

Corrigendum-1

(Original EOI No- CRGB/CO/INFRA/NOTICE/137/2024-25 Dated 22/01/2025)

Revised Terms –

S.No	Page No	Clause No	EOI Clause	Clarification / Revised Term
1.	09	Section 4 Assessment Criteria A. Proposal Requirements 1. Covering Letter	Introduction of Bidder with Board Resolution of Authorized Signatory and ID address proof documents	Copy of Board Resolution of Authorized Signatory and there ID -Address Proof documents need to be submitted.
2.	15	Section 5 Annexure-I Point 9	Type of License-Director Or Composite	Insurance Company can submit IRDAI registration certificate/Copy of License
3.	15	Section 5 Annexure-I Point 10	Name of Principal Officer	Insurance Company can give the name of Director/GM/Chairman etc.
4.	15	Section 5 Annexure-I Point 11	Financial Information (Rs. In Crore)	Insurance Company can submit the Financial Information for the <u>fy 21- 22,22-23,23-24 and 24-25 (Up to Second Quarter)</u>
5.	16	Annexure-II Technical Evaluation Criteria point 4	Experience 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.	Insurance Company can submit the list of their experience staff if any.
6.	17	Annexure-II Technical Evaluation Criteria point 9	Numbers of Corporate Non- Health Insurance Policies placed by (average in last three F.Y ending 31.03.2024) for RRB/PSB/PSU	Insurance Company has to provide the policies issue data (Only number/Name) in averaging last three year for RRB, PSB and PSU only.
7.	17	Annexure-II Technical Evaluation Criteria point 10	Number of Corporate Group Mediclaime policies (Including Banks) having coverage of minimum 2000 people (existing as on date)	Declaration as per format given in Annexure V (C) along with relevant extract of the policies/endorsement showing number of lives. (you can hide the name of customer)
8.	18	Annexure-II Technical Evaluation Criteria point 11	Experience of settlement Non Health Insurance policies claims (Average in last 3 years ending 31.03.2024) for Bank/PSB only	Self-Declaration duly signed by authorized signatory is to be provided for settlement of Non Health Insurance policies for last three year averaging ending 31.03.2024.

Signature of authorized representative



Name of Company: CRGB/CO/INFRA/NOTICE/137/24-25 (Corrigendum-1)

S.No	PARTICULARS	Original Date	Revised Date	TIME
1	Date of commencement of bidding process	23 JAN 2025	18 FEB 2025	11:00 AM
2	Last date for bid submission	06 FEB 2025	24 FEB 2025	05:00 PM
3	Tentative Date and Time for opening of Technical Bid	07 FEB 2025	25 FEB 2025	03:00 PM
4	Tentative Date of Presentation for eligible bidders	Will be intimated later on via email		

Signature of authorized representative



Name of Company: CRGB/CO/INFRA/NOTICE/137/24-25 (Corrigendum-1)

Revised Annexure

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 (Insurance Amount)				
Sl. No.	Name and Complete postal address of the Regional Rural Bank/ Public Sector Banks/PSUs/Financial Institution (For Corporate Customer Only)	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



Name of Company: CRGB/CO/INFRA/NOTICE/137/24-25 (Corrigendum-1)

Revised Annexure

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/PSUs/Financial Institution (For Corporate Customer Only)	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

Name of Company: CRGB/CO/INFRA/NOTICE/137/24-25 (Corrigendum-1)

Revised Annexure

ANNEXURE-V (C)

Track Record of Staff PAI 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/PSUs/Financial Institution (For Corporate Customer Only)	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