#### **CORRIGENDUM**

REF NO. BGL/611/2024-25 Dated: 01.05.2024

To,

Sub:- Corrigendum No.1 to E-tender No. BGL/611/2024-25 dt.24.04.2024 for Group medical insurance coverage – Family floater policy for BGL Employees & Dependent at Hyderabad, Vijayawada & Kakinada Locations.

Dear Sir,

Please refer to our E-tender No. BGL/611/2024-25 dt.24.04.2024 for Group medical insurance coverage – Family floater policy for BGL Employees & Dependent at Hyderabad, Vijayawada & Kakinada Locations. While on the subject, the following clarification/amendment as **ANNEXURE** is issued may be noted for preparation of un price bids.

Please note that all the clarifications/corrigendum/amendment issued for the subject Tender Document shall form an integral part of Tender Document. Copies of all these communications and enclosures shall be submitted, duly signed, and stamped along with the bid.

All other terms and conditions in the tender document remain unaltered. You are requested to take note of the above and arrange to submit the tender accordingly before the due date of submission. Looking forward to your participation in the tender.

Yours faithfully, For Bhagyanagar Gas Limited

Manager(C&P)

# **ANNEXURE**

Sr. No.	Query	BGL Reply
1	Please confirm that bid security is compulsory or waived off? If compulsory, please share the bank details.	Bid security is compulsory, Bank details are mentioned clearly in the tender document Volume I of II-page no. 34 of 50 . Bid security is refundable.
2	Please reset our password of submission portal. Our username is shwetasingh.	Kindly discuss with E- Wizard portal person Name- Mr. Gagan (+ 91 - 8448288987)
3	Detailed claims MIS for the past 3 yrs (excel sheet) as well	Attached Annexure - I
	as summary	
4	Improvement in coverage compared to expired policy	Earlier SI for E0- E2: 5 Lakhs and E3 & above - 8 Lakhs, now this has been revised to, E0- E2: 7 Lakhs and E3& above: 10 Lakhs per family. No age restrictions except children.
5	Kindly share the expiring policy copy / If you had an existing policy, please let us have the details of the same.	Attached Annexure- II
6	Whether the premium is paid by Company or employees:	by company
7	Kindly share the Inception and end lives for the past 3 years	Attached Annexure-I
8	Detailed demography in excel format is required where employee and there dependent details are mentioned	Attached Annexure- III
9	Is the policy being taken for the first time or you had a existing policy.	Renewal of existing Policy
10	Request you to please confirm the data is complete that has been provided in the	Employee list attached (which may defer since the data was prepared during approval process, any addition / deletion
	document.	will be done after finalisation of contract).

# Claims MIS Summary as on 22-04-2024

Group Name Bhagyanagar Gas Ltd
GHI Policy No 2816/70180998/00/000

 No of Self
 51
 No of Lives
 177

 Policy from
 08/05/2023
 Net Premium
 13,20,881

 Policy up to
 07/05/2024
 Gross Premium
 15,58,640

Claim Type	Claims R	eported	Claim	s Paid	Claims Closed/Repudiated	Claims Ou	ıtstanding	
	No	Amount	No	Amount	No	No	Amount	
Cashless	20	29,83,048	14	15,81,741	1	5	5,33,858	
Reimbursement	11	2,12,345	6	1,36,482	5	-	-	
Total	31	31,95,393	20	17,18,223	6	5	5,33,858	

## Claims Outstanding Break up

Status	No of Claim	Amount
Under Process	2	400495
Cashless Claim Approved	1	62000
PreAuth Approved	2	71363
Grand Total	5	533858

