

Corrigendum-1**(Original EOI No- CRGB/GB/11/2023-24 Dated 15/11/2023)****Revised Terms –**

S.No	Page No	Clause No	EOI Clause	Clarification / Revised Term
1	15	Section 5 Annexure I Point No 4	Names of the J V Partners & % of stake held by each as at 31.03.2021	Names of the J V Partners & % of stake held by each as at 31.03.2023.

S.No	PARTICULARS	Original Date	Revised Date	TIME
1	Date of commencement of bidding process	16 Nov 2023	16 Nov 2023	<u>11.00 Hrs</u>
2	Last date for bid submission	27 Nov 2023	<u>04 DEC 2023</u>	<u>17.00 Hrs</u>
3	Tentative Date and Time for opening of: Technical Bid - Eligibility details Technical Bid- Detailed Bid	28 Nov 2023	<u>05 DEC 2023</u>	<u>15.00 Hrs</u>
4	Tentative Presentation date for eligible bidders	01 Dec 2023	<u>11 DEC 2023</u>	<u>11.00 Hrs</u>

Signature of authorized representative



Revised Annexure**Annexure-II****Technical Evaluation Criteria**

SL	Criteria	Points	Total	Documents submission	Marks Scored
1	Number of years since license given by IRDA as on March 31, 2023		10	Copy of IRDAI License	
	Between 7 to 8 Years	4			
	Above 8 up to 10 years	6			
	Above 10 up to 12 years	8			
	Above 12 years	10			
2	Paid up capital (Rs. In Crore) Average for three Years 2020-21, 2021-22 and 2022-23 (Audited)		5	CA Certificate along with Audited B/S	
	Between 1 crore to 2 crore	1			
	Above 2 crores to 3 crores	2			
	Above 3 crores to 4 crores	3			
	Above 4 crores	5			
3	Annual Revenue (Rs. In Crore) Average for three years 2020-21, 2021-22 and 2022-23(Audited)		5	CA Certificate	
	Between 5 crores to 10 crores	2			
	Above 10 crore to 20 crores	3			
	Above 20 crores to 30 crores	4			
	Above 30 crores	5			
4.	Experienced people, having worked in Nationalized Insurance, PSU companies (at the level of Divisional Manager and above) on Regular rolls of Bidder as on date ending last day of the month previous to the Bid submission date:		5	Declaration Certified by Authorized Signatory	
	4- 7 Experienced Employees	3			

Signature of authorized representative



	More than 7 Experienced Employees	5			
5.	Number of Employees (In India) (Excluding contract & sub-contract employees) as on 31.03.2023.		5	Declaration by Certified Authorised Signatory	
	Between 100 to 150	3			
	More than 150	5			
6	Overall Premium placed for (Rs. in crore) Average for three Years 2020-21, 2021-22, and 2022-23.		10	CA certificate	
	Up to 200 crore	4			
	More than 200 up to 400 Crore	6			
	More than 400 up to 500 Crore	8			
	More than 500	10			
7	Currently listed as Insurance with RRB/PSBs/SCB/PSU as on date.		10	Declaration Certified by Authorised Signatory	
	Upto 10	5			
	More than 10 nos.	10			
8	Years of experience in managing RRBs without any Gap as on date.		5	Declaration Certified by Authorised Signatory	
	Up to 3 Years	3			
	More than 3 Years	5			
9	Number of Non-Health Insurance Policies placed by (average in last 3 F.Y. ending 31.3.2023) for RRBs/PSBs/SCBs/PSU.		5	Declaration Certified by Authorised Signatory along with relevant extract of the policies	
	10- 15 Policies	3			
	More than 15 Policies	5			
10	Total number of claims managed under Non-Health Policies handled by you for RRBs/PSBs/SCBs/PSU (Average for three Years 2020-21, 2021-22 and 2022-23)		5	Self-Declaration duly signed by authorized signatory as per Annexure VI(A)	

Signature of authorized representative



	Up to 1000	1			
	More than 1000 up to 1500	2			
	More than 1500 up to 2000	3			
	More than 2000	5			
11	Amount of claims managed under Non-Health Insurance Policies by you for RRBs/PSBs/ SCBs/PSU (Rs. in Crores) Average for three Years 2020-21, 2021-22 and 2022-23).		5	Self-Declaration duly signed by authorized signatory as per Annexure V(A)	
	Up to 50 Crores	3			
	More than 50 up to 100 Crores	4			
	More than 100 Crores	5			
12	Number of Group Mediciam Policies by you for RRBs/PSBs/ SCBs/PSU having coverage of minimum 2000 people (existing as on date)		5	Declaration as per format given in Annexure V(B) along with relevant extract of the policies/endorsement showing number of lives	
	3 Policies	3			
	4 Policies and above	5			
13	Experience of Settlement Non-Health Insurance Policies claims (average in last 3 Years ending 31.3.2021) for RRBs/PSBs /SCBs/PSU		10	Self-Declaration duly signed by authorized signatory as per Annexure VI(A)	
	5-10 Crores	5			
	10-20 Crores	7			
	More than 20 Crores	10			
14	Total number of claims settled under Health Insurance Policies by you for RRBs/PSBs/ SCBs/PSU (Average for three Years 2020- 21,2021-22 and 2022-23).		5	Self- Declaration duly signed by authorized signatory as per Annexure VI(B)	
	Upto 10000	2			
	More than 10000 up to 25000	4			
	More than 25000	5			

Signature of authorized representative



Name of Company:

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15	Amount of claims settled under Health Insurance Policies by you for RRBs/PSBs/ SCBs/PSU (Rs.in Crores) (Average for three Years 2020-21,2021-22 and 2022-23).		5	Self- Declaration duly signed by authorized signatory as per Annexure VI(B)	
	Up to 10 Crores	2			
	More than 10 up to 25 Crores	3			
	More than 25 up to 50 Crores	4			
	More than 50 Crores	5			
16	Presence of office in Chhattisgarh with minimum 05 BQP as on 31.03.2023		5		
	Up to 5 years	3			
	More than 5 up to 7 years	4			
	Above 10 years	5			
	TOTAL MARKS SCORED		100		

Signature :
Name of the Authorised Signatory :Designation :
Stamp / seal of the company :
Place :
Date :

Signature of authorized representative



ANNEXURE-V (A)

Track Record of Assets/Indemnity Insurance Policies managed for corporate including Banks (Period from 01.04.2020 to 31.03.2023) with Minimum 50 crore				
Sl. No.	Name and Complete postal address of the Regional Rural Bank/ Public Sector Banks/SCBs/PSUs	Name,Telephone, email address of the contact person	No. of years of Firm ship	Insured amount of the policy
1				
2				
3				
4				

(Enclose necessary document proof)

(Signature)

Name _____

Designation _____

Stamp and seal

Place -

Date -

Signature of authorized representative



ANNEXURE-V (B)

Track Record of Health Insurance Policies managed for corporate including Banks (Period from 01.04.2020 to 31.03.2023) with Minimum 2000 lives				
Sl. No.	Name and Complete postal address of the Regional Rural Bank/ Public Sector Banks/SCBs/PSUs	Name, Telephone, email address of the contact person	No. of years of Firm ship	No of Lives covered Under GMC policy
1				
2				
3				
4				

(Enclose necessary document proof)

(Signature)

Name _____

Designation _____

Stamp and seal

Place -

Date -

Signature of authorized representative



