CORRIGENDUM - 01

REF NO.: Tender NO. BGL/649/2025-26	Dated: 28.04.2025					
To,						
All the Bidder's						
Sub:- Corrigendum no.1 to E-tender No. BGL/649/2025-26 dt. 22.04.2025 for Group Me-Family Floater Policy for BGL Employees & Dependents at Hyderabad, Vijayawada and						
Dear Sir,						
Please refer to our E-tender No. BGL/649/2025-26 dt. 22.04.2025 for Group Medical Insurance coverage -Famil Floater Policy for BGL Employees & Dependents at Hyderabad, Vijayawada and Kakinada. While on the subject the following clarification/ corrigendum /bidders query replies as ANNEXURE-I is issued may be noted for preparation of techno-Commercial bids.						
Please note that all the clarifications/corrigendum issued for the subject Tender Documpart of Tender Document. Copies of all these communications and enclosures shall be and stamped along with the technical bid.						
All other terms and conditions in the tender document remain unaltered. You are reques and arrange to submit tender accordingly before the due date of submission. Learning participation against the tender.						
Yours faithfully,						
For Bhagyanagar Gas Limited						

Manager(C&P)

ANNEXURES: I

TENDER NO: BGL/649/2025-26

Group Medical Insurance coverage -Family Floater Policy for BGL Employees & Dependents at Hyderabad, Vijayawada and Kakinada

	* * * * * * * * * * * * * * * * * * * *								
Sr.No	Sec.No	Page No	Tender Clause No. / Annexures	Tender Condition	Bidders Query	BGL's Reply			
1	Vol I of II	3		Bid Security/EMD Amount :- Rs. 99,120 /-	Requesting for EMD waiver	EMD/Bid Security is not applicable in this tender			
2	Vol II of II				Kindly Share the Expiring policy copy	Attached in the corrigendum as annexure -II			
3	Vol II of II	8 to 22			Kindly Share the Employee list in excel format	Already provided in tender document (Vol II of II page no. 8 to 22)			
4	Vol II of II				Kindly Share Claims MIS for the last 3 years (in Excel)	Attached in the corrigendum for FY 23-24 as annexure -III and for FY 24-25 details already provided in tender document (Vol II of II page no. 37 of 45)			
5	Vol II of II				Kindly Share Claims analysis report if any	Claims analysis report for FY 22-23 is attached in the corrigendum as annexure-IV			
6	Vol II of II				Please confirm if there is any improvement in coverage compare to the expiring policy	As per Tender scope of work, and Special conditions of Contract the Policy should be there towards serving our employees 100%. You may consider Scope of work and Special conditions of contract and the main Hospitales should be empanelled with your Insurance company for cashless treatment.			



Annexure-II

GROUP HEALTH INSURANCE POLICY

	INTERMEDIARY DETA	U.S.	
ntermediary Name	DIRECT INSTITUTIONAL ALLIANCES		
ntermediary Code	200872974480	Phone Number	989999999
	1200,237,1100	Email	NA

Renewal Business
924PR0000806172

Policy/Invoice Issued Date	09/05/2024	Total Sum Insured	44,100,000	
Name of the Proposer	BHAGYANAGAR GAS LTD	Total Premium		
Proposer Id	100071935612	Total I Tellium	3,138,541.00	
Proposer Address/Place of Supply	2ND FLOOR,TSIDC BUILDING, PARISHRAM BHAWAN, BASHEER BAGH, HYDERABAD, HYDERABAD, HYDERABAD, TELANGANA(36), PIN - 500004 Tel- 23236983 ,Email - sangram.pati@bglgas.com GSTIN - 36AACCB2130P1ZQ	IGST(18%)	564937	
Period of Insurance	From: 00:00 of 08/05/2024 To: 23:59 of 07/05/2025			
Type Of Cover	Basic Cover	Total Amount Payable	3,703,478.00	
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 Thirty-Seven Lakh Three Thousand Four Hundred Seventy-Eight 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): 54 No of Dependents: 131	
Policy Issuance Office	NOIDA BRANCH 1st Floor Plot NO.C 56 A/13 , Sc 09AAACU8917F1Z4	ector-62,Noida 201309 PIN - 201	1309 , UTTAR PRADESH(9) , GSTIN -	

Insured Details: NA

Name	Date Of Birth	Age	Gender	Sum Insured (₹)
As per annexure attached		0		44100000

