



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 - 560001.

Tel: +91-80- 23120582. website: www.hmrdc.com

CIN NO. U45203KA2003SGC032183, E-mail: ceohmrdc@gmail.com

HMRDC/HR/21/MEDI-CLAIM POLICY/2025

01st August 2025

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 560001.

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 25.08.2025 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 – 560 001

Tel : +91-80-23120582, website : www.hmrdc.com

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

Tender Document No. HMRDC/HR/21/MEDI-CLAIM POLICY/2025 Dated : 01.08.2025

Last date of Tender is 25.08.2025 @ 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 23 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/2025 Dated: 01.08.2025
Last date & Time of Submission of Response to Tender Document	25.08.2025 at 3:00 p.m.
Tender Opening Date	25.08.2025 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 Medichaim 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 Medichaim 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 Medichaim 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 20% 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 disbursement (with 10% limit allocated for NACB)
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/-
11	Hospitalisation on account of Animal attack	Maximum Rs. 10000/-



12	Education Fund for Children	10% of the sum insured or INR s 20,000/- per child (Restricted to 2 Children)
13	Geographic limit	All over India
14	Terrorism	Act of terrorism
15	Other Covers	Broken bones, Burns & Injuries.

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 10.09.2024 to 09.09.2025 (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 **25.08.2025 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 25.08.2025 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 Medclaim & 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. Unison Insurance Broking Services Pvt. Ltd., Bangalore are our insurance intermediary as per IRDAI (Insurance Brokers) Regulations 2018 and they can be contacted over mobile no. 9886653455 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	46	5,00,000/-
		Eva Rai	Daughter	19.04.2010	15	
		Raghav Rai	Son	07.02.2014	11	
2	021	Mr. Sharath Babu Rampura Maheshwarappa	Self	20.06.1990	35	5,00,000/-
		Mrs. Ashwini M B	Wife	18.11.1989	35	
		Baby. Bhuvika S R	Daughter	18.03.2020	5	
		Mast.Bhuvith S R	Son	24.03.2025	04 months	
		Mrs. Gowamma	Mother	15.08.1967	57	
3	003	Mr. Cherankara Pradeep	Self	26.01.1972	53	5,00,000/-
		Mrs. Nisha Melembatte	Wife	08.07.1978	47	
4	012	Mrs. Poorva Vaibhav Joag	Self	01.01.1977	48	5,00,000/-
		Mast. Parth Vaibhav Joag	Son	20.03.2021	4	
5	009	Mrs. Nagaraj Konasagara Shilpa	Self	13.10.1983	41	3,00,000/-
		Ms. Varsha Manjunath. N	Daughter	09.02.2014	11	
		Mast. Surya Manjunath. N	Son	18.10.2017	7	
6	011	Mr. Raju Ramu	Self	29.09.1985	39	3,00,000/-
		Mrs. R. Sharadha	Mother	01.03.1962	63	
7	016	Mrs. Chaitra.C	Self	16.07.1987	38	3,00,000/-
		Mr. L. Chandrashekar	Father	12.10.1962	62	
		Mrs. Saroja. B.R	Mother	12.02.1969	56	
		Mast. Daivik Kiran S	Son	14.10.2016	8	
		Baby. Shraddha Kiran.S	Daughter	27.03.2022	3	
8	013	Mr. Muniswamy M	Self	12.05.1973	52	2,00,000/-
		Mrs. Dakshayini R	Wife	23.10.1977	47	
9	014	Mr. Bettaswamy K Rangappa	Self	05.05.1983	42	2,00,000/-
		Mrs. Lakshamma	Mother	1971	54	
		Mrs. Latha S.R.	Wife	08.06.1994	31	
		Mast. Chinmay Gowda. B	Son	14.05.2015	10	
		Mast. Sathvik Gowda B	Son	19.04.2020	5	
10	010	Mr. V. Kadi Reddy	Self	02.04.1955	70	5,00,000/-
		Mrs. V. Sulochana	Wife	16.09.1960	64	
11	017	Mr. Srinivasa S.N	Self	16.05.1960	65	5,00,000/-
		Mrs. Vijayalakshmi V	Wife	12.05.1965	60	



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	46	5,00,000
2	021	Mr. Sharath Babu R M	20.06.1990	35	5,00,000
3	003	Mr. C. Pradeep	26.01.1972	53	5,00,000
4	012	Mrs. Poorva Vaibhav Joag	01.01.1977	48	5,00,000
5	009	Mrs. Shilpa. K.N	13.10.1983	41	3,00,000
6	011	Mr. Raju. R	29.09.1985	39	3,00,000
7	016	Mrs. Chaitra.C	16.07.1987	38	3,00,000
8	013	Mr. M. Muniswamy	12.05.1973	52	2,00,000
9	014	Mr. K.R. Bettaswamy	05.05.1983	42	2,00,000



IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED

AGE BAND WISE

Age Band	No. %	Amount %	Average	No.	Amount
0-18	16.67	3.63	23,750	1	23,750
19-35	16.67	5.93	38,850	1	38,850
46-55	66.67	90.45	148,141	4	592,565
Grand Total	100	100	109,194	6	655,165

AMOUNT BAND WISE

Amount Band	No. %	Amount %	Average	No.	Amount
0-10K	16.67	0.83	908.67	1	5,452
10001-25K	16.67	3.63	3958.33	1	23,750
25001-50K	16.67	5.93	6475	1	38,850
50001-100K	16.67	13.30	14518.83	1	87,113
100001-150k	16.67	20.24	22106.17	1	132,637
300001-400k	16.67	56.07	61227.17	1	367,363
Grand Total	100	100	109,194	6	655,165

TOP 10 HOSPITAL (AMOUNT WISE)

Hospital Name	No. %	Amount %	Average	No.	Amount
MANIPAL HOSPITAL	33.33	69.37	75,746	2	454,476
MOTHERHOOD (A UNIT OF RHEA HEALTH CARE PVT LTD)	16.67	20.24	22,106	1	132,637
SARJI HOSPITAL	16.67	5.93	6,475	1	38,850
NARAYANA NETHRALAYA (CHORD ROAD)	16.67	3.63	3,958	1	23,750
MANJUSHREE HOSPITAL	16.67	0.83	909	1	5,452
Grand Total	100	100	109,194	6	655,165

TOP 10 CITIES UTILIZED

Hospital City	No. %	Amount %	Average	No.	Amount
BANGALORE	83.33	94.07	102,719	5	616,315
SHIMOGA	16.67	5.93	6,475	1	38,850
Grand Total	100	100	109,194	6	655,165

TOP 10 DISEASES (AMOUNT WISE)

Disease Category	No. %	Amount %	Average	No.	Amount
DISEASES OF THE CIRCULATORY SYSTEM	33.33	69.37	75,746	2	454,476
NEOPLASMS	16.67	20.24	22,106	1	132,637
PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	33.33	6.76	7,384	2	44,302
DISEASES OF THE EYE AND ADNEXA	16.67	3.63	3,958	1	23,750
Grand Total	100	100	109,194	6	655,165





IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED

Policy No	H1436670	
Name of the Client	HASSAN MANGALORE RAIL DEVELOPM -	
Name of the TPA	In-House	
ITGI Branch Code	G6	
ITGI Share(in case of Coinsurance)	100	
Period of Insurance - From	10-Sep-2024	
To	09-Sep-2025	
Description	NO	Amount
Paid	6	655,165
Cashless Outstanding	0	0
Reimbursement Outstanding	0	0
Auth Approved	0	0
Claim Closed / Rejected	0	0
Total Liability	6	655,165
TPA Fee	0.00%	0
Incurred Claims	6	655,165
Earned Premium		457,163
Incurred Claims Ratio		143.31%
Incidence Rate	0.18	
Average Claim Amount		109,194
Premium		567,567
Total No of Lives	34	
Total Sum Insured		4,100,000
Average Sum Insured / Life		120,588.24
Average Premium / life		16,693
Average Premium / Lakh SI		13,843
Deductions % (AMT)		15.94%
Denials % (NOS)		0
AVG Length of Stay (ALOS)		2 Days

CLAIM TYPE WISE					
Claim Type	No. %	Amount %	Average	No.	Amount
Reimbursement	16.67	0.83	5,452	1	5,452
Cashless	66.67	85.87	140,650	4	562,600
Cashless Pre-Post	16.67	13.30	87,113	1	87,113
Grand Total	100	100	109,194	6	655,165

RELATION WISE					
Relation	No. %	Amount %	Average	No.	Amount
SELF	50	70.20	153,309	3	459,928
CHILD	16.67	3.63	23,750	1	23,750
SPOUSE	33.33	26.17	85,744	2	171,487
Grand Total	100	100	109,194	6	655,165



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 2022-2023 2023-2024 2024-2025	Turnover (Rupees in lakhs)



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 Medclaim & Group Personal Accident Insurance Policies –
HMRDC**

Dear Sir,

With reference to the above, enclosed herewith are the Tender documents for Group Medclaim & 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.:

