



KERALA TOURISM DEVELOPMENT CORPORATION LIMITED

(A Government of Kerala Undertaking)

Corporate Office: Mascot Square, Trivandrum – 695 033, Kerala, India.

Phone : + 91 471 2721243 Fax: + 91 471 2334780

E-mail: cao@ktdc.com, Web site: www.ktdc.com

No. KTDC /ACCTS/GI/2021-22

Date: 30-03-2022

QUOTATION FOR THE TAILOR MADE GOUP INSURANCE MEDICLAIM POLICY - Invited

Competitive quotations are invited from General Insurance companies for renewal of tailor made Group Medi-Claim Insurance Policy with out intermediaries for employees of KTDC

TERMS AND CONDITIONS

- Approximate number of families under coverage is 492 with 1714 dependants totaling to 2206 lives.
- The service provider shall ensure continuous servicing during the year 2022-23
- The copy of existing policy and claim analysis with the National insurance Company , the present agency is annexed
- The new policy shall contain all the terms of the existing policy.

Your offer shall reach the office of the Chief Accounts Officer, KTDC on or before 15-04-2022. The envelope should be sealed and subscribed as “**QUOTATION FOR THE TAILOR MADE GOUP INSURANCE MEDICLAIM POLICY-KTDC**”.

MANAGING DIRECTOR

Corporate Analysis Report

Policy Details:

Corporate Name: KTDC HOTELS & RESORTS LTD
Policy Number: 761400/34/21/04/00000006
Policy Start Date: 03-May-21
Policy End Date: 02-May-22
Total Premium : (in Rs.) 66,95,508
Earned Premium : (in Rs.) 60,90,161
Lives Covered: (in Nos.) 2,288
Report Generated Date: 30-Mar-22

1. Incurred Claims Ratio (ICR):

Claim Status	Cashless		Member		Overall	
	Nos	Amt	Nos	Amt	Nos	Amt
Reported	135	73,76,711	48	21,19,405	183	94,96,116
Settled	112	56,17,269	33	8,90,033	145	65,07,302
Repudiated	11	11	8	3,68,064	19	3,68,075
Awaiting UTR	7	3,03,625	3	47,062	10	3,50,687
Shortfall	1	54,834	4	1,41,759	5	1,96,593
Under Process	-	-	-	-	0	0
Bills Pending	4	1,13,940	-	-	4	1,13,940
Outstanding Claims	12	4,72,399	7	1,88,821	19	6,61,220
Incurred(OS+Settled)	124	60,89,668	40	10,78,854	164	71,68,522
Prepost/Addendum	-	-	5	51,518	5	51,518
Approved Prepost/Addendum	0	0	5	34,617	5	34,617
ICR On EP*	-	-	-	-	-	117.7%
Incidence Rate	-	-	-	-	-	7.8%
Disposal Rate	97.0%	-	100.0%	-	-	97.8%
Cost Per Claims(CPC)	49,755	-	30,229	-	-	45,720

Table of Contents:

1. Incurred Claims Ratio (ICR)
2. Hospitalisation Type Details
3. Member Details - (Relationship & Gender wise)
4. Member Details - (Age Band & Relationship wise)
5. Claims Approved - (Age Band & Relationship wise)
6. Claims Approved - (Amount Band & Relationship wise)
7. Allment wise Claims Approved - (Relationship wise)
8. Claims Approved - Cashless & Member Summary
9. Hospital wise Hospitalization Approved
10. Turn Around Time (TAT)
11. Policy Details

2. Hospitalisation Type Details

CLAIM SUBTYPE	Cashless		Member	
	Nos	Amt	Nos	Amt
Hospitalization	118	59,04,795	36	9,37,095
DAYCARE	1	16,099	-	-

*Only Settled and UTR Awaiting (Cheque Pending)

Notes:

ICR = (Settled Amt + Outstanding Amt) / Annual Premium
ICR on EP* = (Settled Amt + Outstanding Amt) / Earned Premium
Earned Premium = Pro-rated premium as on report generated date
Cost Per Claim(CPC) = Approved Amt / Number of Events(Main Claims)
Incidents Rate = No of Claim Events/ Lives
Disposal Rate = (Settled+Rejected+Fileclosed+Shortfall Claims+ Awaiting UTR / Claims Reported
* EP - Earned Premium : O/S - Outstanding
* Event = Main Claims Only (Excluding Prepost and Addendum)

3. Member Details - (Relationship & Gender wise):

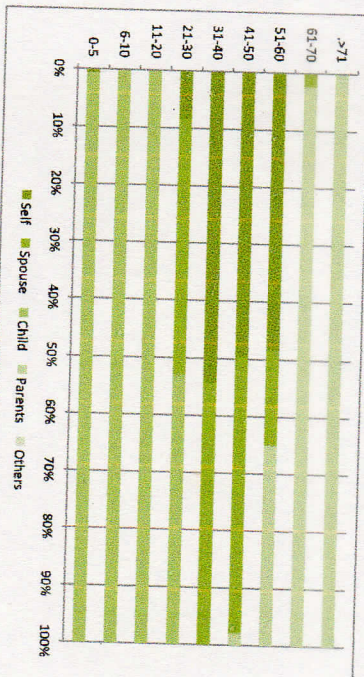
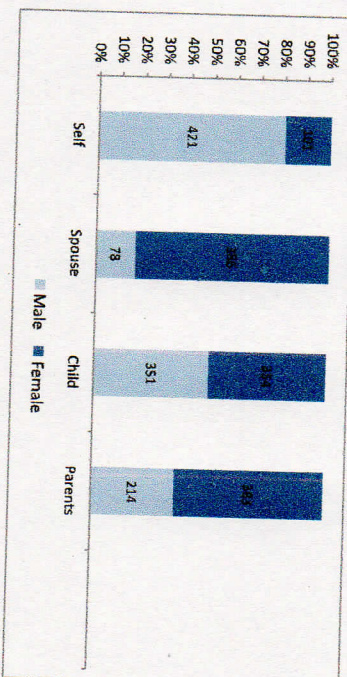
Relation	Male	Female	Total	%
Self	421	101	522	22.81%
Spouse	78	386	464	20.28%
Child	351	354	705	30.81%
Parents	214	383	597	26.09%
			0	0.00%
Total	1,064	1,224	2,288	100.00%
%	39.57%	8.25%	22.81%	

4. Member Details - (Age Band & Relationship wise):

Age Band	Self	Spouse	Child	Parents	Others	Total	%
0-5	1	-	161	-	-	162	7.08%
6-10	-	-	149	-	-	149	6.51%
11-20	-	-	316	-	-	316	13.81%
21-30	14	74	78	-	-	166	7.26%
31-40	167	140	-	-	-	307	13.42%
41-50	207	200	1	8	-	416	18.18%
51-60	132	45	-	95	-	272	11.89%
61-70	1	5	-	240	-	246	10.75%
>71	-	-	-	254	-	254	11.10%
Total	522	464	705	597	0	2,288	100.00%
%	23%	20%	31%	26%	0%	100%	

5. Claims Approved - (Age Band & Relationship wise):

Age Band	Self		Spouse		Child		Parents		Others		Total		Total %	
	Nos	Amt	Nos	Amt	Nos	Amt	Nos	Amt	Nos	Amt	Nos	Amt	Nos %	Amt %
0-5	-	-	-	-	4	54,088	-	-	-	-	4	54,088	2.6%	0.8%
6-10	-	-	-	-	7	1,54,790	-	-	-	-	7	1,54,790	4.5%	2.3%
10-20	-	-	-	-	7	3,51,059	-	-	-	-	7	3,51,059	4.5%	5.1%
21-30	1	20,799	4	1,29,098	2	71,038	-	-	-	-	7	2,20,935	4.5%	3.2%
31-40	10	4,53,696	4	1,43,989	-	-	-	-	-	-	14	5,97,685	9.0%	8.7%
41-50	16	8,96,630	9	3,85,694	-	-	-	-	-	-	25	12,82,324	16.1%	18.7%
51-60	20	7,28,166	6	2,90,001	-	-	-	-	-	-	37	13,84,129	23.9%	20.2%
61-70	-	-	1	1,23,697	-	-	25	12,05,360	-	-	26	13,29,057	16.8%	19.4%
>71	-	-	-	-	-	-	28	14,83,922	-	-	28	14,83,922	18.1%	21.6%
Total	47	20,99,291	24	10,72,479	20	6,30,975	64	30,55,244	-	-	155	68,57,989	100.0%	100.0%
Total%	30.32%	30.61%	15.48%	15.64%	12.90%	9.20%	41.29%	44.55%	-	-	100.00%	100.00%		



* Count is only for Approved Claims(Settled and Awaiting UTR(Cheque Pending)).

6. Claims Approved - (Amount Band & Relationship wise):

Amt Band	Self		Spouse		Child		Parent		Others		Total		Total %	
	Nos	Amt	Nos	Amt	Nos	Amt	Nos	Amt	Nos	Amt	Nos	Amt	Nos %	Amt %
0-10000	2	5,325	3	15,798	4	22,680	1	5,840	-	-	10	49,643	6.5%	0.7%
10000-20000	8	1,13,727	3	52,777	3	37,600	11	1,43,565	-	-	25	3,47,669	16.1%	5.1%
20000-30000	10	2,07,132	3	54,322	4	86,539	18	4,25,682	-	-	35	7,73,675	22.6%	11.3%
30000-40000	6	1,89,034	4	1,27,760	2	58,360	6	1,87,722	-	-	18	5,62,876	11.6%	8.2%
40000-50000	4	1,79,480	1	7,500	-	-	6	2,46,291	-	-	11	4,33,271	7.1%	6.3%
50000-60000	1	47,718	2	1,05,003	3	1,60,493	4	2,01,650	-	-	10	5,14,864	6.5%	7.5%
60000-70000	6	3,04,850	-	-	1	66,642	2	1,18,316	-	-	9	4,89,808	5.8%	7.1%
70000-80000	-	-	2	1,09,645	1	66,805	2	82,408	-	-	5	2,58,858	3.2%	3.8%
80000-90000	2	1,63,558	2	1,51,585	1	83,856	3	2,07,442	-	-	8	6,06,441	5.2%	8.8%
>100000	8	8,88,467	4	4,48,089	1	48,000	11	14,36,328	-	-	24	28,20,884	15.5%	41.1%
Total	47	20,99,291	24	10,72,479	20	6,30,975	64	30,55,244	-	-	155	68,57,989	100.0%	100.0%
Total%	30.32%	30.61%	15.48%	15.64%	12.90%	9.20%	41.29%	44.55%	-	-	100.00%	100.00%		

* Count is only for Approved Claims(Settled and Awaiting UTR (Cheque Pending)).

7. Allment wise Claims Approved - (Relationship wise):

Allment	Self		Spouse		Child		Parent		Others		Total		Total %	
	Nos	Amt	Nos	Amt	Nos	Amt	Nos	Amt	Nos	Amt	Nos	Amt	Nos %	Amt %
PREGNANCY	1	12,500	1	7,500	-	-	-	22,729	-	-	2	20,000	1.3%	0.3%
BLOOD DISEASES	-	-	-	-	-	-	1	66,805	-	-	1	22,729	0.6%	0.3%
NERVOUS	-	-	-	-	1	66,805	-	-	-	-	1	66,805	0.6%	1.0%
SKIN	1	79,225	2	55,818	-	-	-	-	-	-	3	1,35,043	1.9%	2.0%
NEOPLASM	1	93,375	-	-	1	66,642	-	-	-	-	2	1,60,017	1.3%	2.3%
INFECTIOUS	4	77,269	-	-	2	48,993	2	60,511	-	-	8	1,86,773	5.2%	2.7%
ENDOCRINE	1	10,705	1	1,06,507	1	48,325	2	42,171	-	-	5	2,07,708	3.2%	3.0%
CLINICAL FINDINGS	4	76,473	4	98,945	-	-	2	48,676	-	-	10	2,24,094	6.5%	3.3%
EYE	-	-	-	-	-	-	9	2,35,636	-	-	9	2,35,636	5.8%	3.4%
INJURY	2	2,39,225	-	-	1	52,168	-	-	-	-	3	2,91,393	1.9%	4.2%
ARTHRITIS	1	28,802	1	29,104	-	-	2	3,08,449	-	-	4	3,66,355	2.6%	5.3%
RESPIRATORY	3	2,41,166	1	31,928	5	1,21,863	5	1,14,163	-	-	14	5,09,120	9.0%	7.4%
DIGESTIVE	3	1,62,607	3	2,05,853	6	80,045	5	2,77,883	-	-	17	7,26,388	11.0%	10.6%
CIRCULATORY	5	1,58,237	-	-	-	-	11	7,12,329	-	-	16	8,70,566	10.3%	12.7%
UROLOGY	8	2,98,981	4	2,40,271	2	98,134	9	4,27,370	-	-	23	10,64,756	14.8%	15.5%
OTHERS	13	6,20,726	7	2,96,553	1	48,000	16	8,05,327	-	-	37	17,70,606	23.9%	25.8%
Total	47	20,99,291	24	10,72,479	20	6,30,975	64	30,55,244	-	-	155	68,57,989	100.0%	100.0%
Total%	30.32%	30.61%	15.48%	15.64%	12.90%	9.20%	41.29%	44.55%	-	-	100.00%	100.00%		