Policy is subject to the following Warranty: As Mentioned Within

Policy subject to the following Special

condition(s):

N/A

Clauses/Endorsements attached to the policy

- 1 Family Definition : Family shall mean employees, spouse, parents and 2 dependent children up to 25 years of age.
- 2 Age Limit: Age limit for Employees and Spouse 18 years to 70 years, for Children upto 25 years and for Parents upto 100 years.
- 3 Floater/Individual: This policy is on Family floater basis
- 4 Sum Insured Criteria: Sum Insured Criteria: 7 lakhs for E0 to E2 and 10 lakhs for E3 and above
- 5 30 days waiting Period : Waived off
- 1st Year exclusions: Waived off
- 7 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
- Maternity Treatment Charges Benefit Extension without waiting period: A) Waiting period for the Maternity Benefit should be waived off: 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.
- 10 B) Those who are having two or more living children will not be eligible for this benefit under the policy. Maternity and Newborn benefit: Includes maternity related procedure/treatments arising from child birth (including both normal delivery/caesarean section, including miscarriage or abortion included by accident or other medical emergency treated in a registered hospital/nursing home should be cover.
- 11 Pre & Post Natal Expense : Covered within maternity limit subject to minimum 24hrs of hospitalisation
- 12 New Born baby cover: Newborn child (single/twins) to an insured mother would be covered under the policy from day one for the expenses (subject to policy limitations) incurred for treatment taken in registered Hospital / Nursing Home as in patient and will be treated as a part of the mother.
- 13 Room Rent Capping: 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.
- 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 Home Quarantine cover : Not covered under the policy
- 17 Refractive Error: Lasik Covered if the Power of the Eye is beyond +/-7.5
- 18 Mid term increase of Sum insured : Mid term increase of Sum insured is not allowed.

- 19 Ailment Capping: Ailment Capping: Coverages related to Psychiatric type disease(s): The Policy should cover the medical expenses for Inpatient treatment in a recognized psychiatric unit of a hospital including consultation, diagnostics, counselling and / or therapy andmedication. The inpatient treatment under this benefit must at all times be administrated under the direct control of the registered psychiatrist.
- 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 Ayush/Unani/Homeopathic
- 22 b) Each Family is covered up to INR 25000 under this benefit. Family means the member/employee and their Eligible family members covered in this policy.
- 23 orther terms and condtions: 1) The Policy should cover expenses of hospitalization (Room Charges, Doctors/ Surgeon, Anesthetist, Medical Practitioner, Consultants special fees, ICU/ICCU, Medicines, pathology reports, Anesthesia, Blood, Oxygen, OT Charges, Surgical appliances, Medicines, Drugs, Diagnostic Material, X-Ray, Dialysis, Chemotherapy, Radiopathy, Cost of Pacemaker, Artificial Limbs and cost of Stent & Implant etc.),
- 24 on a reimbursement/cashless basis, incurred as a result of illness and/or accidents as an inpatient in a recognized hospital with no restriction on the limit. 25 2) All doctors charges including Surgeon, anesthetist, medical practitioner, consultants, sand specialist fees whether charged within the main hospitalization bill and/or billed separately to be covered under the policy and will not form part of non-admissible expenses.
- 26 3) Registration charges levied by hospital or any other charges similar in nature would be payable under the policy. Service Charge levied by the Hospital or any other charges similar in nature would be payable under the policy.
- 27 4) 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 and medication. The in - patient treatment under this benefit must at all times be administrated under the direct control of the
- 28 claim terms : a) Cashless Access Service: The Insurer has to ensure that all the members are provided with adequate facilities so that they do not have to pay any deposits at the commencement of the treatment or at the end of the period in the network hospital of the Insurer subject to the allowable limit. In other cases all reimbursement of claim must be settled within 30 days of submission of final bill. Query against the submitted bill if any must be raised
- 29 b) Any type of treatment or procedure or surgeries which require Laser Assistant should be reimbursed due to advancement to technology -Admissible as per medical justification provided by hospitals / doctors.
- 30 Emergency Ambulance Charges: Local Ambulance charges for admission, transfer to another hospital and /or discharge under critical c ondition should be
- 31 Day care treatments: Day care list as per annexure II of tender copy.
- 32 Cashless facility: in house.
- 33 Claim Intimation/ Document Submission : All reimbursement claims should be intimated to Insurer within 48 hours of Hospitalization and documents of claim should be submitted to the Insurer within 30 days of discharge
- 34 Process for Mid-term Inclusion / Deletion :-
- 35 * 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.
- 36 * 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.
- 37 *The intimation for addition should be provided within 30 days from the date of joining and for deletion should be provided within 30 days resigning.
- 38 * 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.
- 39 * 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.
- 40 * 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.
- 41 * 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.
- 42 * 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.
- 43 * Inclusion of an employee does not warrant automatic inclusion of the employee's dependants, unless agreed in the policy.
- 44 * 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

address.	the undersigned being duly authorised by and on t	pehalf of the company has/have here onto set his/their hands at USGIC office
,		
C II N		

