

Name of Company:

CRGB EOI Notice 06 (Corrigendum-1)

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	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 Non Health 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)

Signature of authorized representative

date:



Name of Company:

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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				

(Enclose necessary document proof)

(Signature)

Name _____

Designation _____

Stamp and seal

Place -

Date -

Signature of authorized representative

date:



Name of Company:

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ANNEXURE-V (B)

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. 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 GMC policy
1				
2				
3				
4				

(Enclose necessary document proof)

(Signature)

Name _____

Designation _____

Stamp and seal

Place -

Date -

Signature of authorized representative

date:



Name of Company:

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ANNEXURE-V (C)

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				
2				
3				
4				

(Enclose necessary document proof)

(Signature)

Name _____

Designation _____

Stamp and seal

Place -

Date -

Signature of authorized representative

date:



