# **Corrigendum-1**

(Original EOI No.- CRGB/GB/06/2021-22 Dated 20/10/2021)

#### Revised Terms -

S.No	Page No	Clause No	EOI Clause	Clarification / Revised Term
1	17 17	Section 5 Annexure II Point No 9	Number of Corporate Non Health Insurance Policies placed by (average in last 3 F.Y. ending 31.3.2021) for RRBs.	Number of Corporate Non Health Insurance Policies placed by (average in last 3 F.Y. ending 31.3.2021) for RRBs / PSBs/Financial Institutes'.
2	_ 17	Section 5 Annexure II Point No 10	Number of Corporate Group Mediclaim Policies (including Banks) having coverage of minimum 5,000 people (existing as on date)	Number of Corporate Group Mediclaim Policies (including Banks) having coverage of minimum 2,000 people (existing as on date)
3	18	Section 5 Annexure II Point No 12	Total number of claims managed under Health Policies handled by you (Average for three Years 2018-19,2019-20 and 2020-21)	Total number of claims managed under <b>Non Health</b> Policies handled by you (Average for three Years 2018-19,2019-20 and 2020-21)
4	18	Section 5 Annexure II Point No 13	Amount of claims managed under Health Insurance Policies (Rs. in Crores) Average for three Years 2018-19,2019-20 and 2020-21)	Amount of claims managed under Non Health Insurance Policies (Rs. in Crores) Average for three Years 2018-19,2019-20 and 2020-21)



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Name of Company:								
Revised Annexure								
ANNEXURE-V (A)								
	Track Record of Assets/Indemnity Insurance Policies managed for corporate including Banks (Period from 01.04.2018 to 31.03.2021) with Minimum 50 crore							
Sl. No.	Name and Complete postal address of the Regional Rural Bank/ Public Sector Banks	Name, Telephone, email address of the contact person	No. of years of Firm ship	Insured amount of the policy				
1								
2				,				
3								
4	4							
(Er	(Enclose necessary document proof)							

(Signature)	
Name	
Designation	

Stamp and seal Place -

Date -

date:

Signature of authorized representative



Name of Company:	•••••	

## ANNEXURE-V (B)

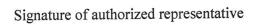
7	Track Record of Health Insurance Policies managed for corporate including Banks (Period from 01.04.2018 to 31.03.2021) with Minimum 2000 lives						
Sl.	Name and Complete	Name, Telephone, email address of the	No. of years of	No of Lives covered			
No.	postal address of the Regional Rural Bank/	contact person	Firm ship	Under GMC			
	Public Sector Banks	1	_	policy			
1			ē				
2							
3		,	70				
4		,					

(Enclose necessary document proof)

(Signature)	
Name	
Designation	

Stamp and seal Place -

Date -



date:



Name of Company:	
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### ANNEXURE-V (C)

Tı	Track Record of Staff PAI Insurance Policies managed for corporate including Banks (Period from 01.04.2018 to 31.03.2021) with Minimum 2000 lives						
Sl. No.	Name and Complete postal address of the Regional Rural Bank/ Public Sector Banks	Name, Telephone, email address of the contact person	No. of years of Firm ship	No of Lives covered Under GPAI policy			
1	Tuble Sector banks			1 3			
2							
3							
4							

(Enclose necessary document proof)

(Signature)	
Name	
Designation	

Stamp and seal Place -

Date -



### **Revised Schedule of events:**

S.No	PARTICULARS	Original Date	Revised Date	TIME
1	Date of commencement of bidding process	<u>20.10.2021</u>	20.10.2021	<u>11.00 Hrs</u>
2	Last date for bid submission	<u>06.11.2021</u>	12.11.2021	<u>15.00 Hrs</u>
3	Tentative Date and Time for opening of: Technical Bid - Eligibility details Technical Bid- Detailed Bid	<u>08.11.2021</u>	<u>15.11.2021</u>	13.00 Hrs
4	Tentative Presentation date for eligible bidders	<u>12.11.2021</u>	17.11.2021	11.00 Hrs

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