																							Claim Stage	2		Intim		BENEFICIAR Y TYPE-		
Health Serve Card No	Policy No	Type of Policy	Group Name	Policy_star Policy_e t_date d_date		Employee_Name		Relationshi p with Employee		Age of Patient			Type_of_claim - Cashless / Reimbursement	ProviderName	Provider City	Provider State			t_of_admi [				(Paid / Closed / OS)	Claim Sub Stage	Date-of- Intimation	ation Mont h				UTR Date paid to Beneficiary
		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4	02 T V K H Subrahmanyam	T V K H Subrahmanyam	BGL/28/11	Employee	Male	54	800000	500647	Cashless	L. V. Prasad Eye Institute, Hyderabad	HYDERABA D	TELANGANA	05/07/2023	21	1/06/2023 2	21/06/2023	cystoid macular edema left eye	62000	62000 Paid	Claim Approved, Funds Transferred	20/06/2023	Jun	Hyderabad Eye Institute	Hospital	BARBD232153825 87	03-Aug-23
102630000	2816/70180	GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD		02 T V K H Subrahmanyam	TVKH				54		501409		Maxivision Eye Hospitals Private Limited	HYDERABA	TELANGANA	25/07/2023				left eye cystoid	25000	0 Closed	Cashless Denied	25/07/2023	lul	Maxivision Eye Hospitals Private Limited	·		
102630000	2816/70180	GROUP HEALTH	BHAGYANAGAR	07/05/2	02 Anuradha					3.				Gowri Gopal Hospitals Pvt.		ANDHRA					irritable bowel			Claim Approved,		Jui	Gowri Gopal Hospitals Pvt		AXISCN043402710	,
102630000		GROUP HEALTH	GAS LTD  BHAGYANAGAR	08/05/2023 4	Kumari 02 T V K H	B.Bhanu Chander	BGL/72/17	Mother	Female	58	500000	501651	Cashless	Ltd. L. V. Prasad Eye Institute,	Kurnool HYDERABA	PRADESH	21/08/2023	03	3/08/2023 0	06/08/2023	syndrome cystoid macular	30860	18353 Paid	Funds Transferred  Claim Approved,	03/08/2023	Aug	Ltd Hyderabad Eye	Hospital	AXISCN039544803	05-Dec-23
		GROUP HEALTH	GAS LTD  BHAGYANAGAR	08/05/2023 4	Subrahmanyam 02	Subrahmanyam Syed Mohd	BGL/28/11	Employee	Male	54	800000	501665	Cashless	Hyderabad Apollomedics Super Speciality	D	TELANGANA	25/08/2023	05	5/08/2023	05/08/2023	edema left eye	62000	62000 Paid	Funds Transferred Claim Approved,	04/08/2023	Aug	Institute Syed Mohd	Hospital	4 AXISCN054371020	30-Oct-23
043002	998/00/000	INSURANCE POLICY	GAS LTD	08/05/2023 4	Alina Fatima	Kumail	BGL/86/18	Spouse	Female	24	800000	503415	Cashless	Hospitals Apollomedics	Lucknow	UTTAR PRADESH	14/12/2023	23	3/09/2023 2	26/09/2023	LSCS	7861	7861 Paid	Funds Transferred	16/09/2023	Sep	Kumail	Hospital	4	08-Mar-24
043002	998/00/000	GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4	Alina Fatima	Syed Mohd Kumail	BGL/86/18	Spouse	Female	24	800000		Reimbursement	Super Speciality Hospitals Apollomedics	Lucknow	UTTAR PRADESH	08/12/2023	23	3/09/2023 2	26/09/2023	LSCS	7861	0 Closed	Claim Repudiated	16/09/2023	Sep	Syed Mohd Kumail	Insured		$\vdash$
102630000 043002		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4	02 Alina Fatima	Syed Mohd Kumail	BGL/86/18	Spouse	Female	24	800000	5034150 5	Reimbursement	Super Speciality Hospitals Apollomedics	Lucknow	UTTAR PRADESH	08/12/2023	23	3/09/2023 2	26/09/2023	LSCS	12154	0 Closed	Claim Repudiated	16/09/2023	Sep	Syed Mohd Kumail	Insured		
102630000 043002		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4	02 Alina Fatima	Syed Mohd Kumail	BGL/86/18	Spouse	Female	24	800000	5034150 6	Reimbursement	Super Speciality Hospitals Microcare ENT	Lucknow	UTTAR PRADESH	18/01/2024	23	3/09/2023 2	26/09/2023	LSCS chronic	7861	0 Closed	Under Process	16/09/2023	Sep	Syed Mohd Kumail Microcare ENT	Insured		
		GROUP HEALTH	BHAGYANAGAR		02 Dheeravath Anil									Hospital & Research	HYDERABA						adenoiditis chronic			Claim Approved,			Hospital & Research		AXISCN046361423	
008005	998/00/000	INSURANCE POLICY	GAS LTD	08/05/2023 4	Duminy	Mohan Rao	BGL/113/20	Son	Male	7	800000	505049	Cashless	Institute Microcare ENT Hospital &	D	TELANGANA	08/11/2023	19	9/10/2023   2		tonsillitis chronic adenoiditis	43450	35195 Paid	Funds Transferred	16/10/2023	Oct	Institute	Hospital	0	30-Dec-23
		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4	02 Dheeravath Anil Duminy	Dheeravath Mohan Rao	BGL/113/20	Son	Male	7	800000	5050490 2	Reimbursement	Research Institute Omni Hospitals	HYDERABA D	TELANGANA	08/12/2023	19	9/10/2023 2	20/10/2023	chronic tonsillitis	10915	10865 Paid	Claim Approved, Funds Transferred	16/10/2023	Oct	Dheeravath Mohan Rao	Insured	CB0040187114	11-Jan-24
		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4	02 Kasi Visalakshi Govada	G. Venkatesh	BGL/115/20	Mather	Female	52	800000	E0E161	Cachlors	(A Unit of Incor Hospitals Pvt. Ltd.)	HYDERABA	TELANGANA	08/11/2023	10	9/10/2023 2	21/10/2022	left distal ureteric calculus	79703	65235 Paid	Claim Approved, Funds Transferred	19/10/2022	1 1	Incor Hospital Pvt.Ltd.	Hospital	AXISCN046917993	03-Jan-24
						G. VEHRACSH	502/113/20	Wilderici	remaie	32	000000		casilicas	Omni Hospitals (A Unit of Incor		ILLANGANA	00/11/2023		5/10/2025	21/10/2023	left distal	75705	03233 1 414		10/10/2023		i ve.zeu.	Позрісаі	AWISSNO AASSOOD	
		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	08/05/2023 4	02 Kasi Visalakshi Govada	G. Venkatesh	BGL/115/20	Mother	Female	52	800000	5051610 2	Reimbursement	Hospitals Pvt. Ltd.)	HYDERABA D	TELANGANA	22/11/2023	19	9/10/2023 2	21/10/2023	ureteric calculus CYSTOID	14579	9709 Paid	Claim Approved, Funds Transferred	18/10/2023	Oct	G. Venkatesh	Insured	AXISCN044668093 4	16-Dec-23
102630000 031001		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4	02 T V K H Subrahmanyam	T V K H Subrahmanyam	BGL/28/11	Employee	Male	54	800000	505627	Reimbursement	1 '	RANGARE DDY	ANDHRA PRADESH		22	2/09/2023 2	22/09/2023	MACULAR EDEMA	62350	62350 Paid	Claim Approved, Funds Transferred	19/10/2023	1 1	T V K H Subrahmanyam	Insured	AXISCN052756032 4	23-Feb-24
		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4	02 Kasi Visalakshi Govada	G. Venkatesh	BGL/115/20	Mather	Female	52	900000	505969	Cashloss	(A Unit of Incor Hospitals Pvt. Ltd.)	HYDERABA	TELANGANA	28/11/2023	06	6/11/2022	08/11/2023	left lower ureteric calculus.	120000	105721 Paid	Claim Approved, Funds Transferred	02/11/2022	1 1	Incor Hospital	Hospital	AXISCN050063835	30-Jan-24
						G. Velikatesii	BGL/113/20	iviotilei	remale	32	800000		Castiless	Omni Hospitals (A Unit of Incor	D .	TELANGANA	20/11/2023	00	0/11/2023	06/11/2023	left lower	130009	103/21 Palu		05/11/2025	NOV	PVL.LLU.	поѕрітаї	/	30-Jd11-24
		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4	02 Kasi Visalakshi Govada	G. Venkatesh	BGL/115/20	Mother	Female	52	800000	5059690 2	Reimbursement	Hospitals Pvt. Ltd.) L. V. Prasad Eye	HYDERABA D	TELANGANA	22/11/2023	06	6/11/2023	08/11/2023	ureteric calculus.	6190	1461 Paid	Claim Approved, Funds Transferred	03/11/2023	Nov	G. Venkatesh	Insured	AXISCN044955016 0	19-Dec-23
102630000 031001 102630000	998/00/000	GROUP HEALTH INSURANCE POLICY GROUP HEALTH	BHAGYANAGAR GAS LTD BHAGYANAGAR	07/05/2 08/05/2023 4 07/05/2	02 T V K H Subrahmanyam	T V K H Subrahmanyam	BGL/28/11	Employee	Male	54	800000	506203	Cashless	Institute, Hyderabad Continental	HYDERABA D HYDERABA	TELANGANA	28/11/2023	10	0/11/2023 1	10/11/2023	Cystoid macular edema	62000	62000 Paid	Claim Approved, Funds Transferred Claim Approved,	08/11/2023		Hyderabad Eye Institute Continental	Hospital	AXISCN046095226 3 AXISCN053330786	28-Dec-23
023003 102630000	998/00/000 2816/70180	INSURANCE POLICY GROUP HEALTH	GAS LTD BHAGYANAGAR	08/05/2023 4 07/05/2	Vani Kohli 02		BGL/135/22		Female	63		506293	Cashless Reimbursement	Hospital SAPTHAGIRI	D Karimnaga	TELANGANA	19/12/2023			02/12/2023	OA Knee dengue fever		427001 Paid 26580 Paid	Funds Transferred Claim Approved,			Hospital	Hospital	6 AXISCN042441842	28-Feb-24
102630000	2816/70180	GROUP HEALTH	GAS LTD BHAGYANAGAR	08/05/2023 4 07/05/2	02	Sandeep Kumar Syed Mohd				20				Apollomedics Super Speciality										Funds Transferred			Syed Mohd		2	28-Nov-23
043005 102630000 039005	2816/70180	INSURANCE POLICY GROUP HEALTH INSURANCE POLICY	GAS LTD BHAGYANAGAR GAS LTD	08/05/2023 4 07/05/2 08/05/2023 4	Alina Fatima 02 Reshma Parween	Kumail Mohammad Sibgatullah	BGL/86/18 BGL/75/17	Daughter Spouse	Female Female	27			Reimbursement Reimbursement	Mangalam	Lucknow Jamui	UTTAR PRADESH BIHAR				26/09/2023		23000	0 Closed 0 Closed	Claim Repudiated Claim Close	13/12/2023		Kumail Mohammad Sibgatullah	Insured		
		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4	02 T V K H	T V K H Subrahmanyam	BGI /28/11	Employee	Male	54	800000	508760	Cashless	L. V. Prasad Eye Institute, Hyderabad	HYDERABA		03/01/2024	23	3/12/2023	23/12/2023	Blurred vision	62000	62000 Paid	Claim Approved, Funds Transferred	22/12/2023		Hyderabad Eye Institute	Hospital	AXISCN047804112	10-Jan-24
				33,33,2332										Big Apollo Spectra Hospital	-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,							Big Apollo Spectra Hospital (A Unit			
		GROUP HEALTH	BHAGYANAGAR	07/05/2										(A Unit Of Big Healthcare Pvt.							Acute			Claim Approved,			Of Big Healthcare Pvt.		AXISCN053569668	1 1
	2816/70180	INSURANCE POLICY GROUP HEALTH INSURANCE POLICY	GAS LTD BHAGYANAGAR GAS LTD	08/05/2023 4 07/05/2 08/05/2023 4	Shiwani 02 Zeenat Ara	Sandeep Kumar Mohammad Sibgatullah	BGL/153/23 BGL/75/17		Female Female	60		509738		Ltd.) Continental Hospital	Patna HYDERABA D	TELANGANA	23/01/2024			13/01/2024	Appendicitis Stable angina Grade - 4		101543 Paid 501854 Paid	Funds Transferred Claim Approved, Funds Transferred			Ltd.) Continental Hospital	Hospital Hospital	9 AXISCN056747596 3	01-Mar-24 5 28-Mar-24
		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4	02 T V K H Subrahmanyam	T V K H Subrahmanyam	BGI /28/11	Employee	Male	54	800000	512401	Cashless	L. V. Prasad Eye Institute, Hyderabad	HYDERABA D	TELANGANA	23/02/2024	15	5/02/2024 1	15/02/2024	Central Retinal Vein Occlusion in Left Eve	62000	55800 Paid	Claim Approved, Funds Transferred	14/02/2024		Hyderabad Eye Institute	Hospital	AXISCN053316775	28-Feb-24
														Paramitha Childrens					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,					.,,		Paramitha Childrens			
		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4		T Bhaskar Yadav	BGL/42/12	Son	Male	4	500000	514768	Cashless	Hospital Pvt. Ltd.	HYDERABA D	TELANGANA	28/03/2024	13	3/03/2024 1	14/03/2024	Acute GE	18192	15178 Paid	Claim Approved, Funds Transferred	13/03/2024		Hospital Pvt. Ltd. Saraswati Heart	Hospital	AXISCN056859946 4	29-Mar-24
		GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD	07/05/2 08/05/2023 4	02 Ram Rati Yadav	Sushil Kumar Yadav	BGL/139/23	Mother	Female	66	800000	514791	Cashless	Saraswati Heart Care & Research Centre Pvt. Ltd.	Allahabad	UTTAR PRADESH	28/03/2024	12	2/03/2024 1	17/03/2024	СНВ	323502	317223 OS	Under Process	13/03/2024		Care & Research Centre	Hospital		
102630000 052003	2816/70180 998/00/000	GROUP HEALTH INSURANCE POLICY GROUP HEALTH	BHAGYANAGAR GAS LTD BHAGYANAGAR	07/05/2 08/05/2023 4	02 Prasun Kumar Majumder 02 Prasun Kumar	Pritam Majumder			Male	65		515118 5151180		Apollo Hospitals	HYDERABA	TELANGANA	26/03/2024			22/03/2024		527546	83272 OS	Under Process Claim Approved,	16/03/2024	Mar	Apollo Hospitals Enterprise Pritam	Hospital		
052003	998/00/000	INSURANCE POLICY	GAS LTD	08/05/2023 4	Majumder	Pritam Majumde	r BGL/146/23	Father	Male	65	500000		Reimbursement	L. V. Prasad Eye	D	TELANGANA	04/04/2024		8/03/2024 2	22/03/2024		25517	25517 Paid	Funds Transferred	16/03/2024	Mar	Majumder	Insured	CB0045684203	15-Apr-24
031001	998/00/000 2816/70180	GROUP HEALTH INSURANCE POLICY GROUP HEALTH	BHAGYANAGAR GAS LTD BHAGYANAGAR	08/05/2023 4	02 T V K H Subrahmanyam 02 ANURADHA	T V K H Subrahmanyam Ravindra Kumar	BGL/28/11	Employee	Male	54		515871		Institute, Hyderabad	HYDERABA D	TELANGANA	12/04/2024 0	0.000			Blurring vision in the left eye	62000	62000 OS	Cashless Claim Approved PreAuth	26/03/2024	Mar	Hyderabad Eye Institute NOVA	Hospital		
056004 102630000		GROUP HEALTH	GAS LTD  BHAGYANAGAR	08/05/2023 4	YADAV	Yadav Ganji Sekhara	BGL/154/23	Spouse	Female	31	800000	517382	Cashless	Forrd Hospital NORI MULTI SPECIALITY	Lucknow	UTTAR PRADESH		7523.0	4/04/2024 1	17/04/2024	POG 38 WEEKS	80000	50000 OS	Approved PreAuth	12/04/2024	$\Box$	HOSPITAL LTD NORI MULTI SPECIALITY	Hospital		$\vdash$
			GAS LTD	08/05/2023 4	G Manogna		BGL/145/23	Daughter	Female	0	500000	517538	Cashless		DA	PRADESH	16/04/2024 0		3/04/2024 1	16/04/2024	LRTI	27523	21363.1 OS	Approved	14/04/2024			Hospital		