* Count is only for Approved Claims(Settled and Awaiting UTR (Cheque Pending)).

* Top 15 Allments are Considered Rest all are Part of Others Category

8. Claims Approved - Cashless & Member Summary:

Type of claim	Events	Events%	Amt	Amt %	Avg Incurred Amt
Cashless	119	79%	59,20,894	86%	49,755
Member	31	21%	9,37,095	14%	30,229
Grand Total	150	100%	68,57,989	100%	45,720

* Count is based on No of hospitalisations and the same is only for Approved Claims/Settled and Awaiting UTR (Cheque Pending).

9. Hospital wise Hospitalization Approved :

Hospital Name	Events	Amt
TRIVANCORE MEDICAL COLLEGE HOSPITAL - KOLLAM	47	2,63,988
ANANTHAPURI HOSPITAL & RESEARCH INSTITUTE -	6	4,73,469
JUBILEE MEMORIAL HOSPITAL - TRIVANDRUM	6	2,59,889
LOURDES HOSPITAL - ERNAKULAM	5	3,12,632
MAR SLEEVA MEDICITY PALAI - PALAI	5	1,60,441
BELIEVERS CHURCH MEDICAL COLLEGE HOSPITAL -	5	1,26,820
SREE GOKULAM MEDICAL COLLEGE & RESEARCH	4	2,33,823
COSMOPOLITAN HOSPITALS (P) LTD - TRIVANDRUM	4	1,68,420
UPASANA HOSPITAL - KOLLAM	4	85,581
SP FORT HOSPITAL - TRIVANDRUM	3	4,21,534
MEDICAL TRUST HOSPITAL - KOCHI	3	2,15,173
SARASWATHY HOSPITAL PARASALA - TRIVANDRUM	3	2,05,618
LITTLE FLOWER HOSPITAL & RESEARCH CENTRE - AI	3	81,996
MAR BASELIOS MEDICAL MISSION HOSPITAL - KOTHA	3	37,487
GIRIDHAR EYE INSTITUTE - KOCHI	2	58,760
Others	87	37,52,358

*Only top 15 hospitals are considered

* Count is based on No of hospitalisations and the same is only for Approved Claims/Settled and Awaiting UTR (Cheque Pending).

11. POLICY DETAIL

Policy Number	Corporate Name	Total Premium	POL START DATE	POL END DATE	lives
761400/34/22/04/000000005	KTDCH HOTELS & RESORTS LTD	66,95,508	03/05/2021	02/05/2022	2,288

DISCLAIMER:

Report Prepared by: QlikSense report
Date: 30-03-2022 5:31 PM

10. Turn Around Time (TAT):

Preaduth TAT:

Hours	Nos	%
upto 2	103	81.7%
2 to 3	8	6.3%
>3	15	11.9%
Total	126	100.0%

Note: Only final transactions are considered

Claim Process TAT :

Days	Nos	%
0-7	79	44.8%
7-15	54	33.1%
>15	41	22.1%
Total	174	100.0%

Note: Only Settled/Awaiting UTR and Rejection claims are



POLICY SCHEDULE
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY
UIN:NIAHLGP21281V022021

Insured Name	: KERALA TOURISM DEVELOPMENT CORPORATION LIMITED
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Insured's Details		Issuing Office Details	
Customer ID	: PO89045156	Office Code	: TRIVANDRUM D.O. - II (761400)
Address	: CORPORATE OFFICE, FLOOR-PB NO 5424 MASCOT SQUARE, PMG, THIRUVANANTHAPURAM THIRUVANANTHAPURAM, KERALA, 695033	Address	: II ND FLOOR, REMA PLAZA NEAR AYYAPPAN COIL, SS COIL ROAD THAMPANOOR, 695001
Phone No	: //	Phone No	: 04712331920 / 04712330237
Fax	:	Fax	: 04712329352
E-mail/Fax	: cao@ktcd.com, corporate@ktcd.com /	E-mail/Fax	: nia.761400@newindia.co.in / 04712329352
PAN No	: AABCK0385J	S.Tax Regn. No	: AAACN4165CST178
GSTIN/UIN	: 32AABCK0385J1ZP / NA	GSTIN	: 32AAACN4165C4ZX
		SAC	: 997133 (Accident and health insurance services)

Policy Details			
Policy Number	: 76140034210400000006	Business Source Code	
Period of Insurance	: From:03/05/2021 01:01:01 PM To: 02/05/2022 11:59:59 PM	Dev.Off level./Broker / Direct/Corp. Agent/Web Aggregator/CPSC User	: DIVIL. MANAGER DIRECT - (2D5603143)
Date of Proposal	: 03/05/2021	Agent/Bancassurance/Specialised Person	:
Prev. Policy no.	: NA	Phone No	: NA / NA
Client Type	: Non-Corporate	E-mail/Fax	: / /
		Financier(s) Details	: NA

Premium	GST	Total	Receipt No. & Date:
₹6695508	₹1205192	₹7900700 (RUPEES SEVENTY-NINE LAC SEVEN HUNDRED ONLY)	76140081210000005221 17/06/2021

Details of TPA			
Name	: VIDAL HEALTH INSURANCE TPA PVT. LTD	Telephone	: 08046267018
Address	: 1ST FLOOR, TOWER 2, SJR I PARK,PLOT NO.13,14,15, EPIP ZONE, WHITEFIELD,BANGALORE	Fax	: 18004252626
	PLOT NO.13,14,15, EPIP ZONE, WHITEFIELD	Email	: help@vidalhealthtpa.com, narasimhamurthy.b@vidalhealthtpa.com
	BANGALORE	Toll Free No	: 18604250251

No. of Employees / Members covered	: 505	No. of persons covered	: 2213
Maternity Benefits Opted	Normal Delivery Limit ₹ : 25000	Zone Opted	: I (Mumbai)
	Caesarian Section Limit ₹ : 50000		
Deletion of 9 months waiting period	: YES		
Pre-existing cover Opted	: YES		
Deletion of 30 days waiting period	: YES		
Deletion of 2/4 year exclusion	: YES		
Limit of additional ambulance charges per person	: 0		
Additional cover Opted	: YES		

Validity unknown

Digitally signed by Sriyasan Vaidyanathan Date: 2021.06.17 16:13:18

Policy No. : 76140034210400000006 Document generated by 34869 at 17/06/2021 16:13:18 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



SL.No	Name of Cover	Limit per family	Overall Policy Limit
N/A	NEW INDIA ASSURANCE CO. LTD.	N/A	100

* This Policy is subject to NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY Clause as attached in the event of death of the insured person(s) due to an insured peril all benefits payable, in respect thereof under this insurance, shall become payable to the Nominee declared in the proposal (incorporated herein as the Schedule) and the Nominee declared in the proposal (incorporated herein as the schedule) and the receipt shall be construed as full and final discharge to the Company in respect of all liability under this policy.

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 6695508.00
SGST	9	602596
CGST	9	602596
IGST	0	0

In witness whereof the undersigned being duly authorised by the Insurers and on behalf of the Insurers has (have) hereunder set his (their) hand(s) on this _____ day of _____ 20__.

For and on behalf of
The New India Assurance Company Limited

Date of Issue: 17/06/2021

Duly Constituted Attorney(s)

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____.

Stamp Duty under the Policy is ₹1/-.



IMPORTANT

This policy is subject to the terms and conditions contained in the policy document (Clauses).

This policy is governed by Health Insurance Regulations 2016 issued by Insurance Regulatory Development Authority of India on 12.07.2016.

This policy is also governed by IRDAI (Protection of Policyholders' Interest) Regulations, 2017.

This Schedule comes attached with the policy document (Clauses). If not attached, please ask for the same.

Health Insurance Regulations 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 are available on the website of IRDAI.

Tax Invoice No : 76140021P0008655

IRDA Registration Number: 190