

REPLY TO BIDDER'S QUERIES-II		
Bid Document for the Group Mediclaim Insurance Policy for CUGL Employees		Bid Document No.: CUGL/C&P/TEN2122/21,229,020 dated 01.11.2021
Sr. No.	Bidder's Queries/ Observation/Comments	CUGL Response
1	Complete Copy of expiring GMC Insurance Policy with all endorsements issued to CUGL	Initial page of Policy for the year 20-21 is enclosed. However, last year claim ratio as submitted by the existing insurer is as under:
2	Latest Claim MIS Summary issued by the TPA (Third Party Administrator)/Claim settling Authority	Particular Amount Paid : 13,47,328 O/s : 675,391
3	Latest Claim MIS Dump issued by TPA	With IBNR : 2,346,080 Loss Ratio : 200.88%
4	Serial Number of families for which Sum Insured will be 7,00,000/- on floater basis.	This data is as on 15.11.2021
5	Date of commencement of proposed insurance policy	Sl No. 10 & 16 of Insured List mentioned in the tender
6	GI Council format-IRDA Mandate duly filled and signed (As attached herewith)	From issuance of work order and receipt of payment against policy
7	Last year Premium & Endorsement details, Premium & Number of lives cover at the of inception and Final premium & Number of lives cover including all endorsement	Refer Tender Document
8	Whether the above proposal is fresh or renewal	Refer point no. 1 above and Tender Document
9	If it is renewal, Please let us know Past Experience details Viz., Insured Name, TPA name, Claims amount, Claims as on date, No. of lives at inception, Premium, Sum Insured, Scope of Cover, etc.	Policy is obtained on yearly basis through tendering
10	Whether employees are involved in any hazardous gas work	Refer Reply to bidders queries-I and point no. 1 as above.
11	Active Member enrolment data in excel with Name, Unique ID, DOB, SI, Details of Relationship & Gender	We are in distribution of PNG and CNG in the allocated GA's
		Attached

Bidder are required to submit the "REPLY TO BIDDER'S QUERIES" alongwith the bid duly signed & stamped.



GROUP MEDICLAIM INSURANCE POLICY

SCHEDULE

Policy No: '2999200577128307000

Issued at Mumbai

Item 1. Name of the Policyholder	:	Central U P Gas Limited
Item 2. Broker/Agent Name	:	NA
Item 3. Date of Proposal Form	:	December 19, 2020
Item 4. Mailing address of the Policyholder	:	7th Floor, Upside Complex A-1/4, Lakhanpur, Kanpur, Kanpur Nagar, Uttar Pradesh, Pin-208024
Item 5. GSTIN State	:	Uttar Pradesh
Item 6. State Code	:	09
Item 7. GSTIN	:	09AACCC5883A1ZR
Item 8. Policy Period	:	From 00:01 hours: December 19, 2020 To (Midnight) : December 18, 2021
Item 9. Operative Time	:	24 Hours
Item 10. Territory of Insurance	:	India