Policy No: 431500/48/2023/206

Policy period: 14-Apr-2022 To 13-Apr-2023

# Claims Analysis Report

Report date: 04-Apr-2023

This Report Generated By Phani Ramana Yalla On Tue Apr 04 16:17:57 IST 2023

### **Total Claims Experience Report**

	Claims	Value (Rs.)	% Claims	% Value		
Cashless Settled	7	210,313.00	100.0 %	100.0 %		
Cashless Processed	0	0.00	0.0 %	0.0 %		
Reimbursement Settled	0	0.00	0.0 %	0.0 %		
Reimbursement Processed	0	0.00	0.0 %	0.0 %		
Denials	0	0.00	0.0 %	0.0 %		
Denials due to Shortfall	0	0.00	0.0 %	0 %		
Closed	0	0.00	0.0 %	0.0 %		
Domicilary claims	0	0.00	0.0 %	0.0 %		
Total	7	210,313.00				
Cashless in Process*	0	0.00				
Reimbursement in Process*	1	1.00				
Grand Total (Rs.)	8	210,314.00				
First Time Premium (Rs.)^		1,700,000.00				
Endo Premium (Rs.)^	<u> </u>	7		0.00		
Deletion Premium (Rs.)^	140			12,089.00		
Total Premium (Rs.)^				1,687,911.00		
Claims Ratio (%)				12.46 %		
Claims Ratio (%) - On Earned Premiu	m#	12.78 %				
Value of Denied claims (Rs.):	0.00					
Value of Denied(Document Shortfall)	claims (Rs.):	0.00				
Value of Closed claims (Rs.):		0.00				
	1					

<sup>\*</sup> Depicts the claimed amount for claims in process. The settlement amount will be less than the above figures and will result in respective decrease in the claims ratio.

## Morbidity Ratio

Descriptions	Values
No. of lives Insured	137
No. of Claims	8
No. of Claims made per 100 Lives Insured	5.84 %
No. of lives Inception	136
Addition	1
Deletion	0
CurrentLives	137

<sup>\*\*</sup> The value is for preauthorisation issued and awaiting for final documentation. Depicts the Processed PA amount for PA issued. The settlement amount will be less than or equal to the above figures and could result in respective decrease in the claims ratio.

<sup>#</sup> Does not apply to policies with Instalment Premium

<sup>^</sup> Premium as made available and updated in our system is shown above. This may vary from figures as per Insurer and have corresponding impact on the ICR and ICR on Earned Premium shown in the report.



Policy No: 431500/48/2023/206

Policy period: 14-Apr-2022 To 13-Apr-2023

# Claims Analysis Report

Report date: 04-Apr-2023

This Report Generated By Phani Ramana Yalla On Tue Apr 04 16:17:57 IST 2023

## Ailments Profile

ICD Group	No. of Claims	Value (Rs.)	% of Claims	% of Value						
CATARACT	4.0	135,000.00	57.14 %	64.19 %						
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	2.0	60,180.00	28.57 %	28.61 %						
DISORDERS OF THE GASTROINTESTINAL SYSTEM	1.0	15,133.00	14.29 %	7.2 %						
All Other Ailment Groups	0.0	0.00	0.0 %	0.0 %						
Total	7.0	210,313.00								
Based on Settled/Processed Cashless/Reimbursement Clain	Based on Settled/Processed Cashless/Reimbursement Claims Only									

## Distribution Across Age

Age Band	No. of Claims	Value (Rs.)	% Claims	% Value
0-5	1	20,545.00	14.0 %	9.0 %
6-35	1	15,133.00	14.0 %	7.0 %
51-55	1	39,635.00	14.0 %	18.0 %
56-60	2	68,000.00	28.0 %	32.0 %
61-65	1	30,000.00	14.0 %	14.0 %
Above 70	1	37,000.00	14.0 %	17.0 %
Total (2007)	7	210,313.00		
Based on Settled/Processed Cashless/Reimbursement Claims Only				

## Distribution Across Category of Beneficiaries Report

Beneficiary	No. of Claims	Value (Rs.)	% Claims	% Value				
Self	1.0	39,635.00	14.29 %	18.85 %				
Child	2.0	35,678.00	28.57 %	16.96 %				
Parent	4.0	135,000.00	57.14 %	64.19 %				
Total	7.0	210,313.00						
Based on Settled/Processed Cashless/Reimbursement Claims Only								

## Distribution Across Amount Bands Report

Amount Band	No. of Claims	Value (Rs.)	% Claims	% Value
Rs. 10,001/- to Rs. 25,000/-	2	35,678.00	28.0 %	16.0 %
Rs. 25,001/- to Rs. 50,000/-	5	174,635.00	71.0 %	83.0 %
Total	7	210,313.00		
Based on Settled/Processed Cashless/Reimbursement Claims Only		•		

## Utilization Report for Employee



Policy No: 431500/48/2023/206

Policy period: 14-Apr-2022 To 13-Apr-2023

# Claims Analysis Report

Report date: 04-Apr-2023

This Report Generated By Phani Ramana Yalla On Tue Apr 04 16:17:57 IST 2023

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	1	39,635.00	100.0 %	100.0 %
Total	1	39,635.00		
Based on Settled/Processed Cashless/Reimbursement Claims Only				

## Utilization Report for Dependents

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	4.0	102,678.00	80.0 %	60.16 %
2	1.0	68,000.00	20.0 %	39.84 %
Total	5.0	170,678.00		
Based on Settled/Processed Cashless/Reimbursement Claims Only	(6)			

## Provider Profile Report

Hospital Name	No. of Claims	Value (Rs.)	% Claims	% Value
Asg Hospital Pvt Ltd	2.0	68,000.00	28.57 %	32.33 %
Russh Super Speciality Hospital	1.0	39,635.00	14.29 %	18.85 %
Chaitanya Eye Hospital	1.0	37,000.00	14.29 %	17.59 %
Hyderabad Eye Hospital	1.0	30,000.00	14.29 %	14.26 %
Neo Bbc New Born Childrens Hospital	1.0	20,545.00	14.29 %	9.77 %
Rainbow Childrens Hospital	1.0	15,133.00	14.29 %	7.2 %
Total	7.0	210,313.00		
Based on Settled/Processed Cashless/Reimbursement Claims Only				

## Add-Del Endorsement Details

Endo No	Endo Date	Endo WEF	Remarks	Addition Premium^	Deletion Premium^
431500/48/2023/206-002	01-Jul-2022	06-Jun-2022	Soft copy received as per Tkt No:6564962507 Deletions	0	12,089.00
431500/48/2023/206-003	01-Jul-2022	06-Jun-2022	soft copy received as per Tkt No:6564962507 Additions	0.00	0
			Grand Total	0.00	12,089.00

<sup>^</sup> Premium as made available and updated in our system is shown above. This may vary from figures as per Insurer and have corresponding impact on the ICR and ICR on Earned Premium shown in the report.



Policy No: 431200/48/2020/658

Policy period: 20-Mar-2020 To 19-Mar-2021

# Claims Analysis Report

Report date: 27-Jan-2021

This Report Generated By syed sajid On Wed Jan 27 13:00:42 IST 2021

## **Total Claims Experience Report**

	Claims	Value (Rs.)	% Claims	% Value	
Cashless Settled	5	798,505.00	29.41 %	65.15 %	
Cashless Processed	2	225,275.00	11.76 %	18.38 %	
Reimbursement Settled	7	197,214.00	41.18 %	16.09 %	
Reimbursement Processed	1	4,716.00	5.88 %	0.38 %	
Denials	2	0.00	11.76 %	0.0 %	
Denials due to Shortfall	0	0.00	0.0 %	0 %	
Closed	0	0.00	0.0 %	0.0 %	
Domicilary claims	0	0.00	0.0 %	0.0 %	
Total	17	1,225,710.00			
Cashless in Process*	0	0.00			
Reimbursement in Process*	1	21,309.00			
Grand Total (Rs.)	18	1,247,019.00			
First Time Premium (Rs.)^		1,489,997.00			
Endo Premium (Rs.)^		136,394.00			
Deletion Premium (Rs.)^				17,262.00	
Total Premium (Rs.)^	X	1,609,129.00			
Claims Ratio (%)		77.5 %			
Claims Ratio (%) - On Earned Premium#		90.08 %			
Value of Denied claims (Rs.):		53,433.00			
Value of Denied(Document Shortfall) claims (Rs.):		0.00			
Value of Closed claims (Rs.):		0.00			
* Denicts the claimed amount for claims in pr	ages. The cettlement am	ount will be less than	the above figures a	nd will requit in	

<sup>\*</sup> Depicts the claimed amount for claims in process. The settlement amount will be less than the above figures and will result in respective decrease in the claims ratio.

## Morbidity Ratio

Descriptions	Values
No. of lives Insured	186
No. of Claims	16
No. of Claims made per 100 Lives Insured	8.6 %
No. of lives Inception	155
Addition	31
Deletion	13
CurrentLives	173

<sup>\*\*</sup> The value is for preauthorisation issued and awaiting for final documentation. Depicts the Processed PA amount for PA issued. The settlement amount will be less than or equal to the above figures and could result in respective decrease in the claims ratio.

<sup>#</sup> Does not apply to policies with Instalment Premium

<sup>^</sup> Premium details as received from insurer & updated in our data as on date



Policy No: 431200/48/2020/658

Policy period: 20-Mar-2020 To 19-Mar-2021

# Claims Analysis Report

Report date: 27-Jan-2021

This Report Generated By syed sajid On Wed Jan 27 13:00:42 IST 2021

# Ailments Profile

ICD Group	No. of Claims	Value (Rs.)	% of Claims	% of Value		
CARDIAC DISORDERS	3.0	700,147.00	20.0 %	57.12 %		
DISORDERS OF THE MUSCULOSKELTAL SYSTEM	1.0	193,275.00	6.67 %	15.77 %		
CAESAREAN SECTION	3.0	165,244.00	20.0 %	13.48 %		
NEONATAL DISORDERS	4.0	80,388.00	26.67 %	6.56 %		
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	3.0	54,656.00	20.0 %	4.46 %		
CATARACT	1.0	32,000.00	6.67 %	2.61 %		
All Other Ailment Groups	0.0	0.00	0.0 %	0.0 %		
Total	15.0	1,225,710.00				
Based on Settled/Processed Cashless/Reimbursement Claims Only						

# Distribution Across Age

Age Band	No. of Claims	Value (Rs.)	% Claims	% Value
0-5	4	80,388.00	26.0 %	6.0 %
6-35	5	194,418.00	33.0 %	15.0 %
51-55	1	25,482.00	6.0 %	2.0 %
61-65	2	371,226.00	13.0 %	30.0 %
66-70	3	554,196.00	20.0 %	45.0 %
Total	15	1,225,710.00		
Based on Settled/Processed Cashless/Reimbursement Claims Only				_

# Distribution Across Category of Beneficiaries Report

Beneficiary	No. of Claims	Value (Rs.)	% Claims	% Value
Spouse	5.0	194,418.00	33.33 %	15.86 %
Child	4.0	80,388.00	26.67 %	6.56 %
Parent	6.0	950,904.00	40.0 %	77.58 %
Total	15.0	1,225,710.00		
Based on Settled/Processed Cashless/Reimbursement Claims On	nlv			

# Distribution Across Amount Bands Report

Amount Band	No. of Claims	Value (Rs.)	% Claims	% Value
Rs. 10,000/- And less	2	13,190.00	13.0 %	1.0 %
Rs. 10,001/- to Rs. 25,000/-	4	70,691.00	26.0 %	5.0 %
Rs. 25,001/- to Rs. 50,000/-	3	96,459.00	20.0 %	7.0 %
Rs. 50,001/- to Rs. 1,00,000/-	2	151,948.00	13.0 %	12.0 %
Rs. 1,50,001/- to Rs. 2,00,000/-	2	364,037.00	13.0 %	29.0 %
Rs. 2,00,001/- to Rs. 2,50,000/-	1	200,464.00	6.0 %	16.0 %
Rs. 3,00,001/- to Rs. 5,00,000/-	1	328,921.00	6.0 %	26.0 %



Policy No: 431200/48/2020/658

Policy period: 20-Mar-2020 To 19-Mar-2021

# Claims Analysis Report

Report date: 27-Jan-2021

This Report Generated By syed sajid On Wed Jan 27 13:00:42 IST 2021

Total	15	1,225,710.00		
Based on Settled/Processed Cashless/Reimbursement Claims Only	·	·	<u>\</u>	^

# Utilization Report for Employee

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
Total	0	0.00		
Based on Settled/Processed Cashless/Reimbursement Claims Only				

# **Utilization Report for Dependents**

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	5.0	653,578.00	62.5 %	53.32 %
2	1.0	371,226.00	12.5 %	30.29 %
4	2.0	200,906.00	25.0 %	16.39 %
Total	8.0	1,225,710.00		
Based on Settled/Processed Cashless/Reimbursement Claims Only				

# Provider Profile Report

Hospital Name	No. of Claims	Value (Rs.)	% Claims	% Value
Apollo Hospitals	2.0	499,683.00	13.33 %	40.77 %
Apollo Hospital	1.0	200,464.00	6.67 %	16.35 %
Manipal Super Speciality Hospital	1.0	193,275.00	6.67 %	15.77 %
Sri Sri Holistic Hospital	4.0	120,518.00	26.67 %	9.83 %
Rainbow Children's Medicare Pvt. Ltd.	4.0	80,388.00	26.67 %	6.56 %
Rainbow Childrens Medicare Pvt Ltd kukatpally	1.0	73,900.00	6.67 %	6.03 %
Chaitanya Eye Hospital	1.0	32,000.00	6.67 %	2.61 %
Pujitha Hospital	1.0	25,482.00	6.67 %	2.08 %
Total	15.0	1,225,710.00		
Based on Settled/Processed Cashless/Reimbursement Claims Only				

## Add-Del Endorsement Details

Endo No	Endo Date	Endo WEF	Remarks	Addition Premium^	Deletion Premium^				
431200/48/2020/658-001	13-Jul-2020	01-Jul-2020	Soft copy dtd-10-07-2020-Praveen	25,031.00	0				
431200/48/2020/658-002	14-Aug-2020	01-Jul-2020	Soft copy dtd-14-08-2020-Praveen	6,172.00	0				
431200/48/2020/658-003	15-Oct-2020	01-Jul-2020	Soft copy dtd-13-10-2020-Praveen	105,191.00	0				
431200/48/2020/658-004	27-Nov-2020	01-Oct-2020	Additions & deletions	0.00	0				
431200/48/2020/658-004	27-Nov-2020	01-Oct-2020	Soft copy from Mr Praveen-additions& deletions	0	17,262.00				
			Grand Total	136,394.00	17,262.00				
^ Premium details as received from	^ Premium details as received from insurer & updated in our data as on date								



Annexure -II

Policy No. 2816/70180998/00/000

#### **BHAGYANAGAR GAS LTD**

2ND FLOOR,TSIDC BUILDING, PARISHRAM BHAWAN BASHEER BAGH, HYDERABAD, HYDERABAD, TELANGANA- 500004,

bonnyk.joseph@bglgas.com

#### Dear Sir/Madam,

Thank you for choosing us as your insurance partner for GROUP HEALTH INSURANCE POLICY - CUM TAX INVOICE. We're extremely delighted to have you on-board and we are going to be with you every step of the way.

To make your insurance experience seamless, we have introduced below tech-based solutions.

USGI PULZ App - One stop solution for all your insurance needs. Now enjoy below complimentary value added benefits with our app.

- Insurance Wallet Manage insurance policies on the go with buy and renew Option
- Claim Management Intimate claim online and track claim status
- Complete Auto Care Solutions Online car service appointment, road side assistance, extended warranty, buy spare parts and accessories, sell car online, self-drive car discount, tips to maintain your vehicle.
- 24X7 Road Side Assistance\* In case you are in distress due to flat tyre, drained battery, minor repairing or towing of
  vehicle in case of break down or accident of your vehicle, Key locked in car or lost, fuel run dry or arrangement of taxi/
  ambulance
- Location based Service Find nearest pharmacy, blood bank, wellness center, lab test center, online medicine stores. Also you can track your daily activity, set reminders, and maintain your health profile and much more
- \* Subject to Terms and conditions of Universal Sompo Policy covering the vehicle with RSA cover

### **AI-Powered Virtual Agent**

• Helps you to intimate claim with ease

We're committed to offer you best-in-class services. For any query, call us on our toll-free number 1-800- 200-4030 (Other Users), 1-800-22-4030 (MTNL/BSNL Users), or mail us at contactus@universalsompo.com. You can also drop by at one of our branches. For more information visit our website www.universalsompo.com

Please note that your policy is issued as per the information provided by you to us in the proposal form/e-proposal form as well as the terms and conditions accepted by you. In case of any disagreement, discrepancy, or clarification that you may need, please let us know within 15 days of policy received.



We are pleased to share a list of those hospitals in your city which have been trusted and rated highly by our customers basis their experience. You may like to consider to utilize their services in the unfortunate event requiring hospitalization.

S.No.	HOSPITALNAME	HOSPITALADDRESS
1	Lotus Children's hospital	6-2-29, Lakdi ka pul, Indian Oil Petrol Pump
2	Vijay Marie Hospital	Siafabad Hyderabad -
3	SISA Hospital (Sai Institute Of Sports Injury & Arthrosoopy)	6-3-252/B/8, Errmanzil Colony

You can also visit below link to check the hospital list or scan the QR code.

LINK https://universalsompo.com/cashless-hospitals/Hospital

Thanks again for choosing Universal Sompo, look forward to a long and healthy relationship.





Scan to check Hospital List Scan to download USGI Pulz App

Regd. No. 134



#### **GROUP HEALTH INSURANCE POLICY - CUM TAX INVOICE**

INTERMEDIARY DETAILS							
Intermediary Name	DIRECT GOVERNMENT SOLUTIONS	Phone Number	999999999				
Intermediary Code	201481178395	Email	NA				

POLICY ISSUANCE DETAILS								
Policy Number	2816/70180998/00/000	Policy Type	New Business					
Branch Name	NA	Invoice Number	923PR0000499379					
Manual Covernote Number	NA							

Policy/Invoice Issued Date	18/05/2023	Total Sum Insured	28,600,000
Name of the Proposer	BHAGYANAGAR GAS LTD	Total Premium	1,188,636.00
Proposer Id	100071935612		
Proposer Address/Place of Supply	2ND FLOOR,TSIDC BUILDING, PARISHRAM BHAWAN, BASHEER BAGH, HYDERABAD, HYDERABAD, HYDERABAD, TELANGANA(36), PIN - 500004 Tel- 23236983 ,Email - bonnyk.joseph@bglgas.com GSTIN - 36AACCB2130P1ZQ 1st Floor Plot NO.C 56 A/13 , Sector-62,Noida 201309 PIN - 201309 , UTTAR PRADESH(9) , GSTIN - 09AAACU8917F1Z4	IGST(18%)	213954
Period of Insurance	From: 00:00 of 08/05/2023 To: 23:59 of 07/05/2024		
Type Of Cover	Basic Cover	Total Amount Payable	1,402,590.00
Optional Extension Opted	Coverage against pre existing diseases, Waiver of 30 days waiting period, Waiver of First year exclusions, Maternity	Total Amount Payable (in words)	Rupees Fourteen Lakh Two Thousand Five Hundred Ninety Only
Basic of Sum Insured	Floater	Details of the Insured Persons(s)	As per annexure attached
		Total No. of Insured Person(s)	No of Primary Insured(s): 47 No of Dependents: 102
Policy Issuance Office	NOIDA BRANCH 1st Floor Plot NO.C 56 A/13 , Sect	or-62,Noida 201309 PIN - 201309	, UTTAR PRADESH(9) , GSTIN - 09AAACU8917F1Z4

Policy is subject to the following Warranty: As Mentioned Within

Policy subject to the following Special

condition(s):

NA

#### Clauses/Endorsements attached to the policy

- 1 Family Definition: Employees, Spouse, 2 Dependent Parents and children up to 25 years of age OR till he or she started earning whichever is earlier.
- 2 Age Limit : Age limit for Employees and Spouse 18 years to 70 years, for Children upto 25 years and for Parents upto 80 years.
- 3 Floater/Individual: This policy is on Family floater basis
- 4 Sum Insured Criteria: Sum Insured is Rs-5,00,000 and Rs-8,00,000/-
- 5 30 days waiting Period: Waived off and Exclusion No. 2 of section ¿What we exclude¿ in Group Health Insurance Policy Wording stands deleted.
- 6 1st Year exclusions: Waived off and Exclusion No. 3 of section ¿What we exclude¿ in Group Health Insurance Policy Wording stands deleted.
- 1st, 2nd, 3rd and 4th year exclusion wavier /Pre Existing diseases: Pre-existing diseases are covered under the Policy and Exclusion No. 1 of Section ¿What We Exclude¿ in Group Health Insurance Policy Wording stands deleted.
- 8 Domicilliary Hospitalization: Not Covered under the policy in view of this, point no 3. NB2 of what we cover in Group Health Insurace Policy wording stands
- 9 Maternity Treatment Charges Benefit Extension without waiting period: Covered up to Maternity benefit for normal & C section to be covered on actual or Maximum Rs-5,00,000/- within the Sum Insured (SI) value, for first two children only. Those who are having two or more living children will not be eligible for this benefit under the policy. Exclusion No 10 A of the Section ¿What We Exclude¿ in Group Health Insurance Policy Wording stands deleted.
- 10 Pre & Post Natal Expense : Covered within maternity limit subject to minimum 24hrs of hospitalisation
- 11 New Born baby cover: Coverage to new born baby for the eligible sum insured under the policy, from the date of birth, subject to payment of additional premium prorated for the unexpired policy period and sufficient premium deposit available to provide cover from the date of birth
- 12 Room Rent Capping: I) Room, Boarding Expenses including Nursing Expenses as provided by the Hospital/Nursing Home is subject to a limit of 2% of the Basic Sum Insured per day and for Intensive Care Unit 3% of the Basic Sum Insured per day.
- 13 II) In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.
- 14 Pre and Post hospitalization expenses: Covered upto 30 days prior to Hospitalisation & 60 days after Hospitalisation respectively
- 15 Internal / External Congenital diseases: Internal Congenital diseases are covered under the policy, but external Congenital diseases are not covered
- 16 Ailment Capping: Coverages related to Psychiatric type disease(s): The Policy should cover the medical expenses for In ¿ patient treatment in a recognized psychiatric unit of a hospital including consultation, diagnostics, counselling and / or therapy andmedication. The in ¿ patient treatment under this benefit must at all times be administrated under the direct control of the registered psychiatrist
- 17 Emergency Ambulance Charges: Local Ambulance charges for admission, transfer to another hospital and /or discharge
- 18 Terrorism Exclusion Waiver: Yes, but excluding nuclear, chemical and biological terrorism subject to minimum 24hrs of hospitalisation
- 19 Day care treatments: Total 141 Day Care Surgeries & Day Care Treatments are covered as per the list of USGI
- 20 Non-allopathic Treatments: The following type of non-allopathic treatments provided the treatment is undergone in a government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health.
- 21 a) Type of non-allopathic treatment Ayurvedic & Homeopathic Treatment
- 22 b) Each person /Family is covered up to Rs. 25000/-under this benefit.
- 23 Family means the member/employee and their Eligible family members covered in this policy.

