

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

Dear Sir,

Please refer to our E-tender No . BGL/649/2025-26 dt. 22.04.2025 for Group Medical Insurance coverage -Family 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 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 technical bid.

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

Yours faithfully,

For Bhagyanagar Gas Limited

Manager(C&P)

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. |

## GROUP HEALTH INSURANCE POLICY

| INTERMEDIARY DETAILS |                                |              |            |
|----------------------|--------------------------------|--------------|------------|
| Intermediary Name    | DIRECT INSTITUTIONAL ALLIANCES | Phone Number | 9899999999 |
| Intermediary Code    | 200872974480                   | Email        | NA         |

| POLICY ISSUANCE DETAILS |                      |                |                  |
|-------------------------|----------------------|----------------|------------------|
| Policy Number           | 2816/70180998/01/000 | Policy Type    | Renewal Business |
| Branch Name             | NA                   | Invoice Number | 924PR0000806172  |
| Manual Covernote Number | NA                   |                |                  |

|                                  |   |                                   |   |
|----------------------------------|---|-----------------------------------|---|
| Policy/Invoice Issued Date       | 09/05/2024  | Total Sum Insured                 | 44,100,000  |
| Name of the Proposer             | BHAGYANAGAR GAS LTD   | Total Premium                     | 3,138,541.00  |
| Proposer Id                      | 100071935612  |                                   |   |
| Proposer Address/Place of Supply | 2ND FLOOR, TSIDC BUILDING, PARISHRAM BHAWAN, BASHEER BAGH, HYDERABAD, HYDERABAD, TELANGANA(36), PIN - 500004 Tel- 23236983 ,Email - sangram.pati@bglgas.com GSTIN - 36AACC82130P1ZQ | 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<br>No of Dependents : 131                 |
| Policy Issuance Office           | NOIDA BRANCH 1st Floor Plot NO.C 56 A/13 , Sector-62, Noida 201309 PIN - 201309 , UTTAR PRADESH(9) , GSTIN - 09AAACU8917F1Z4  |                                   |   |

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

- Family Definition : Family shall mean employees, spouse, parents and 2 dependent children up to 25 years of age.
- Age Limit : Age limit for Employees and Spouse - 18 years to 70 years, for Children - upto 25 years and for Parents upto 100 years.
- Floater/Individual : This policy is on Family floater basis
- Sum Insured Criteria : Sum Insured Criteria : 7 lakhs for E0 to E2 and 10 lakhs for E3 and above
- 30 days waiting Period : Waived off
- 1st Year exclusions : Waived off
- 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.
- Domiciliary Hospitalization : Not Covered under the policy in view of this, point no 3. NB2 of what we cover in Group Health Insurance Policy wording stands deleted
- 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.
- 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.
- Pre & Post Natal Expense : Covered within maternity limit subject to minimum 24hrs of hospitalisation
- 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.
- 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.
- Pre and Post hospitalization expenses : Covered upto 30 days prior to Hospitalisation & 60 days after Hospitalisation respectively
- Internal / External Congenital diseases : Internal Congenital diseases are covered under the policy, but external Congenital diseases are not covered.
- Home Quarantine cover : Not covered under the policy
- Refractive Error : Lasik Covered if the Power of the Eye is beyond +/-7.5
- 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 and medication. 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 other terms and conditions : 1) The Policy should cover expenses of hospitalization (Room Charges, Doctors/ Surgeon, Anesthetist, Medical Practitioner, Consultants special fees, ICU/CCU, 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 registered psychiatrist.
- 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 within a week by the TPA.
- 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 condition should be cover on actual
- 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 Sampo 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 at USGIC office address.

Collection No 2056448394  
Examined By:

Dated 09/05/2024  
Underwriter:

For Universal Sampo 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:- UNIHLP24027V032324

SP Name-SP Code:-

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**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](http://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](http://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](http://www.universalsompo.com)

E-mail Address: [contactus@universalsompo.com](mailto: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>.

