mr. Muniswamy M	Self	12.05.1973	50	2,00,000/-
		Mrs. Dakshayini R	Wife	23.10.1977	46	
		Ms. Indhumathi M	Daughter	26.08.2005	18	
8	014	Mr. Bettaswamy K Rangappa	Self	05.05.1983	40	2,00,000/-
		Mrs. Lakshamma	Mother	1971	53	
		Mrs. Latha S.R.	Wife	08.06.1994	30	
		Mast. Chinmay Gowda. B	Son	14.05.2015	8	
		Mast. Sathvik Gowda B	Son	19.04.2020	4	
9	010	Mr. V. Kadi Reddy	Self	02.04.1955	69	5,00,000/-
		Mrs. V. Sulochana	Wife	16.09.1960	63	
10	017	Mr. Srinivasa S.N	Self	16.05.1960	63	5,00,000/-
		Mrs. Vijayalakshmi V	Wife	12.05.1965	58	



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	022	Mrs. Geeta Mohapatra, IRTS	18.07.1979	44	5,00,000
2	021	Mr. Sharath Babu R M	20.06.1990	33	5,00,000
3	003	Mr. C. Pradeep	26.01.1972	52	5,00,000
4	012	Mrs. Poorva Vaibhav Joag	01.01.1977	47	3,00,000
5	009	Mrs. Shilpa. K.N	13.10.1983	40	3,00,000
6	011	Mr. Raju. R	29.09.1985	38	3,00,000
7	016	Mrs. Chaitra.C	16.07.1987	36	3,00,000
8	013	Mr. M. Muniswamy	12.05.1973	50	2,00,000
9	014	Mr. K.R. Bettaswamy	05.05.1983	40	2,00,000



Annexure - III

Statistical data for amount of claim settled during the expiring policy period from 13.05.2023 to 12.05.2024

TPA Policy Number	Insurer Policy Number	Corporate Name	Policy Start Date	Policy End Date	Insurance Company Name	Employee Number	Primary Policy Holder	Primary Policy Holder	Primary Policy Holder	Date of Birth	Age	Gender	Relation	Sum Insured	Balance Sum Insured	Date of Admission	Date of Discharge	Hospital Name	Medical Diagnosis	Illness Details	Aliment Grouping	Type of Hospitalization	Treatment Given	Claim Amount	Total Billed Amount	Claim Other Charge	Approved Other Charges	Total Disallowance of Amount	Approved Amount		
H1209928	H1209928	RAIL INFRASTRUCTURE DEVELOPMENT COMPANY KARNATAKA LTD	13/05/2023	12/05/2024	IFFCO Tokio General Insurance Company Limited	016	MRS CHAITRA C	BLR-IT-R0640-001-0000008-A	MRS SAROJA	12/02/1969	54	Female	Parents	300000	180000	23/12/2023	23/12/2023	DR AGA RWALS HEALTH CARE LTD.	CATARACT IN RIGHT EYE, CATARACT IN LEFT EYE	CATARACT IN RIGHT EYE, CATARACT IN LEFT EYE	EYE	DAYCARE	CATARACT IN RIGHT EYE, CATARACT IN LEFT EYE	45000	75000	75000	45000	30000	45000		
H1209928	H1209928	RAIL INFRASTRUCTURE DEVELOPMENT COMPANY KARNATAKA LTD	13/05/2023	12/05/2024	IFFCO Tokio General Insurance Company Limited	016	MRS CHAITRA C	BLR-IT-R0640-001-0000008-A	MRS SAROJA	12/02/1969	54	Female	Parents	300000	180000	21/12/2023	21/12/2023	DR AGA RWALS HEALTH CARE LTD.	CATARACT IN LEFT EYE, CATARACT IN RIGHT EYE	CATARACT IN LEFT EYE, CATARACT IN RIGHT EYE	EYE	DAYCARE	CATARACT IN LEFT EYE, CATARACT IN RIGHT EYE	45000	75000	75000	45000	30000	45000		
H1209928	H1209928	RAIL INFRASTRUCTURE DEVELOPMENT COMPANY KARNATAKA LTD	13/05/2023	12/05/2024	IFFCO Tokio General Insurance Company Limited	016	MRS CHAITRA C	BLR-IT-R0640-001-0000008-A	MRS SAROJA	12/02/1969	54	Female	Parents	300000	180000	20/12/2023	21/12/2023	VASAN HEALTH CARE PVT LTD	CATARACT IN LEFT EYE	CATARACT IN LEFT EYE	EYE	Hospitalization	PHACO	55000	55000				0		0
H1209928	H1209928	RAIL INFRASTRUCTURE DEVELOPMENT COMPANY KARNATAKA LTD	13/05/2023	12/05/2024	IFFCO Tokio General Insurance Company Limited	013	MR MUNISWA MY M	BLR-IT-R0640-001-0000008-A	MR MUNISWA	12/05/1973	50	Male	Self	200000	166677	01/02/2024	05/02/2024	FORTIS HOSPITALS LTD	AKI, DM, HTN	AKI, DM, HTN	UROLOG	Hospitalization	AKI, DM, HTN	33323	47995	12310	5252	14672	33323		