Collection No

2056448394

Dated

09/05/2024

Examined By:

Underwriter:

For Universal Sompo General Insurance Co.Ltd.

Authorized Signatory

Consolidated stamp duty Rs.0.50 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:- UNIHLGP24027V032324

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.

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Annexure-III

Claims MIS Summary as on 22-04-2024

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

51 No of Self

Policy from 08/05/2023 07/05/2024 Policy up to

No of Lives 177 13,20,881 **Net Premium**

Gross Premium 15,58,640

Claim Type	Claims R	eported	Claim	s Paid	Claims Closed/Repudiated	Claims Outstanding			
	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 Data 2023-24											
Health Serve Card No	Policy No Type of Policy	Group Name Policy start dat	Policy end date	Patient Name	Employee Name	Employee Number	Relationship with Employee	Gender of Patient Age of Patient	Sum Insured Claim No Type of claim - Cashless / Reimbursement	ProviderName	Provider City Provider State AL date	AL amount Dt of admiss	on Dt of discharge A	Allment C	Claimed Amount Res	serve amt Claim Stage (Paid / Closed / OS)	Claim Sub Stage	Date-of-Intimation Intir	ation Month Payee Name	BENEFICIARY TYPE-CORPORATE/EMPLOYE/HOSPITAL	UTR No paid to Beneficiary U	JTR Date paid to Beneficiary
102630000031001	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	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	HYDERABAD TELANGANA 05/07/2023		21/06/2023 c	cystoid macular edema left eye	62000	62000 Paid	Claim Approved, Funds Transferred	20/06/2023 Jun	Hyderabad Eye Institute	Hospital	BARBD23215382587	03-Aug-23
102630000031001	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	T V K H Subrahmanyam	T V K H Subrahmanyam	BGL/28/11	Employee	Male 54	800000 501409 Cashless	Maxivision Eye Hospitals Private Limited	HYDERABAD TELANGANA 25/07/2023	11/05/2023	11/05/2023 la	left eye cystoid macular edema	25000	0 Closed	Cashless Denied	25/07/2023 Jul	Maxivision Eye Hospitals Private Limited	Hospital		
102630000038003	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Anuradha Kumari	B.Bhanu Chander	BGL/72/17	Mother	Female 58	500000 501651 Cashless	Gowri Gopal Hospitals Pvt. Ltd.	Kurnool ANDHRA PRADESH 21/08/2023	03/08/2023	06/08/2023 in	irritable bowel syndrome	30860	18353 Paid	Claim Approved, Funds Transferred	03/08/2023 Aug	Gowri Gopal Hospitals Pvt Ltd	Hospital	AXISCN0434027106	05-Dec-23
102630000031001	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	T V K H Subrahmanyam	T V K H Subrahmanyam	BGL/28/11	Employee	Male 54	800000 501665 Cashless	L. V. Prasad Eye Institute, Hyderabad	HYDERABAD TELANGANA 25/08/2023	05/08/2023	05/08/2023 c	cystoid macular edema left eye	62000	62000 Paid	Claim Approved, Funds Transferred	04/08/2023 Aug	Hyderabad Eye Institute	Hospital	AXISCN0395448034	30-Oct-23
102630000043002	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Alina Fatima	Syed Mohd Kumail	BGL/86/18	Spouse	Female 24	800000 503415 Cashless	Apollomedics Super Speciality Hospitals	Lucknow UTTAR PRADESH 14/12/2023	23/09/2023	26/09/2023 L	LSCS	7861	7861 Paid	Claim Approved, Funds Transferred	16/09/2023 Sep	Syed Mohd Kumail	Hospital	AXISCN0543710204	08-Mar-24
102630000043002	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Alina Fatima	Syed Mohd Kumail	BGL/86/18	Spouse	Female 24	800000 50341503 Reimbursement	Apollomedics Super Speciality Hospitals	Lucknow UTTAR PRADESH 08/12/2023	23/09/2023	26/09/2023 L	LSCS	7861	0 Closed	Claim Repudiated	16/09/2023 Sep	Syed Mohd Kumail	Insured		
102630000043002	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Alina Fatima	Syed Mohd Kumail	BGL/86/18	Spouse	Female 24	800000 50341505 Reimbursement	Apollomedics Super Speciality Hospitals	Lucknow UTTAR PRADESH 08/12/2023	23/09/2023	26/09/2023 L	LSCS	12154	0 Closed	Claim Repudiated	16/09/2023 Sep	Syed Mohd Kumail	Insured		
102630000043002	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Alina Fatima	Syed Mohd Kumail	BGL/86/18	Spouse	Female 24	800000 50341506 Reimbursement	Apollomedics Super Speciality Hospitals	Lucknow UTTAR PRADESH 18/01/2024		26/09/2023 L	LSCS	7861	0 Closed	Under Process	16/09/2023 Sep	Syed Mohd Kumail	Insured		
102630000008005	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Dheeravath Anil Duminy	Dheeravath Mohan Rao	BGL/113/20	Son	Male 7	800000 505049 Cashless	Microcare ENT Hospital & Research Institute	HYDERABAD TELANGANA 08/11/2023			chronic adenoiditis chronic tonsillitis	43450	35195 Paid	Claim Approved, Funds Transferred	16/10/2023 Oct	Microcare ENT Hospital & Research Institute	Hospital	AXISCN0463614230	30-Dec-23
102630000008005	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Dheeravath Anil Duminy	Dheeravath Mohan Rao	BGL/113/20	Son	Male 7	800000 50504902 Reimbursement	Microcare ENT Hospital & Research Institute	HYDERABAD TELANGANA 08/12/2023	19/10/2023	20/10/2023 c	chronic adenoiditis chronic tonsillitis	10915	10865 Paid	Claim Approved, Funds Transferred	16/10/2023 Oct	Dheeravath Mohan Rao	Insured	CB0040187114	11-Jan-24
102630000009002	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Kasi Visalakshi Govada	G. Venkatesh	BGL/115/20	Mother	Female 52	800000 505161 Cashless	Omni Hospitals (A Unit of Incor Hospitals Pvt. Ltd.)	HYDERABAD TELANGANA 08/11/2023	19/10/2023	21/10/2023 la	left distal ureteric calculus	79703	65235 Paid	Claim Approved, Funds Transferred	18/10/2023 Oct	Incor Hospital Pvt.Ltd.	Hospital	AXISCN0469179934	03-Jan-24
102630000009002	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Kasi Visalakshi Govada	G. Venkatesh	BGL/115/20	Mother	Female 52	800000 50516102 Reimbursement	Omni Hospitals (A Unit of Incor Hospitals Pvt. Ltd.)	HYDERABAD TELANGANA 22/11/2023	19/10/2023	21/10/2023 la	left distal ureteric calculus	14579	9709 Paid	Claim Approved, Funds Transferred	18/10/2023 Oct	G. Venkatesh	Insured	AXISCN0446680934	16-Dec-23
102630000031001	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	T V K H Subrahmanyam	T V K H Subrahmanyam	BGL/28/11	Employee	Male 54	800000 505627 Reimbursement	L.V. Prasad Eye Institute	RANGAREDDY ANDHRA PRADESH	22/09/2023	22/09/2023	CYSTOID MACULAR EDEMA	62350	62350 Paid	Claim Approved, Funds Transferred	19/10/2023 Oct	T V K H Subrahmanyam	Insured	AXISCN0527560324	23-Feb-24
102630000009002	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Kasi Visalakshi Govada	G. Venkatesh	BGL/115/20	Mother	Female 52	800000 505969 Cashless	Omni Hospitals (A Unit of Incor Hospitals Pvt. Ltd.)	HYDERABAD TELANGANA 28/11/2023	06/11/2023	08/11/2023 la	left lower ureteric calculus.	130889	105721 Paid	Claim Approved, Funds Transferred	03/11/2023 Nov	Incor Hospital Pvt.Ltd.	Hospital	AXISCN0500638357	30-Jan-24
102630000009002	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Kasi Visalakshi Govada	G. Venkatesh	BGL/115/20	Mother	Female 52	800000 50596902 Reimbursement	Omni Hospitals (A Unit of Incor Hospitals Pvt. Ltd.)	HYDERABAD TELANGANA 22/11/2023	06/11/2023	08/11/2023 la	left lower ureteric calculus.	6190	1461 Paid	Claim Approved, Funds Transferred	03/11/2023 Nov	G. Venkatesh	Insured	AXISCN0449550160	19-Dec-23