## Claims MIS Summary as on 22-04-2024

**Group Name** Bhagyanagar Gas Ltd  
**GHI Policy No** 2816/70180998/00/000  
**No of Self** 51  
**Policy from** 08/05/2023  
**Policy up to** 07/05/2024

**No of Lives** 177  
**Net Premium** 13,20,881  
**Gross Premium** 15,58,640

| Claim Type    | Claims Reported |                  | Claims 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                        | -                  | -               |
| <b>Total</b>  | <b>31</b>       | <b>31,95,393</b> | <b>20</b>   | <b>17,18,223</b> | <b>6</b>                 | <b>5</b>           | <b>5,33,858</b> |

## Claims Outstanding Break up

| Status                  | No of Claim | Amount        |
|-------------------------|-------------|---------------|
| Under Process           | 2           | 400495        |
| Cashless Claim Approved | 1           | 62000         |
| PreAuth Approved        | 2           | 71363         |
| <b>Grand Total</b>      | <b>5</b>    | <b>533858</b> |

[illegible]



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 %               |
| Domiciliary claims  | 0        | 0.00              | 0.0 %    | 0.0 %               |
| <b>Total</b>  | <b>7</b> | <b>210,313.00</b> |          |                     |
| <b>Cashless in Process*</b>   | <b>0</b> | <b>0.00</b>       |          |                     |
| <b>Reimbursement in Process*</b>  | <b>1</b> | <b>1.00</b>       |          |                     |
| <b>Grand Total (Rs.)</b>  | <b>8</b> | <b>210,314.00</b> |          |                     |
| <b>First Time Premium (Rs.)^</b>  |          |                   |          | <b>1,700,000.00</b> |
| <b>Endo Premium (Rs.)^</b>  |          |                   |          | <b>0.00</b>         |
| <b>Deletion Premium (Rs.)^</b>  |          |                   |          | <b>12,089.00</b>    |
| <b>Total Premium (Rs.)^</b>   |          |                   |          | <b>1,687,911.00</b> |
| <b>Claims Ratio (%)</b>   |          |                   |          | <b>12.46 %</b>      |
| <b>Claims Ratio (%) - On Earned Premium#</b>  |          |                   |          | <b>12.78 %</b>      |
| <b>Value of Denied claims (Rs.):</b>  |          |                   |          | <b>0.00</b>         |
| <b>Value of Denied(Document Shortfall) claims (Rs.):</b>  |          |                   |          | <b>0.00</b>         |
| <b>Value of Closed claims (Rs.):</b>  |          |                   |          | <b>0.00</b>         |
| * 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.   |          |                   |          |                     |
| ** 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.   |          |                   |          |                     |

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    |



### 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 %      |
| <b>Total</b>                                     | <b>7.0</b>    | <b>210,313.00</b> |             |            |

*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 %  |
| <b>Total</b> | <b>7</b>      | <b>210,313.00</b> |          |         |

*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 % |
| <b>Total</b> | <b>7.0</b>    | <b>210,313.00</b> |          |         |

*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 %  |
| <b>Total</b>                 | <b>7</b>      | <b>210,313.00</b> |          |         |

*Based on Settled/Processed Cashless/Reimbursement Claims Only*

### Utilization Report for Employee

| No. of Claims in current policy | No. of Employees | Value (Rs.)      | % Claims | % Value |
|---------------------------------|------------------|------------------|----------|---------|
| 1                               | 1                | 39,635.00        | 100.0 %  | 100.0 % |
| <b>Total</b>                    | <b>1</b>         | <b>39,635.00</b> |          |         |

*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 % |
| <b>Total</b>                    | <b>5.0</b>       | <b>170,678.00</b> |          |         |

*Based on Settled/Processed Cashless/Reimbursement Claims Only*

### 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 %   |
| <b>Total</b>                        | <b>7.0</b>    | <b>210,313.00</b> |          |         |

*Based on Settled/Processed Cashless/Reimbursement Claims Only*

### Add-Del Endorsement Details

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

<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.