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@vidalhealthpa.com Website : www.vidalhealthpa.com

Corporate Analysis Report

Policy Details:

Corporate Name:	RAIL INFRASTRUCTURE DEVELOPMENT COMPANY KARNATAKA LTD
Insurer Policy Number:	'H1209928'
Policy Start Date:	13-May-2023
Policy End Date:	12-May-2024
Total Premium:(in Rs.)	3777919
Earned Premium:(in Rs.)	3777919
Lives Covered:(in Nos.)	434
Report Generated By:	RASIGA PRIYA
Report Generated Date:	01-Jul-2024 16:19

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3. Member Details - Relationship & Gender wise
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10. Turn Around Time (TAT)
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12. Payout Ratio
13. Policy Details

1. Incurred Claims Ratio (ICR):

Claim Status	Cashless		Member		Total	
	Nos.	Amt. (in Rs.)	Nos.	Amt. (in Rs.)	Nos.	Amt. (in Rs.)
Reported	44	5162079	14	614339	58	5776418
Settled	35	3266547	13	495096	48	3761643
Rejected	8	1809950	1	8724	9	1818674
Cancelled	1	36000	0	0	1	36000
Awaiting Utr	0	0	0	0	0	0
Shortfall	0	0	0	0	0	0
Approved	0	0	0	0	0	0
Underprocess	0	0	0	0	0	0
Bills Pending	0	0	0	0	0	0
Recommended For Repudiation	0	0	0	0	0	0
Recommended For Approval	0	0	0	0	0	0
Outstanding Claims	0	0	0	0	0	0
Incurred (Os+Settled)	35	3266547	13	495096	48	3761643

ICR On EP*			99.6%
Incidence Rate			13.4%
Disposal Rate	100%	100%	100%
Cost per Claims (CPC)	93330	38084	78368

2. Hospitalisation Type Details:

Claim Subtype	Cashless		Member	
	Nos.	Amt. (in Rs.)	Nos.	Amt. (in Rs.)
Claim Benefits	0	0	0	0
Daycare	11	419865	4	85487
Domiciliary	0	0	0	0
Health_Check_Up	0	0	0	0
Hospitalization	24	2846682	9	409609
Opd	0	0	0	0
Total	35	3266547	13	495096

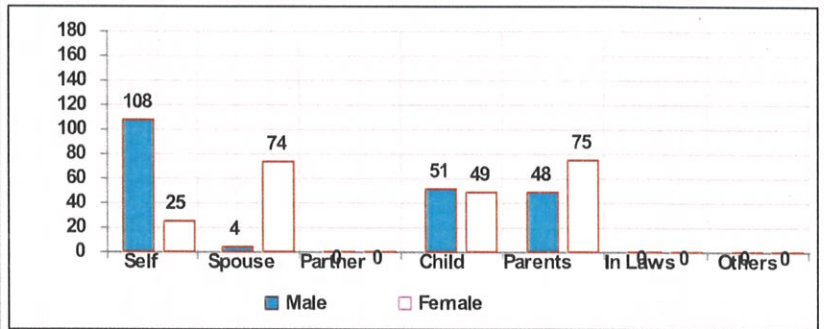
* Considering Only Settled , Approved and UTR Awaiting (Cheque Pending)

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 (CPC) = 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)