102630000031001	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	T V K H Subrahmanyam	T V K H Subrahmanyam	BGL/28/11	Employee	Male 54	800000 506203 Cashless	L. V. Prasad Eye Institute, Hyderabad	HYDERABAD TELANGANA 28/11/2023	10/11/2023	10/11/2023	Cystoid macular edema	62000	62000 Paid	Claim Approved, Funds Transferred	08/11/2023 Nov	Hyderabad Eye Institute	Hospital	AXISCN0460952263	28-Dec-23
102630000023003	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Vani Kohli	Samarth Kohli	BGL/135/22	Mother	Female 63	800000 506293 Cashless	Continental Hospital	HYDERABAD TELANGANA 19/12/2023	27/11/2023	02/12/2023 0	OA Knee	537076	427001 Paid	Claim Approved, Funds Transferred	11/11/2023 Nov	Continental Hospital	Hospital	AXISCN0533307866	28-Feb-24
102630000057001	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Sandeep Kumar	Sandeep Kumar	BGL/153/23	Employee	Male 28	500000 506789 Reimbursement	SAPTHAGIRI HOSPITAL	Karimnagar TELANGANA	18/10/2023	21/10/2023 d	dengue fever	30740	26580 Paid	Claim Approved, Funds Transferred	08/11/2023 Nov	Sandeep Kumar	Insured	AXISCN0424418422	28-Nov-23
102630000043005	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Alina Fatima	Syed Mohd Kumail	BGL/86/18	Daughter	Female 0	800000 508149 Reimbursement	Apollomedics Super Speciality Hospitals	Lucknow UTTAR PRADESH	24/09/2023	26/09/2023 T	Team AGA	11178	0 Closed	Claim Repudiated	08/12/2023 Dec	Syed Mohd Kumail	Insured		
102630000039005	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Reshma Parween	Mohammad Sibgatullah	BGL/75/17	Spouse	Female 27	800000 508398 Reimbursement	Mangalam Hospital	Jamui BIHAR	21/09/2023	28/09/2023 L	LSCS	23000	0 Closed	Claim Close	13/12/2023 Dec	Mohammad Sibgatullah	Insured		
102630000031001	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	T V K H Subrahmanyam	T V K H Subrahmanyam	BGL/28/11	Employee	Male 54	800000 508760 Cashless	L. V. Prasad Eye Institute, Hyderabad	HYDERABAD TELANGANA 03/01/2024	23/12/2023	23/12/2023 8	Blurred vision left eye	62000	62000 Paid	Claim Approved, Funds Transferred	22/12/2023 Dec	Hyderabad Eye Institute	Hospital	AXISCN0478041120	10-Jan-24
102630000057004	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Shiwani	Sandeep Kumar	BGL/153/23	Spouse	Female 27	500000 509738 Cashless	Big Apollo Spectra Hospital (A Unit Of Big Healthcare Pvt. Ltd.)	Patna BIHAR 23/01/2024	06/01/2024	13/01/2024 A	Acute Appendicitis	133876	101543 Paid	Claim Approved, Funds Transferred	07/01/2024 Jan	Big Apollo Spectra Hospital (A Unit Of Big Healthcare Pvt. Ltd.)	Hospital	AXISCN0535696689	01-Mar-24
102630000039003	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Zeenat Ara	Mohammad Sibgatullah	BGL/75/17	Mother	Female 60	800000 511694 Cashless	Continental Hospital	HYDERABAD TELANGANA 26/02/2024	05/02/2024	13/02/2024 S	Stable angina Grade - 4	645570	501854 Paid	Claim Approved, Funds Transferred	05/02/2024 Feb	Continental Hospital	Hospital	AXISCN0567475963	28-Mar-24
102630000031001	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	T V K H Subrahmanyam	T V K H Subrahmanyam	BGL/28/11	Employee	Male 54	800000 512401 Cashless	L. V. Prasad Eye Institute, Hyderabad	HYDERABAD TELANGANA 23/02/2024	15/02/2024	15/02/2024	Central Retinal Vein Occlusion in Left Eye	62000	55800 Paid	Claim Approved, Funds Transferred	14/02/2024 Feb	Hyderabad Eye Institute	Hospital	AXISCN0533167759	28-Feb-24
102630000032003	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	T.Dhruvin Yadav	T Bhaskar Yadav	BGL/42/12	Son	Male 4	500000 514768 Cashless	Paramitha Childrens Hospital Pvt. Ltd.	HYDERABAD TELANGANA 28/03/2024	13/03/2024	14/03/2024 A	Acute GE	18192	15178 Paid	Claim Approved, Funds Transferred	13/03/2024 Mar	Paramitha Childrens Hospital Pvt. Ltd.	Hospital	AXISCN0568599464	29-Mar-24
102630000027004	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	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	12/03/2024	17/03/2024	CHB	323502	317223 OS	Under Process	13/03/2024 Mar	Saraswati Heart Care & Research Centre	Hospital		
102630000052003	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Prasun Kumar Majumder	Pritam Majumder	BGL/146/23	Father	Male 65	500000 515118 Cashless	Apollo Hospitals	HYDERABAD TELANGANA 26/03/2024	18/03/2024	22/03/2024 r	renal tumor	527546	83272 OS	Under Process	16/03/2024 Mar	Apollo Hospitals Enterprise Limited	Hospital		
102630000052003	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	Prasun Kumar Majumder	Pritam Majumder	BGL/146/23	Father	Male 65	500000 51511804 Reimbursement	Apollo Hospitals	HYDERABAD TELANGANA 04/04/2024	18/03/2024	22/03/2024 r	renal tumor	25517	25517 Paid	Claim Approved, Funds Transferred	16/03/2024 Mar	Pritam Majumder	Insured	CB0045684203	15-Apr-24
102630000031001	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	T V K H Subrahmanyam	T V K H Subrahmanyam	BGL/28/11	Employee	Male 54	800000 515871 Cashless	L. V. Prasad Eye Institute, Hyderabad	HYDERABAD TELANGANA 12/04/2024			Blurring vision in the left eye	62000	62000 OS	Cashless Claim Approved	26/03/2024 Mar	Hyderabad Eye Institute	Hospital		
102630000056004	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	ANURADHA YADAV	Ravindra Kumar Yadav	BGL/154/23	Spause	Female 31	800000 517382 Cashless	Forrd Hospital	Lucknow UTTAR PRADESH 12/04/2024 VIJAYAWADA ANDHRA PRADESH 16/04/2024	80000.00 14/04/2024	17/04/2024 P	POG 38 WEEKS		50000 OS	PreAuth Approved	12/04/2024 Apr	NOVA HOSPITAL LTD	Hospital		
102630000062002	2816/70180998/00/000 GROUP HEALTH INSURANCE POLICY	BHAGYANAGAR GAS LTD 08/05/2023	07/05/2024	G Manogna	Ganji Sekhara Babu	BGL/145/23	Daughter	Female 0	500000 517538 Cashless	NORI MULTI SPECIALITY HOSPITAL	VUAYAWADA ANDHRA PRADESH 16/04/2024	27523.00 13/04/2024	16/04/2024 L	LRTI		21363.05 OS	PreAuth Approved	14/04/2024 Apr	NORI MULTI SPECIALITY HOSPITAL	Hospital		
																			-			



Insurer: **The Oriental Insurance Co. Ltd.**Policy Holder: **Bhagyanagar gas limited**

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	0.00	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>	0.00				
Deletion Premium (Rs.)^	146	12,089.00				
Total Premium (Rs.)^	£1.	1,687,911.00				
Claims Ratio (%)	۰.(S)*	12.46 %				
Claims Ratio (%) - On Earned Premium	n#	12.78 %				
Value of Denied claims (Rs.):			0.00			
Value of Denied(Document Shortfall) c	0.00					
Value of Closed claims (Rs.):	0.00					
	l.					

^{*} 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

^{**} 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.

[#] Does not apply to policies with Instalment Premium

[^] 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.



Insurer: **The Oriental Insurance Co. Ltd.**Policy Holder: **Bhagyanagar gas limited**

Policy No: 431500/48/2023/206

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

Claims Analysis Report

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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 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 (7)	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



Insurer: **The Oriental Insurance Co. Ltd.**Policy Holder: **Bhagyanagar gas limited**

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

[^] 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.