- 24 Cashless Facility: Available in house TPA
- 25 Claim Intimation/ Document Submission: All reimbursement claims should be intimated to Insurer within 24 hours of Hospitalization and documents of claim should be submitted to the Insurer within 30 days of discharge.
- 26 Process for Mid-term Inclusion / Deletion
- 27 \* During the currency of the Policy, inclusions will be permitted for new joinees and their dependents subject to payment of additional premium prorated for the unexpired policy period. Inclusion of dependants is subject to coverage provided under the policy or endorsement forming part thereof.
- 28 \* Existing employees and dependents cannot be included during the currency of the Policy period except, newly married spouse of the existing employees, new born child of the existing employees, provided the policy provides cover for spouse and children.
- 29 \* A cash deposit is to be held by the client to effect inclusion of new joinees and their dependants from the date of Joining, newly married spouse from the date of marriage and new born child from date of birth.
- 30 \* Mid term inclusion is subject to availability of sufficient premium in the deposit to effect the inclusion, provided the date of joining / date of marriage/date of birth, is in the preceding month to the date of declaration.
- 31 \* In case, of any delayed declaration of new joinees and their dependents, newly married spouse of the existing employees, new born child of the existing employees, the inclusion shall effect from the date of receipt of declaration to insurer, subject to availability of sufficient premium in the deposit to effect the inclusion. Acceptance of delayed declaration rest with the insurer.
- 32 \* In Case, premium balance in cash deposit account maintained with the company is not sufficient, then the coverage under the policy will be extended and will be effective only after replenishment of sufficient cash deposit balance.
- 33 \* Deletion of Employee and Dependents is from the date of leaving, provided the date of Leaving, is in the preceding month to the date of declaration. If any delay in declaration deletion will be effected from the date of intimation received at USGI. Refund in premium for deletion is subject to nil claims.
- 34 \* Inclusion of an employee does not warrant automatic inclusion of the employee¿s dependants, unless agreed in the policy.
- 35 \* Policy is based on per person Premium and not per family. Premium is chargeable on each and every member to be covered under the policy based on age band of the member.

#### Conditions attached to the Policy

- 1 Premium payable under this policy shall be payable in advance.
- 2 Subject to otherwise terms and conditions of Group Health Insurance Policy of Universal Sompo General Insurance Co. Ltd
- 3 After inception of the policy, No midterm inclusion of any dependants of the primary insured, other than newly married Spouse, new born child , new joinees' and their dependents shall be allowed

IN WITNESS WHEREOF the undersigned being duly authorised by and on behalf of the company has/have here onto set his/their hands

Collection No 2051526277 Dated 18/05/2023
Examined By: Underwriter:

For Universal Sompo General Insurance Co.Ltd.

Authorized Signatory

Consolidated stamp duty Rs.1 paid towards Insurance policy stamp vide receipt no. dated of General Stamp Office Mumbai.

**Disclaimer:** This Policy is null and void ab initio, if the cheque/any valid negotiable Instrument as receipted by this company via this receipt is dishonoured by the bank. Issuance of the receipt is not a proof of risk acceptance.

IN WITNESS WHEREOF this Policy has been signed at Mumbai in lieu of e-covernote No. NA

GSTIN No: 09AAACU8917F1Z4 USGI IRDA Registration No. 134

SAC Code: 997133

IRDAI UIN NO:- UNIHLGP21355V022021

SP Name-SP Code:-

### Resolving Issues - Please read your Policy & Policy Schedule:

The Policy & Policy schedule set out the terms of your contract with us. Please read this carefully to ensure that the cover meets your needs.

\* Please visit our website www.universalsompo.com to know more about the policy coverage, benefits, and exclusions.

TPA Condition: The details of the TPA and our network providers and diagnostic centers can be found at our website www.universalsompo.com. Cashless claims facility is extended under the policy and your Third Party Administrator (TPA) is UNIVERSAL SOMPO-HEALTH SERVE. Contact number of TPA for registering claims for Pre-authorization is 1800 200 5142 (Toll Free)

**N.B.** The benefits provided under the policy and/or terms and conditions of the policy including premium rates may be subject to change on renewal, with prior approval from IRDAI.

In Case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the policy.

Address: Universal Sompo General Insurance Co.Ltd. Airoli Office-Unit No.601 & 602,A wing, 6th floor, Reliable Tech Park, Cloud City Campus, Gut no 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708

Toll Free Numbers: 1800 22 4030 / 1800 200 4030

Grievance Redressal Officer Number:022-41690824

Website: www.universalsompo.com

E-mail Address: contactus@universalsompo.com.

Note: Please include your policy number for any communication with us

Universal Sompo General Insurance Co.Ltd. shall abide by Insurance Regulatory and Development Authority (Protection of Policyholder's Interests) Regulations 2017. Under this regulation and with an objective to provide a forum to Personal Lines policy holders for resolution of claims related complaints, Insurance Ombudsman has been constituted under the aegis of Governing Body of Insurance Council. For further Information you could refer https://www.cioins.co.in/ombudsman.

This document is system generated on 18/05/2023 13:57:26

T. S. riskshmi		BHAGYANAGAR GAS LIMITED						
Bold   Series   Ser			Group M	edical Poli	cy- 2024-25			
S. Krishan Vani	S.No	Code/ID	Name	Location	Relation	Gender	Date of Birth	
S. Krishan Vani	1	BGI /01/08	P Krishna	KKD	SFI F	Male	01 07 1974	
P. Parnika   DAUGHTER   Female   26.05.2007   10,00,000	•	B02/01/00		INIC				1
P. Varlah								<u> </u> 
P N Ratnam								10,00,000
P Appa Rao								1
BGL/28/11 T V K H Subrahmanyam								
T. S. Sridaskhmi			Поприна		- atrioi	maio	10.00.1004	
T. Sruthi	2	BGL/28/11	T V K H Subrahmanyam	HYD	SELF	Male	11.12.1968	
1. Sruth    DAUGHTER   Female   06.70.1996			T. Srilakshmi		SPOUSE	Female	10.07.1969	10.00.000
3   BGL/42/12   TBhaskar Yadav   HYD   SELF   Male   18.08.1983			T. Sruthi		DAUGHTER	Female	06.10.1996	10,00,000
T. Rajani			T. Sudensha		SON	Male	09.06.2001	
T. Rajani								
T. Aaradhya	3	BGL/42/12		HYD				
T.Dhruvin Yadav								
T.Laxmamma								7,00,000
BgL/43/12   Suman								<u> </u>
S. Prashanthi			T.Laxmamma		Mother	Female	01.01.1951	
S. Prashanthi	4	RGI /43/12	S Suman	HAD	SFI F	Male	12 04 1978	
S. Hara Govind   SON   Male   29.11.2006		502,40/12						1
S. Nitya Srividhya   DAUGHTER Female   31.10.2008								1
S.Balasurahmanyam								7,00,000
S.Saraswathi								1
Self_47712   D. Gurunath Babu   V.J.A   Self   Male   18.11.1979								
D. Bhagya Lakshmi							12.011.000	
D. Bhagya Lakshmi	5	BGL/47/12	D Gurunath Babu	VJA	Self	Male	18.11.1979	
D. Mohit Babu					Spouse			40.00.000
D.Jaswitha							14.12.2014	10,00,000
Y. Sai Karunakar			D.Jaswitha		DAUGHTER	Female		
Y. Sai Karunakar								
Y.S.V. Abhijna	6	BGL/60/14		HYD				<u> </u>
Y.S. Adithi   Daughter   Female   28.06.2014     Gude Sitalakshmi   Mother   Female   16.03.1957     BGL/64/15   B. Venkatesh   KKD   SELF   Male   01.04.1988     P.Anusha   Spouse   Female   31.08.1990     Boni Chirasvi sanvi   Daughter   Female   09.03.2019     Boni Laxmi   Mother   Female   01.04.1965     B BGL/72/17   B Bhanu Chander   HYD   SELF   Male   24.04.1986     B Kalyani   Spouse   Female   15.08.1989     Anuradha Kumari   Mother   Female   12.08.1964     Soma Sundaram   Father   Male   04.06.1956     B BGL/75/17   Mohammad Sibgatullah   HYD   SELF   Male   02.11.1990     Reshma Parween   Spouse   Female   17.12.1995     Abdul Majeed   Father   Male   01.03.1951   10,00,000     Zeenat Ara   Mother   Female   25.11.1962     Reyan Ahmad   SON   Male   19.06.2021     B BGL/79/18   Satish Chandra Mishra   HYD   SELF   Male   20.07.1992     Suresh chandra Mishra   Father   Male   01.01.1971     Ekta Satish Mishra   Spouse   Female   15.07.1992     11 BGL/82/18   Shaik Akram Javed   HYD   SELF   Male   21.04.1997     To 00.000   To 0000   To 0000     To 0000								
Gude Sitalakshmi								10,00,000
BGL/64/15   B. Venkatesh   KKD   SELF   Male   01.04.1988   P.Anusha   Spouse   Female   31.08.1990   Boni Chirasvi sanvi   Daughter   Female   09.03.2019   Boni Laxmi   Mother   Female   01.04.1965   B Boni Laxmi   Mother   Female   01.04.1965   B Boni Laxmi   Mother   Female   01.04.1965   B Kalyani   Spouse   Female   15.08.1989   T,00,000   Anuradha Kumari   Mother   Female   12.08.1964   T,00,000   Anuradha Kumari   Mother   Female   12.08.1964   T,00,000   T,00								
P.Anusha			Gude Sitalakshmi		Mother	Female	16.03.1957	
P.Anusha	7	BGI /6//15	R Venkatech	KKD	SELE	Malo	01 04 1088	
Boni Chirasvi sanvi	<u> </u>	BGL/04/13		KKD				
Boni Laxmi								10,00,000
B   BGL/72/17   B   Bhanu Chander   B   Kalyani   Spouse   Female   15.08.1989   T,00,000								
B Kalyani								
Anuradha Kumari	8	BGL/72/17	B Bhanu Chander	HYD	SELF	Male	24.04.1986	
Anuradha Kumari			B Kalyani		Spouse	Female	15.08.1989	7 00 000
BGL/75/17   Mohammad Sibgatullah   HYD   SELF   Male   02.11.1990			Anuradha Kumari			Female	12.08.1964	7,00,000
Reshma Parween			Soma Sundaram		Father	Male	04.06.1956	
Reshma Parween				113/5			// /	
Abdul Majeed	9	BGL//5/1/	Ť T	HYD				
Zeenat Ara				1				40.00.000
Reyan Ahmad   SON   Male   19.06.2021								10,00,000
10   BGL/79/18   Satish Chandra Mishra   HYD   SELF   Male   20.07.1992				1				
Suresh chandra Mishra   Father   Male   20.11.1964   7,00,000     Rajesvari mishra   Mother   Female   01.01.1971     Ekta Satish Mishra   Spouse   Female   15.07.1992       11   BGL/82/18   Shaik Akram Javed   HYD   SELF   Male   21.04.1997   7,00,000			Ineyali Allillau		3011	wate	13.00.2021	
Suresh chandra Mishra   Father   Male   20.11.1964   7,00,000     Rajesvari mishra   Mother   Female   01.01.1971     Ekta Satish Mishra   Spouse   Female   15.07.1992       11   BGL/82/18   Shaik Akram Javed   HYD   SELF   Male   21.04.1997   7,00,000	10	BGL/79/18	Satish Chandra Mishra	HYD	SELF	Male	20.07.1992	
Rajesvari mishra				1				
Ekta Satish Mishra								7,00,000
11 BGL/82/18 Shaik Akram Javed HYD SELF Male 21.04.1997 7.00.000				1				†
7 00 000								
Shaik Ruksanabegum   Mother   Female   24.05.1975   7,00,000	11	BGL/82/18		HYD				7 00 000
	-		Shaik Ruksanabegum		Mother	Female	24.05.1975	7,00,000

	21.03.1991	Male	SELF	HYD	Syed Mohd Kumail	BGL/86/18
	05.11.1956		Father		Syed Ejaz Askari	B02/00/10
10,00,000	01.07.1964		Mother		Umme Kulsoom	
10,00,000	05.02.1999	_	Wife		Alina Fatima	
	24.09.2023		Doughter		Female Baby (new born baby)	
		1 01110110	20090.		l comme dady (non donn dady)	
	28.12.1988	Male	SELF	HYD	Alok Nath	BGL/89/19
7,00,000	03.01.1961	_	Father	1	Ram Gyan Mishra	
,,	15.11.1968	-	Mother		Asha Mishra	
	27.08.1990	Male	SELF	HYD	Suraj Yedla	BGL/91/19
10,00,000	01.06.1994		Spouse	1	Ekkudu Sushmitha Devi	
-,,	26.11.2023	+	Doughter		Yedla Eeshika	
	23.07.1988	Male	Self	VJA	R S CH P PAVAN B	BGL/94/19
	26.06.1990		Spouse		U S V N Saisree	
10,00,000	13.06.2017	Male	Son		B Naga Sathwik	
	01.01.1958	Male	Father		B K Viswanadha Sastry	
	01.01.1962	Female	Mother		B Sita RamaLakshmi	
	07.06.1993	Male	SELF	HYD	Rahul Chafekar	BGL/107/19
7,00,000	01.01.1961		Father		Ramesh Chafekar	
, ,	10.10.1971		Mother		Anuradha Chafekar	
	08.10.1995	Male	SELF	HYD	Bandaru Johnson	BGL/108/19
7,00,000	15.04.1964		Father		B.Satya kumar Chand	
, ,	26.08.1969		Mother		B.Jai geeta Mani	
					3	
7,00,000	03.08.1998	Male	SELF	Hyd	DHARMATEJA INEEDU	BGL/98/19
, ,						
	06.06.1998	Male	SELF	VJA	Duggirala Manoj	BGL/102/19
7,00,000	06.05.1972		Father		Janisha	
	27.03.1976		Mother		Ratnamma	
	05.02.1989	Male	Self	HYD	Mani Shanker	BGL/111/20
	02.05.1990		Spouse		Arpna Priya	
7,00,000	10.11.2017		Doughter		Takshavi M	
	15. 07. 1948	_	Mother		Shiva Kumari Devi	
	03. 04.1953	Male	Father		Rajendra Prasad Karn	
					,	
	02.11.1974	Male	SELF	HYD	Subhashis Bhattacharjee	BGL/112/20
10,00,000	20.04.1979		Spouse		Samata Bhattacharjee	
	11.02.2015	Male	Son		Malhaar Bhattacharjee	
					, -	
	05.06.1984	Male	Self	HYD	Dheeravath Mohan Rao	BGL/113/20
	03.08.1995		Spouse		Keloth Manasa	1
4	20.06.2015	Male	Son		Dheeravath Anil Duminy	
10,00,000	24.08.2015	Male	Son		Dheeravath Amarendra Duminy	
		Female	Mother		Dheeravath Bali	
	1959	Male	Father		Dheeravath Somla	
	13.07.1990	Male	Self	HYD	G. Venkatesh	BGL/115/20
	21.11.1994		Spouse		M Devi Priyanka	
10,00,000	13.09.2019		Doughter		Sudheeksha Govada	
	25. 07. 1970		Mother		Kasi Visalakshi Govada	
		+	Self	HYD	Ankita Sharma	BGL/117/22
	02.03.1998	Female	OCII			
7,00,000	02.03.1998 03.03.1964				Anil Sharma	
7,00,000	03.03.1964	Male	Father		Anil Sharma Nirmal Sharma	
7,00,000		Male			Anil Sharma Nirmal Sharma	
	03.03.1964 25.02.1966	Male Female	Father	HYD	Nirmal Sharma	BGL/118/22
7,00,000	03.03.1964	Male Female	Father Mother	HYD		BGL/118/22
	03.03.1964 25.02.1966 04.01.2001	Male Female Male	Father Mother		Nirmal Sharma  Ayush Gandhi	
	03.03.1964 25.02.1966	Male Female Male Female	Father Mother Self	HYD	Nirmal Sharma	