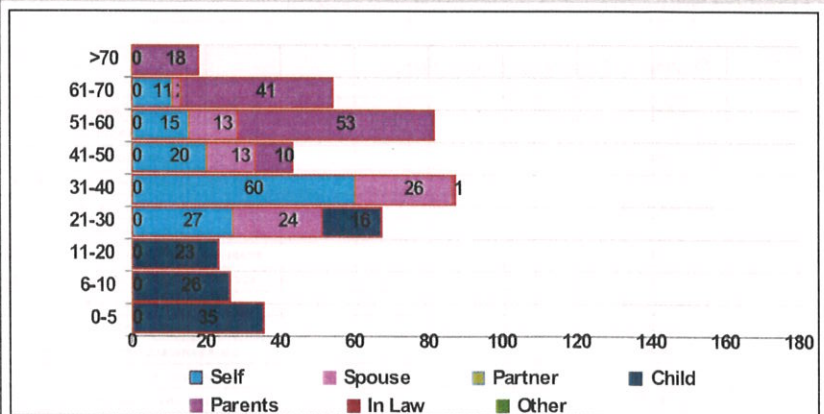
3. Member Details - Relationship & Gender wise :

Relation	Male	Female	Total	%
Self	108	25	133	30.65%
Spouse	4	74	78	17.97%
Partner	0	0	0	0.00%
Child	51	49	100	23.04%
Parents	48	75	123	28.34%
In Laws	0	0	0	0.00%
Others	0	0	0	0.00%
Total	211	223	434	100.00%
%	49%	51%	100%	



4. Member Details - Age Band & Relationship wise :

AgeBand	Self	Spouse	Partner	Child	Parents	In Law	Other	Total	%
0-5	0	0	0	35	0	0	0	35	8.06%
6-10	0	0	0	26	0	0	0	26	5.99%
11-20	0	0	0	23	0	0	0	23	5.30%
21-30	27	24	0	16	0	0	0	67	15.44%
31-40	60	26	0	0	1	0	0	87	20.05%
41-50	20	13	0	0	10	0	0	43	9.91%
51-60	15	13	0	0	53	0	0	81	18.66%
61-70	11	2	0	0	41	0	0	54	12.44%
>70	0	0	0	0	18	0	0	18	4.15%
Total	133	78	0	100	123	0	0	434	100.00%
%	31%	18%	0%	23%	28%	0%	0%	100%	



5. Claims Approved - Age Band & Relationship wise :

Age Band	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total%		
	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	0	3	63270	0	0	0	0	0	0	3	63270	6.25%	1.68%
6-10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
11-20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0%
21-30	2	24230	4	174604	0	0	0	0	0	0	0	0	0	0	6	198834	12.50%	5.29%	
31-40	3	125569	4	352380	0	0	0	0	0	0	0	0	0	0	7	477949	14.58%	12.71%	
41-50	3	221313	1	55280	0	0	0	0	1	94080	0	0	0	0	5	370673	10.42%	9.85%	
51-60	2	520447	0	0	0	0	0	0	8	322880	0	0	0	0	10	843327	20.83%	22.42%	
61-70	0	0	0	0	0	0	0	0	16	1791636	0	0	0	0	16	1791636	33.33%	47.63%	
>70	0	0	0	0	0	0	0	0	1	15954	0	0	0	0	1	15954	2.08%	0.42%	
Total	10	891559	9	582264	0	0	0	3	63270	26	2224550	0	0	0	48	3761643	100.00%	100.00%	
%	21%	24%	19%	15%	0%	0%	0%	6%	2%	54%	59%	0%	0%	0%	100%	100%			

* Count is only for Approved Claims (Settled and Awaiting UTR (Cheque Pending)).

6. Claims Approved - Amount Band & Relationship wise :

Amount Band	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total%	
	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. %
00K-10K	0	0	0	0	0	0	0	0	1	24220	0	0	0	0	1	24220	2.08%	0.64%
10K-20K	2	24230	0	16579	0	0	1	12421	5	145306	0	0	0	0	8	198536	16.67%	5.28%
20K-30K	2	43503	2	53420	0	0	2	50849	2	77204	0	0	0	0	8	224976	16.67%	5.98%
30K-40K	2	71444	0	0	0	0	0	0	4	134790	0	0	0	0	6	206234	12.50%	5.48%
40K-50K	1	49990	3	146184	0	0	0	0	7	366486	0	0	0	0	11	562660	22.92%	14.96%
50K-60K	0	0	1	55280	0	0	0	0	0	0	0	0	0	0	1	55280	2.08%	1.47%
60K-70K	1	66000	0	0	0	0	0	0	0	0	0	0	0	1	66000	2.08%	1.75%	
70K-80K	0	0	1	73428	0	0	0	0	0	0	0	0	0	1	73428	2.08%	1.95%	
80K-90K	0	0	1	85258	0	0	0	0	1	89910	0	0	0	0	2	175168	4.17%	4.66%
90K-100K	0	0	0	0	0	0	0	0	1	94080	0	0	0	0	1	94080	2.08%	2.50%
>100K	2	636392	1	152115	0	0	0	0	5	1292554	0	0	0	0	8	2081061	16.67%	55.32%
Total	10	891559	9	582264	0	0	0	3	63270	26	2224550	0	0	0	48	3761643	100.00%	100.00%
%	21%	24%	19%	15%	0%	0%	0%	6%	2%	54%	59%	0%	0%	0%	100%	100%		

* Count is only for Approved Claims (Settled and Awaiting UTR (Cheque Pending)).

* Banding for Incurred Amount

7. Claims Approved - Top 15 Ailment wise :

Ailment Group	Self		Spouse		Partner		Child		Parents		In Law		Other		Total		Total%	
	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. %
UROLOGY	3	553163	2	145287	0	0	0	0	1	94080	0	0	0	0	6	792530	12.50%	21.07%
SKIN	0	0	0	0	0	0	0	0	2	554803	0	0	0	0	2	554803	4.17%	14.75%
DIGESTIVE	1	138000	1	152115	0	0	0	0	1	216341	0	0	0	0	3	506456	6.25%	13.46%
EYE	1	22055	0	0	0	0	0	0	13	470254	0	0	0	0	14	492309	29.17%	13.09%
NEOPLASM	0	0	0	0	0	0	0	0	1	384549	0	0	0	0	1	384549	2.08%	10.22%
ARTHROPATHIES	0	0	0	0	0	0	0	0	1	232429	0	0	0	0	1	232429	2.08%	6.18%
PREGNANCY	2	24230	5	199604	0	0	0	0	0	0	0	0	0	0	7	223834	14.58%	5.95%
CIRCULATORY	1	66000	0	0	0	0	0	0	2	148655	0	0	0	0	3	214655	6.25%	5.71%
ABNORMAL CLINICAL AND LABORATORY FINDINGS	1	49990	0	0	0	0	0	2	34770	1	39517	0	0	0	4	124277	8.33%	3.30%
NERVOUS	0	0	1	85258	0	0	0	0	0	0	0	0	0	0	1	85258	2.08%	2.27%
RESPIRATORY	1	38121	0	0	0	0	0	0	0	0	0	0	0	0	1	38121	2.08%	1.01%
PERINATAL PERIOD CONDITIONS	0	0	0	0	0	0	0	1	28500	0	0	0	0	0	1	28500	2.08%	0.76%
ENDOCRINE	0	0	0	0	0	0	0	0	1	15954	0	0	0	0	1	15954	2.08%	0.42%
EAR	0	0	0	0	0	0	0	0	1	13358	0	0	0	0	1	13358	2.08%	0.36%
INFECTIOUS	0	0	0	0	0	0	0	0	1	9620	0	0	0	0	1	9620	2.08%	0.26%
OTHERS	0	0	0	0	0	0	0	0	1	44990	0	0	0	0	1	44990	2.08%	1.20%
Total	10	891559	9	582264	0	0	0	3	63270	26	2224550	0	0	0	48	3761643	100.00%	100.00%
%	21%	24%	19%	15%	0%	0%	0%	6%	2%	54%	59%	0%	0%	0%	100%	100%		

* Count is only for Approved Claims (Settled and Awaiting UTR (Cheque Pending)).

8. Top 15 Cashless Hospital wise utilization :

Hospita_ID	Hospita_Name	No of Claims	Amount
HOS-BLR-7676	TRILIFE HOSPITAL	2	232429
HOS-BLR-3874	SUGUNA HOSPITAL	1	94080
HOS-CHE-265	SRI RAMACHANDRA HOSPITAL (SRMC)	1	85258
HOS-BLR-4885	MANIPAL HOSPITAL-YESHWANTHPUR	5	723197
HOS-BLR-5097	DR. MALATHI MANIPAL HOSPITAL	1	152115
HOS-BLR-27	PRABHA EYE CLINIC & RESEARCH CENTRE	2	93875
HOS-BLR-3872	HEALTH SECURE HOSPITAL CARE & SOLUTIONS PVT.LTD	2	78500
HOS-BLR-3586	FORTIS HOSPITALS LTD	1	498392
HOS-BLR-3798	APOLLO HOSPITALS	1	138000
HOS-BLR-6026	DR.AGARWALS HEALTHCARE LTD.	2	90000
HOS-BLR-5710	VASAN HEALTHCARE PVT LTD	3	67500
HOS-DEL-87	SIR GANGA RAM HOSPITAL	2	336928
HOS-BLR-26	NARAYANA NETHRALAYA	4	122490
HOS-CHE-1786	APOLLO KH HOSPITAL	1	89910
HOS-BLR-013671	SPARSH SUPER SPECIALITY HOSPITAL	1	66000



9. Claims Approved - Cashless & Member Summary :

Type of claim	Events	Events%	Amount	Amount%
MEMBER	13	27.08%	495096	13.16%
CASHLESS	35	72.92%	3266547	86.84%
TOTAL	48	100.00%	3761643	100.00%

10. Turn Around Time (TAT) :

Preauth Processing TAT :

TAT Band	Nos.	%
0 - 30 Mins	30	37.04%
30 Mins - 1 Hrs	14	17.28%
1 - 2 Hrs	17	20.99%
2 - 3 Hrs	13	16.05%
3 - 4 Hrs	6	7.41%
4 - 6 Hrs	0	0%
6 - 7 Hrs	1	1.23%
7 - 12 Hrs	0	0%
12 - 24 Hrs	0	0%
Above 24 Hrs	0	0%
Total	81	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	22	91.67%
8-15	1	4.17%
16-30	1	4.17%
31-45	0	0%
46-60	0	0%
61-90	0	0%
>90	0	0%
Total	24	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

Admission Month	Hospitalization and Daycare		Otherthan Hospitalization		Total	
	Inc Count	Inc Amount	Inc Count	Inc Amount	Inc Count	Inc Amount
May 2023	3	344147	0	0	3	344147
Jun 2023	7	533649	0	0	7	533649
Jul 2023	3	550892	0	0	3	550892
Aug 2023	4	745750	0	0	4	745750
Sep 2023	3	133627	0	0	3	133627
Oct 2023	2	135258	0	0	2	135258
Nov 2023	2	104121	0	0	2	104121
Dec 2023	7	443428	0	0	7	443428
Jan 2024	7	301409	0	0	7	301409
Feb 2024	4	132933	0	0	4	132933
Mar 2024	3	69230	0	0	3	69230
Apr 2024	2	34770	0	0	2	34770
May 2024	1	232429	0	0	1	232429
TOTAL	48	3761643	0	0	48	3761643

12. Payout Ratio

Claimed Amount	Settled Amount	Payout %
3921744	3761643	96%

13. Policy Details

Policy Number	Corporate Name	Total Premium	Earned Premium	Policy Start Date	Policy End Date	Lives
H1209928	RAIL INFRASTRUCTURE DEVELOPMENT COMPANY KARNATAKA LTD	3777919	3777919	13-MAY-2023	12-MAY-2024	434

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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) <table border="1"><thead><tr><th>Financial Year</th><th>Turnover (Rupees in lakhs)</th></tr></thead><tbody><tr><td>2020-2021</td><td></td></tr><tr><td>2021-2022</td><td></td></tr><tr><td>2022-2023</td><td></td></tr></tbody></table>	Financial Year	Turnover (Rupees in lakhs)	2020-2021		2021-2022		2022-2023		
Financial Year	Turnover (Rupees in lakhs)										
2020-2021											
2021-2022											
2022-2023											



09	<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)	
10	<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, 7th Floor, #36, Cunningham Road,
Bangalore – 560 052
Ph.No. 080 – 23120582
Email ID: ceohmrdc@gmail.com

Subject: Financial quote towards tender for providing Group Medclaim 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 Medclaim 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, 7th Floor, #36, Cunningham Road,
Bangalore – 560 052
Ph.No. 080 – 23120582
Email ID: 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.:

