Kerala Tourism Development Corporation Limited
(A Government of Kerala Undertaking)
P.B No.5424, Mascot Square, Vikas Bhavan P.O
Thiruvananthapuram –695 033, Kerala, India
Phone:++91-471- 2721243/45/48, Fax: 2721249
Website: www.ktdc.com
GST IN 32AABCK0385J1ZP

KTDC /ACCTS/GI/2023-24

Date: 16-03-2023.

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 without intermediaries for employees of KTDC for the period of one year from 02-05- 2023.

TERMS AND CONDITIONS

a. Approximate number of families under coverage is 506 with 1729 dependants totaling to 2235 lives.
b. The service provider shall ensure continuous servicing during the policy period.
c. The copy of existing policy and claim analysis with the National insurance Company , the present agency is annexed
d. 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 30-03-2023. The envelope should be sealed and subscribed as "**QUOTATION FOR THE TAILOR MADE GROUP INSURANCE MEDICLAIM POLICY-KTDC-2023-24.**"

Vigneshwari V IAS

Managing Director

* This document is digitally approved. Hence physical signature is not required

पॉलिसी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made without Floater	
Policy Number: 570200502210000327	व्यवसाय स्रोत / *Business Source: 570200*
जारीकर्ता कार्यालय/**Issuing Office** कार्यालय कोड/ *Office Code: 570200* कार्यालय पता/ *Office Address:* *THIRUVANTHAPURAM DIVISION Second Floor, St Joseph's Press Building, Vazhuthacaud, Thiruvanthapuram, Dist: Thiruvananthapuram, Kerala - 695014.* **State Code:** 32 , Kerala **GSTIN:** 32AAACN9967E1ZC *Contact Number: 471 2320442* *eMail: 570200@nic.co.in* *Mobile Number:*	विक्रिय चैनल विवरण/ ***Sales Channel Details*** *कोड/ Code: 570200* *नाम/ Name: Thiruvanthapuram Division* *Contact Number:* सह दलाल कोड / *Co Broker Code:* कस्टमर केयर टॉल फ्री नंबर/**Customer Care Toll Free Number: 1800 345 0330** ईमेल/ **email:customer.support@nic.co.in**

ग्राहक का नाम /Customer Name: M/S KERALA TOURISM DEVELOPMENT CORPORATION LTD	ग्राहक आईडी /Customer ID: 9701308110	पैन /PAN: AABCL0344E
पता/ Address: MASCOT SQUARE, PALAYAM, TRIVANDRUM, City: THIRUVANANTHAPURAM, District: THIRUVANANTHAPURAM, State: KERALA, PIN: 695001. Cell: 9898989898	फोन /Phone: ई-मेल /E-Mail: cao@ktdc.com	

पॉलिसी: 03/05/2022 के 00:00 से 02/05/2023 की मध्य रात्रि तक प्रभावी /**Policy Effective from 00:00 hours, on 03/05/2022 to midnight of 02/05/2023**

प्रीमियम/ Premium	₹ 40,12,387.00	कवर नोट संख्या और तिथि/ Cover Note Number and Date	लागू नहीं/NA
CGST	₹ 3,61,115.00		
SGST/UTGST	₹ 3,61,115.00		
IGST	₹ 0.00		
केरला बाढ़ उपकर/Kerala Flood Cess	₹ 0.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	8800220505789961 Dt. 05/05/2022
कम:जीएसटी_टीडीएस / Less:GST_TDS	₹ 0.00		
पुनर्प्राप्ति योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	570200812210000897 Dt. 29/04/2022
कुल /**Total Amount**	₹ 47,34,617.00	पछिली पॉलिसी संख्या और समाप्ती तिथि/ Previous Policy Number and Expiry Date	570200501910000241 and Dt.08/04/2020 570200501810000314 and Dt.08/04/2019 57020046178500000022 and Dt.08/04/2018 570200502010000256 and Dt.08/04/2021 76140034210400000006 and Dt.02/05/2022

(Rupees Forty Seven Lakh Thirty Four Thousand Six Hundred Seventeen Only.)

Total Location Sum Insured	₹ 9,92,00,000.00

LocationAddress:
1)TVM,,Thiruvananthapuram,Thiruvananthapuram,Kerala,695001.

Number of families:496 **Number of Lives covered:** 2193

SL No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	TGMP COVERING EMPLOYEES AND DEPENDENTS	9,92,00,000.00
	अधिक/**Excess:** AS PER POLICY TERMS AND CONDITIONS.		
	Additional Information: COVERAGE FOR 496 EMPLOYEES AND 1697 DEPENDENTS AS PER THE LIST ATTACHED FSI OF RS 200000 PER FAMILY		

TPA Details: VIDAL HEALTH TPA PVT LTD - KOCHI, Door NO 40 3232,Second Floor, S.L Plaza,Palarivattom,Ernakulam 682025 - 682025 Contact No : 484 - 2359269 Fax : 484 - 2359269 Email : Nationalfeereceipts@vidalhealthtpa.com.

Clauses	As per Annexure I

पॉलसिी अनुसूची/ Policy Schedule - Group Mediclaim - Tailor Made without Floater	
Policy Number: 570200502210000327	वयवसाय सतरोत / *Business Source: 570200*
जारीकरता कारयालय/***Issuing Office*** कारयालय कोड/ *Office Code: 570200* कारयालय पता/ *Office Address:* *THIRUVANTHAPURAM DIVISION Second Floor, St Joseph's Press Building, Vazhuthacaud, Thiruvanthapuram, Dist: Thiruvananthapuram, Kerala - 695014.* ***State Code:*** 32 , Kerala ***GSTIN:*** 32AAACN9967E1ZC *Contact Number: 471 2320442* *eMail: 570200@nic.co.in* *Mobile Number:*	वकिरय चैनल वविरण/ ***Sales Channel Details*** कोड/ *Code: 570200* नाम/ *Name: Thiruvanthapuram Division* *Contact Number:* सह दलाल कोड / *Co Broker Code:* कसटमर केयर टॉल फरी नंबर/**Customer Care Toll Free Number: 1800 345 0330** ईमेल/ **email:customer.support@nic.co.in**

टपपणियां/ **Remarks:** SPECIAL CONDITIONS AND EXCLUSIONS

1) EXCLUSIONS 4.1, 4.2, 4.3 STANDS DELETED.
2) AYURVEDA COVER UPTO MONTHLY SALARY LIMITED TO FSI
3) ROOM RENT 1% OF FSI FOR NON-ICU AND 2% FOR ICU.
4) MATERNITY COVER LIMITED TO RS 25000/- FOR NORMAL AND RS 50000/- FOR CAESAREAN SECTION. 9 MONTHS WAITING PERIOD FOR MATERNITY COVER WAIVED.
5) BUFFER FOR NAMED CRITICAL ILLNESS Rs 30 LAKHS FOR THE WHOLE GROUP.
SUBJECT OTHERWISE TO THE TERMS,EXCLUSION AND CONDITIONS OF NATIONAL GROUP MEDICLAIM POLICY.

जसिकी गवाही में दनि/ माह /वरष को उपरोकत उललेखति कारयालय पते पर अधोहसताकषरी को वधिवित अधकिृत कयिा जा रहा है उसके हाथ नरिधारति कए जाएं। यह अनुसूची, संलगन पॉलसिी, खणड, पृषठांकन और पॉलसिी शबदों, जो कंपनी वेबसाईट https://nationalinsurance.nic.co.in पर उपलबध है, को एक अनुबंध के रुप में एक साथ पढा जाए तथा कोई भी शबद या अभवियकत जसिके लए यह वशिषिट अरथ पॉलसिी या अनुसूची के कसिी भी हसिसे में संलगन कयिा गया हो, एक ही अरथ वहन करेगा चाहे जहॉ भी उललेखति हो। यह आशवासन दयिा जाता है कि परीमयिम चेक के असवीकृति के मामले में, यह दसतावेज सवतः पराथमकिता नरिसत हो जाएगी। ***/IN WITNESS WHEREOF,*** *the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this* **06/May/2022.** *This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website* https://nationalinsurance.nic.co.in *shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that* ***IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'***

कृते नेशनल इनशयोरेनस कंपनी

सटांप इयूटी/ **Stamp Duty:** (₹ 1.00)

For and on behalf of National Insurance Company Limited

इंशयोरेनसइंडयिालमिटिड

अधकिृत हसतातकषरकरता/ ***Authorized Signatory***

TAX INVOICE

Invoice Serial No: 30715H2P00000327

Invoice Date: 06/05/2022

Details of Supplier:
National Insurance Company Limited.,
THIRUVANTHAPURAM DIVISION Second Floor, St Joseph's Press Building, Vazhuthacaud, Thiruvanthapuram, Dist: Thiruvananthapuram, Kerala - 695014
State : 32 , Kerala
GSTIN No : 32AAACN9967E1ZC

Details Of Receiver : M/S KERALA TOURISM DEVELOPMENT CORPORATION LTD
Address : MASCOT SQUARE, PALAYAM, TRIVANDRUM
City : THIRUVANANTHAPURAM,
District: THIRUVANANTHAPURAM,
State: KERALA,
PIN: 695001.

Place Of Supply State : Kerala
State Code : 32
GSTIN No : 32AABCK0385J1ZP

सैक कोड/ SAC Code	सेवा का वविरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/ CGST		एसजीएसटी/यूटीजीएसटी/ SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/Kerala Flood Cess
					दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	दर/Rate	राशि/ Amount(₹)	राशि/Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	40,12,387	0%	40,12,387	9%	3,61,115	9%	3,61,115	0%	0	0
TOTAL		40,12,387		40,12,387		3,61,115		3,61,115		0	0

कुल इनवॉयस मूल्य (अंकों में)**Total Invoice Value (in figures) :**
₹ 47,34,617

कुल इनवॉयस मूल्य (शब्दों में)**Total Invoice Value (in words) :** रूपए/**Rupees Fourty Seven Lakh Thirty Four Thousand Six Hundred Seventeen केवल/Only.**

रिवर्स चार्ज के अधीन टैक्स की राशि/ **Amount of Tax Subject to Reverse Charge : No**

E.&.O.E

कृते नेशनल इन्शयोरेन्स कंपनी लिमिटिड/ ***For and on behalf of National Insurance Company Limited***

अधिकृत हस्ताक्षरकर्ता/ ***Authorized Signatory***

5

पृष्ठांकन /Endorsement-GroupMediclaim-Tailormade	
Policy Number : 570200502210000327	जारीकर्ता कार्यालय/**Issuing Office** कार्यालय कोड /Office Code : 570200 कार्यालय पता / Office Address : THIRUVANTHAPURAM DIVISION Second Floor, St Joseph's Press Building, Vazhuthacaud, Thiruvanthapuram, Dist: Thiruvananthapuram, Kerala - 695014. State Code: 32 , Kerala **GSTIN**: 32AAACN9967E1ZC eMail: 570200@nic.co.in
व्यवसाय स्तरोत/ Business Source : 570200	विक्रिय चैनल संपर्क नम्बर/ Sales Channel Contact Number : सह दलाल कोड / Co Broker Code:
विक्रिय चैनल का नाम/ Sales Channel Name : Thiruvanthapuram Division	कस्टमर केयर टॉल फ्री नंबर/**Customer Care Toll Free Number: 1800 345 0330** ईमेल/ **email:customer.support@nic.co.in**

ग्राहक का नाम/Customer Name: M/S KERALA TOURISM DEVELOPMENT CORPORATION LTD	ग्राहक आईडी/ Customer ID: 9701308110	पैन/ PAN: AABCL0344E
पता/ Address: MASCOT SQUARE, PALAYAM, TRIVANDRUM, City: THIRUVANANTHAPURAM, District: THIRUVANANTHAPURAM, State: KERALA, PIN: 695001. Mobile: 9898989898	फोन/ Phone:	
	ई-मेल/ E-Mail: cao@ktdc.com	

Policy Effective from 00:00 hours, on 03/05/2022 **to midnight of** 02/05/2023			
Premium:	₹ 40,12,387.00	Total SI:	₹9,92,00,000.00
CGST	₹ 3,61,115.00	Proposal Number and Date:	8800220505789961 Dt. 05/05/2022
SGST/UTGST	₹ 3,61,115.00		
IGST	₹ 0.00		
Kerala Flood Cess	₹ 0.00		
Less:GST_TDS	₹ 0.00		
Recoverable Stamp Duty:	₹ 0.00	Receipt Number:	570200812210000897
Total Amount:	₹ 47,34,617.00	Receipt Date:	29/04/2022
(Rupees Fourty Seven Lakh Thirty Four Thousand Six Hundred Seventeen Only.)		Co-Insurance Details:	N/A

Endorsement Effective from 00:00 hours,on 16/07/2022 **to midnight of** 02/05/2023			
Additional Premium:	₹ 26,74,926.00	Insured's Request Date:	20/07/2022
CGST	₹ 2,40,743.00	Endorsement Number:	570200502282100070
SGST/UTGST	₹ 2,40,743.00		
IGST	₹ 0.00		
Kerala Flood Cess	₹ 0.00		
Less:GST_TDS	₹ 0.00		
Recoverable Stamp Duty:	₹ 0.00	Endorsement Issue Date:	20/07/2022
Total Amount :	₹ 31,56,412.00	Receipt Number:	570200812210004105
(Rupees Thirty One Lakh Fifty Six Thousand Four Hundred Twelve Only.)		Receipt Date:	

General / Common Information change

Subject otherwise to the Terms, Exclusion and Conditions of this Policy.Premium is changed from 4,012,387.29 to 6,687,312.00

II INSTALLMENT PREMIUM COLLECTION

पृष्ठांकन /Endorsement-*GroupMediclaim-Tailormade*	
Policy Number : 570200502210000327	जारीकर्ता कार्यालय/***Issuing Office***
	कार्यालय कोड /*Office Code : 570200*
	कार्यालय पता / *Office Address : THIRUVANTHAPURAM DIVISION Second Floor, St Joseph's Press Building, Vazhuthacaud, Thiruvanthapuram, Dist: Thiruvananthapuram, Kerala - 695014.* *State Code: 32 , Kerala* ***GSTIN:*** *32AAACN9967E1ZC* *eMail: 570200@nic.co.in*
व्यवसाय स्त्रोत/ *Business Source : 570200*	वक्रिय चैनल संपर्क नम्बर/ *Sales Channel Contact Number :*
	सह दलाल कोड / *Co Broker Code:*
वक्रिय चैनल का नाम/ *Sales Channel Name : Thiruvanthapuram Division*	कस्टमर केयर टॉल फ्री नंबर/**Customer Care Toll Free Number: 1800 345 0330**
	ईमेल/ **email:customer.support@nic.co.in**

IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'

For and On Behalf Of National Insurance Company Limited

Authorized Signatory

Debit Note

Details of Supplier:
National Insurance Company Limited.,
THIRUVANTHAPURAM DIVISION Second Floor, St Joseph's Press Building, Vazhuthacaud, Thiruvanthapuram, Dist: Thiruvananthapuram, Kerala - 695014
State : 32 , Kerala
GSTIN No : 32AAACN9967E1ZC

Details Of Receiver : M/S KERALA TOURISM DEVELOPMENT CORPORATION LTD
Address:
MASCOT SQUARE, PALAYAM, TRIVANDRUM,
KERALA,
695001.

Place of Supply State: Kerala
State Code : 32
GSTIN No: 32AABCK0385J1ZP

Invoice Serial No:	30715H2E00100070
Invoice Date:	20/07/2022
Reference to Serial No. of Corresponding Tax Invoice / Bill of Supply	30715H2P00000327
Reference to Date of the corresponding tax invoice / bill of supply	06/05/2022

SAC Code	Description of Service	Total(₹)	Discount	Taxable Value(₹)	CGST		SGST/UTGST		IGST		Kerala Flood Cess
					Rate	Amount(₹)	Rate	Amount(₹)	Rate	Amount(₹)	Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	26,74,926.00	0%	26,74,926.00	9%	2,40,743	9%	2,40,743	0%	0	0
TOTAL		26,74,926.00		26,74,926.00		2,40,743		2,40,743		0	0

Total Value (In figures) : ₹ 31,56,412
Total Value (In words) : Rupees Thirty One Lakh Fifty Six Thousand Four Hundred Twelve Only.
Amount of Tax Subject to Reverse Charge : No

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटिड/ ***For and on behalf of National Insurance Company Limited***

E.&.O.E

अधिकृत हस्ताक्षरकर्ता/ ***Authorized Signatory***

VIDAL HEALTH
INSURANCE THIRD PARTY ADMINISTRATOR

Vidal Health Insurance TPA Pvt Ltd
Corporate Office : Tower-2, 1st floor, SJR I Park, Plot No: 13,14,15 , EPIP Zone, Whitefield, Bangalore-560066
Phone: 91-80-40125678 Fax : 91-80-41159215 Email: care@vidalhealthtpa.com Website : www.vidalhealthtpa.com

Corporate Analysis Report

Policy Details:

Corporate Name:	**KERALA TOURISM DEVELOPMENT CORPORATION LTD**
Insurer Policy Number:	570200/50/22/10000327
Policy Start Date:	03-May-22
Policy End Date:	02-May-23
Total Premium : (in Rs.)	67,14,687
Earned Premium : (in Rs.)	58,13,263
Lives Covered: (in Nos.)	2,214
Report Generated Date:	14-Mar-23

Table of Contents:

1. Incurred Claims Ratio (ICR):

Claim Status	Cashless		Member		Total	
	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)
Reported	160	72,92,612	43	23,13,705	203	96,06,317
Settled	118	53,69,661	29	9,79,319	147	63,48,980
Rejected	4	1,29,572	-	2,33,872	4	3,63,444
Cancelled	9	4,26,516	-	-	9	4,26,516
Awaiting UTR	-	-	-	-	0	0
Shortfall	2	90,000	6	3,28,035	8	4,18,035
Approved	20	6,38,006	2	74,000	22	7,12,006
Under Process	-	-	4	2,71,045	4	2,71,045
Bills Pending	7	4,08,222	-	-	7	4,08,222
Recommended For Repudiation	-	-	2	80,958	2	80,958
Recommended For Approval	-	-	-	-	0	0
Outstanding Claims	29	11,36,228	14	6,73,080	43	18,09,308
Incurred(OS+Settled)	147	65,05,889	43	16,52,399	190	81,58,288
ICR On EP*		-		-		**140.34%**
Incidence Rate		-		-		**9.20%**
Disposal Rate		**81.90%**		**67.40%**		**78.80%**
Cost per Claims(CPC)		**43,534**		**33,978**		**41,781**

2. Hospitalisation Type Details

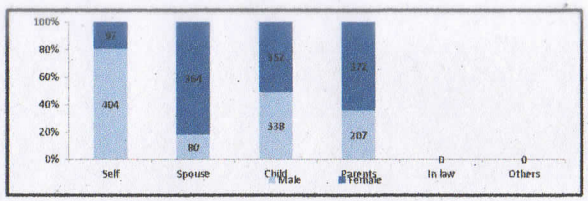
CLAIM SUBTYPE	Cashless		Member	
	No.	Amt. (Rs.)	No.	Amt. (Rs.)
Claim benefits	0	0	0	0
Daycare	5	1,19,000	0	0
Domiciliary	0	0	0	0
Health_Check_up	0	0	0	0
Hospitalization	133	58,88,667	31	10,53,319
OPD	0	0	0	0
Total	138	60,07,667	31	10,53,319

*Considering Only Settled ,Approved and UTR Awaiting (Cheque Pending)

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

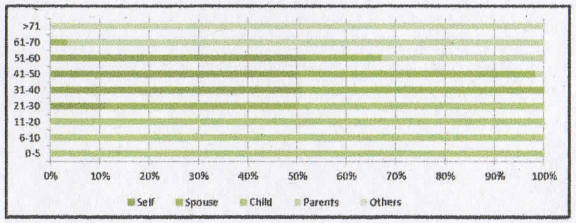
3. Member Details - Relationship & Gender wise :

Relation	Male	Female	Total	%
Self	404	97	501	22.63%
Spouse	80	364	444	20.05%
Child	338	352	690	31.17%
Parents	207	372	579	26.15%
In law	0	0	0	0.00%
Others	0	0	0	0.00%
Total	1,029	1,185	2,214	100.00%
%	46%	53.52%	100.00%	



4. Member Details - Age Band & Relationship wise :

Age Band	Self	Spouse	Child	Parents	In law	Others	Total	%
0-5	0	0	165	0	0	0	**165**	**7.45%**
6-10	0	0	144	0	0	0	**144**	**6.50%**
11-20	0	1	303	0	0	0	**304**	**13.73%**
21-30	17	61	77	0	0	0	**155**	**7.00%**
31-40	146	140	0	0	0	0	**286**	**12.92%**
41-50	205	196	0	8	0	0	**409**	**18.47%**
51-60	132	39	1	84	0	0	**256**	**11.56%**
61-70	1	7	0	225	0	0	**233**	**10.52%**
>71	0	0	0	262	0	0	**262**	**11.83%**
Total	501	444	690	579	0	0	2,214	100.00%
%	23%	20%	31%	26%	0%	0%	100%	



5. Claims Approved - Age Band & Relationship wise :

Age Band	Self		Spouse		Child		Parents		In-law's		Others		Total		Total %	
	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt. %
0-5	0	0	0	0	16	3,82,116	0	0	0	0	0	0	16	3,82,116	9%	5%
6-10	0	0	0	0	3	95,312	0	0	0	0	0	0	3	95,312	2%	1%
11-20	0	0	0	0	4	1,32,062	0	0	0	0	0	0	4	1,32,062	2%	2%
21-30	1	38,086	2	1,00,000	0	0	0	0	0	0	0	0	3	1,38,086	2%	2%
31-40	10	4,10,956	9	2,26,696	0	0	0	0	0	0	0	0	19	6,37,652	11%	9%
41-50	15	6,56,140	11	4,35,869	0	0	0	0	0	0	0	0	26	10,92,009	15%	15%
51-60	15	6,05,427	1	2,00,000	0	0	4	3,47,196	0	0	0	0	20	11,52,623	12%	16%
61-70	0	0	0	0	0	0	40	15,18,612	0	0	0	0	40	15,18,612	24%	22%
>71	0	0	0	0	0	0	38	19,12,514	0	0	0	0	38	19,12,514	22%	27%
Total	41	17,10,609	23	9,62,565	23	6,09,490	82	37,78,322	0	0	0	0	169	70,60,986	100%	100%
Total%	**24%**	**24%**	**14%**	**14%**	**14%**	**9%**	**49%**	**54%**	**0%**	**0%**	**0%**	**0%**	**100%**	**100%**		

* 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		In-law's		Others		Total		Total %	
	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt. %
0-10K	4	27,452	3	15,324	5	38,184	5	40,323	0	0	0	0	17	1,21,283	10%	2%
10K-20K	8	1,28,994	4	82,389	10	1,40,422	18	2,88,461	0	0	0	0	40	6,40,266	24%	9%
20K-30K	14	3,40,566	3	74,856	4	96,756	24	5,99,886	0	0	0	0	45	11,12,064	27%	16%
30K-40K	3	1,16,616	5	1,83,434	0	0	6	2,10,478	0	0	0	0	14	5,10,528	8%	7%
40K-50K	5	2,35,166	4	1,92,485	1	40,595	5	2,19,723	0	0	0	0	15	6,87,969	9%	10%
50K-60K	1	57,084	1	50,586	1	59,944	4	2,15,072	0	0	0	0	7	3,82,686	4%	5%
60K-70K	1	67,786	0	0	1	65,863	3	1,99,088	0	0	0	0	5	3,32,737	3%	5%
70K-80K	0	0	1	78,859	0	0	0	0	0	0	0	0	1	78,859	1%	1%
80K-90K	1	83,504	1	84,632	0	0	2	1,70,452	0	0	0	0	4	3,38,588	2%	5%
90K-100K	1	99,931	0	0	0	0	3	2,86,608	0	0	0	0	4	3,86,539	2%	5%
>100K	3	5,53,510	1	2,00,000	1	1,67,726	12	15,48,231	0	0	0	0	17	24,69,467	10%	35%
Total	41	17,10,609	23	9,62,565	23	6,09,490	82	37,78,322	0	0	0	0	169	70,60,986	100%	100%
Total%	**24%**	**24%**	**14%**	**14%**	**14%**	**9%**	**49%**	**54%**	**0%**	**0%**	**0%**	**0%**	**100%**	**100%**		

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

7. Claims Approved - Top 15 Ailment wise :

AILMENT_GROUP	Self		Spouse		Child		Parent		In-law's		Others		Total		Total %	
	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No.	Amt. (Rs.)	No. %	Amt. %
BLOOD DISEASES	-	-	-	-	-	-	1	57,553	-	-	-	-	1	57,553	**0.59%**	**0.82%**
SKIN	2	35,835	-	-	-	-	1	99,173	-	-	-	-	3	1,35,008	**1.78%**	**1.91%**
ARTHROPATHIES	-	-	-	-	1	65,863	1	1,56,689	-	-	-	-	2	2,22,552	**1.18%**	**3.15%**
CIRCULATORY	8	5,52,904	2	2,05,200	-	-	20	11,19,260	-	-	-	-	30	18,77,364	**17.75%**	**26.59%**
CLINICAL FINDINGS	1	3,304	-	-	4	2,09,215	8	4,02,253	-	-	-	-	13	6,14,772	**7.69%**	**8.71%**
DIGESTIVE	3	1,69,007	-	-	-	-	3	2,66,166	-	-	-	-	6	4,35,173	**3.55%**	**6.16%**
ENDOCRINE	-	-	-	-	-	-	4	1,55,042	-	-	-	-	4	1,55,042	**2.37%**	**2.20%**
EYE	5	1,37,000	2	40,000	-	-	5	1,08,655	-	-	-	-	12	2,85,655	**7.10%**	**4.05%**
INFECTIOUS	3	55,667	1	5,076	3	49,546	2	37,001	-	-	-	-	9	1,47,290	**5.33%**	**2.09%**
INJURY	2	1,85,254	-	-	2	21,349	-	-	-	-	-	-	4	2,06,603	**2.37%**	**2.93%**
NEOPLASM	1	40,603	3	2,14,077	-	-	4	1,80,952	-	-	-	-	8	4,35,632	**4.73%**	**6.17%**
PREGNANCY	2	88,086	7	2,59,877	-	-	-	-	-	-	-	-	9	3,47,963	**5.33%**	**4.93%**
RESPIRATORY	1	8,244	2	49,199	9	1,86,392	11	4,57,554	-	-	-	-	23	7,01,389	**13.61%**	**9.93%**
UROLOGY	4	1,57,127	2	67,341	2	55,799	16	4,91,498	-	-	-	-	24	7,71,765	**14.20%**	**10.93%**
OTHERS	8	2,61,720	3	1,02,853	1	12,221	5	2,17,910	-	-	-	-	17	5,94,704	**10.06%**	**8.42%**
REST OF THE AILMENTS	1	15,858	1	18,942	1	9,105	1	28,616	-	-	-	-	4	72,521	**2.37%**	**1.03%**
Total	41	17,10,609	23	9,62,565	23	6,09,490	82	37,78,322	-	-	-	-	169	70,60,986	100%	100%
Total%	**24%**	**24%**	**14%**	**14%**	**14%**	**9%**	**49%**	**54%**	-	-	-	-	**100%**	**100%**		

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

8. Top 15 Cashless Hospital wise utilization :

HOSPITAL_NAME	No of Claims	Amt
CARITAS HOSPITAL	8	4,19,039
P.R.S. HOSPITAL	3	3,22,536
COSMOPOLITAN HOSPITALS (P)	4	2,88,604
JUBILEE MEMORIAL HOSPITAL	5	2,88,255
LISIE HOSPITAL	3	2,80,200
AL-ARIF HOSPITAL	2	2,45,912
BELIEVERS CHURCH MEDICAL	10	2,32,752
AMRITA INSTITUTE OF	4	2,13,360
BABY MEMORIAL HOSPITAL	3	1,76,214
LAKESHORE HOSPITAL &	1	1,75,416
DR. SIVAKANI HOSPITAL (P)	1	1,64,933
AMALA CANCER HOSPITAL &	3	1,60,558
SREECHAND SPECIALITY	1	1,57,458
RAJAGIRI HOSPITAL	4	1,56,479
MVR CANCER CENTRE AND	1	1,56,369

9. Claims Approved - Cashless & Member Summary :

Type of claim	Events	Events%	Amt	Amt %
Cashless	138	82%	60,07,667	85%
Member	31	18%	10,53,319	15%
Total	169	100%	70,60,986	100%

10. Turn Around Time (TAT) :

Preauth Processing TAT:

TAT Band (Hrs)	No.	%
0-1 hour	153	58.6%
1-2 hour	62	23.8%
2-3 hour	26	10.0%
Above 3 hours	20	7.7%
Total	261	100.0%

LDR to Decision date

Claim Process TAT :

TAT Band (Days)	No.	%
0-7	35	97%
8-15	0	0%
16-30	1	3%
31-45	0	0%
46-60	0	0%
61-90	0	0%
>90	0	0%
Total	36	100%

Note: Only Settled,Awaiting UTR, Approved and Rejected claims are considered

* LDR to Decision date

* only for Member claims

11.Month on Month

Admission Month	Hospitalization and Daycare		Otherthan Hospitalization		Total	
	Inc Count	Inc Amount	Inc Count	Inc Amount	Inc Count	Inc Amount
May 2022	16	6,19,981	0	0	16	6,19,981
Jun 2022	14	5,72,661	0	0	14	5,72,661
Jul 2022	21	7,33,501	0	0	21	7,33,501
Aug 2022	16	5,33,448	0	0	16	5,33,448
Sep 2022	19	7,89,919	0	0	19	7,89,919
Oct 2022	20	10,92,517	0	0	20	10,92,517
Nov 2022	23	10,22,165	0	0	23	10,22,165
Dec 2022	19	8,80,327	0	0	19	8,80,327
Jan 2023	14	6,12,356	0	0	14	6,12,356
Feb 2023	7	2,04,111	0	0	7	2,04,111
TOTAL	169	70,60,986	0	0	169	70,60,986

12.Payout Ratio

Claimed Amount	Settled Amount	Payout %
67,64,824	63,48,980	94%

13. POLICY DETAIL

Insurer Policy Number	Corporate Name	Total Premium	Pol Start Date	Pol End Date	Lives
570200/50/22/10000327	RISM DEVELOPMENT CORP	67,14,687	03-05-2022	02-05-2023	2,214

Report Prepared by: Qliksense report

Date 14-03-2023 3:07 PM