28	BGL/123/22	Kamal Patel	HYD	Self	Male	28.07.2000	7,00,000
29	BGL/125/22	Parth Solanki	HYD	Self	Male	15.01.2001	7,00,000
	· · · · · · · · · · · · · · · · · ·						
30	BGL/126/22	Rishab Verma	HYD	Self	Male	04.02.2000	7.00.000
		Kamlesh Kumar Verma		Father	Male	07.07.1972	7,00,000
		Anjali Devi		Mother	Female	03.03.1975	
31	BGL/127/22	GOKEDA VISHNU PRASAD	VJA	Self	Male	14.11.2000	7,00,000
32	BGL/134/22	Ratnala Sai Prasad Chowdari	HYD	Self	Male	28.03.1972	
		Ratnala Sudharani		wife		20.02.19981	
		Ratnala Sai Vineeth Chowdari		son	Male	15.07.2000	10,00,000
		Ratnala Parvathamma		Mother		21.11.1948	
33	BGL/135/22	Samarth Kohli	HYD	Self	Male	20.10.1991	<u> </u>
		Rajiv Kohli		Father	Male	30.11.1953	10,00,000
		Vani Kohli		Mother		15.12.1959	
		Anchal Shrivastava		Wife	Female	14.10.1993	
34	BGI /136/22	Mudumby Vishnu Vardhan	HYD	Self	Male	17.10.1992	
J+	BGL/130/22	Vakula Devi Mudumby	11110	Mother		23.07.1966	
				wife	_	14.05.1994	7,00,000
		Naga Kavya Vangipuram Sahasra Chandrika			_		1
		Sanasra Chandrika		Daughter	remale	24.06.2023	
35	BGL/138/23	Nitin Govind Tungar	HYD	Self	Male	19.08.1987	
<del>                                     </del>	202,:00,20	Pooja Nitin Tungar	1	Wife		21.02.1993	
		Aryan Nithin Tungar		Son	Male	19.12.2020	10,00,000
		Govind Mahadu Tungar		Father	Male	01.06.1959	1,
		Usha Govind Tungar		Mother		12.05.1967	
		John Covina Langa.		linetine:	Tomaio	12.001.001	
36	BGL/140/23	Kondru Vijay Babu	VJA	Self	Male	16.02.2000	7,00,000
37	BGI /142/23	Prashant Jagannath Waingankar	HYD	Self	Male	01.06.1982	
<del>-</del>	BOL/ 142/20	Shraddha Jagannath Waingankar		Mother		01.06.1956	1
		Shravani Prashant Waingankar		Wife		06.01.1982	7,00,000
		Vaidehi Prashant Waingankar		Daughter		02.10.2023	†
38	BGL/144/23	Sangram Kishore Pati	HYD	Self	Male	27.08.1985	
		Shilpika Das		Wife		10.07.1987	10,00,000
		Saanvi Pati		Daughter		25.07.2018	.0,00,000
		Syam Sundara Pati		Father	Male	15.01.1940	
39	BGL/143/23	Manukonda Samuel Sampath Kumar	KKD	Self	Male	03.01.1993	7,00,000
		part of the second of the seco					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
40	BGL/145/23	Ganji Sekhara Babu	HYD	Self	Male	14.06.1991	
		Ganji Nagewswararao		Father	Male	01.01.1958	
		G Kumari		Mother		01.01.1964	7,00,000
		G Kanchanna		Wife	_	10.06.1997	
		G Manogna		Daughter	Female	26.09.2022	
44	DOI // 40/00	Duiteus Maissades	LIVE	0.11	84-1-	05/00/4005	
41	BGL/146/23	Pritam Majumder	HYD	Self	Male	25/09/1995	7,00,000
		Prasun Kumar Majumder		Father	Male	10.01.1958	1,00,000
		Subhra Majumder		Mother	Female	10.12.1966	
42	BGL/147/23	FRANSHICH GOGOI	HYD	Self	Male	12.08.2000	7,00,000
42	DCI // 40/00	Md. Safiuddin	UVD	C-It	NAC'-	07.02.4000	
43	DGL/148/23	Nazneen sultana	HYD	Self Mother	Male	07.03.1996 24.06.1976	7,00,000
	+	Md. Naseruddin	1	Father	Male	22.07.1962	7,00,000
		INIG. NASCIUGUIII		rather	iviale	22.U1.1302	
44	BGI /149/23	Anish Pandey	HYD	Self	Male	05.06.1994	
_		Balmik Pandey	15	Father	Male	01.12.1952	7,00,000
		Dannik Fandey		latilei	Wate	01.12.1302	

46	BGL/151/23	Keta Naga Manikanta	HYD	Self	Male	24.07.1995	7.00.000
		K mangatayaru		Mother	Female	01.01.1979	7,00,000
		K S V Parameswara Rao		Father	Male	01.01.1973	
47	BGL/152/23	Challa Ravi Tej	KKD	Self	Male	05.10.1986	
		Abhizna		Spouse	Female	13.06.1991	10,00,000
		Challa Abhiram Tej		Son	Male	28.12.2016	
48	BGL/153/23	Sandeep Kumar	HYD	Self	Male	21.07.1995	
		Shiwani		Spouse	Female	17.01.1996	7,00,000
		Raghu Kumar		Father	Male	26.04.1967	
		Mani Devi		Mother	Female	07.06.1972	
49	BGL/154/23	Ravindra Kumar Yadav	HYD	Self	Male	04.03.1991	
		ANURADHA YADAV		Spouse	Female	15.06.1992	10,00,000
		RAM KRISHNA YADAV		Father	Male	31.01.1960	
		GYAN PATI YADAV		Mother	Female	01.03.1976	
50	BGL/155/23	Shrinivas Panchari	HYD	Self	Male	08.03.1985	
		Sunitha Panchari		Spouse	Female	22.08.1987	10,00,000
		Rashmika Panchari		Daughter		12.11.2012	
		Kashamma Pachari		Mother	Female	27.08.1957	
51	BGL/156/23	Bendalam Rajesh	HYD	Self	Male	03.07.1986	
		Pudi Maneesha		Spouse		24.01.1995	10,00,000
		Bendalam Mourvanshitha		Daughter		23.04.2021	10,00,000
		Bendalam Chinna Babu		Father	Male	01.01.1956	
		Bendalam Padma		Mother	Female	01.01.1967	
52	BGL/157/23	Pradeep Kumar Yadav	HYD	Self	Male	20.10.1988	
		Punam Yadav		Wife	_	05.11.1988	
		Rajendra Prasad Singh Yadav		Father	Male	29.07.1957	10,00,000
		BASANTI DEVI		Mother		01.01.1960	
		Kartik Kumar Yadav		Son	Male	10.02.2022	
53	BGL/158/23	MD AMAMUDDIN	HYD	Self	Male	14.02.1997	
		MD MUSLIM		Father	Male	01.01.1977	7,00,000
		RAUSHAN		Mother	Female	01.01.1983	
54	BGL/159/24	MUDAPAKA HARITHA	HYD	Self	Female	06.02.1993	7,00,000
		R. Rakesh Kumar		Spouse	Male	21.09.1989	7,00,000
		R PARIN SAI BHARADWAJ		Son	Male	08.09.2021	
		V BALA ANKALU	HYD	Self	Male	06.08.1989	
55	BGL/160/24	_					<u> </u>
55	BGL/160/24	Siva Jyothi Chinna Pullaiah		Spouse Father	Female Male	15.09.2000 01.01.1968	7,00,000