



**Clarifications/Amendments to the Pre-Bid Queries Ref: - CO/R&GR/PAC/RFP-02/2022-23**

SI	RFP for GPA & GHI	Query Raised	Clarification/Amendment
1	<p><b>Page No. 9, Point No. 4 of Under Scope of work, Policy Period</b></p> <p>1 year as per expiry date of the policy as mentioned in Annexure A with the provision to renew further for another 2 year after expiry of policy for the first 10,000 customers on-boarded under each variant of the product upon mutual consent of both the parties.</p>		<p><b><u>Amendment</u></b></p> <p>Policy Period - In the tender they have given the following terms</p> <p>1 year as per expiry date of the policy as mentioned in <b>Annexure A</b> with the provision to renew further for another 2 year after expiry of policy for the first <b>1,00,000</b> customers on-boarded under each variant of the product .</p>
2	<p><b>Page No. 9, Point No. 4 of Under Scope of cover,</b></p> <p>Normal waiting Period-- NIL</p>	<p>Normal Waiting Period is given as Nil – Please elaborate</p>	<p><b><u>Amendment</u></b></p> <p>Initial waiting period is <b>30 days</b> except Accidental cases.</p>
3	<p><b>Page No. 9, Point No. 4 of Under Scope of cover,</b></p> <p>Waiting period for Specified Illness</p>	<p>Please confirm the Waiting period for Specified Illness</p>	<p><b><u>Amendment</u></b></p> <p><b>12 months applicable for Cataracts, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, internal congenital disease, Sinusitis and related disorders.</b></p>
4	<p><b>Page No 11, under Procedure for Cashless Facility in A Network Hospital</b></p> <p>Third Party Administrator (TPA)</p>	<p>Whether TPA is mandatory?</p>	<p><b><u>Clarification</u></b></p> <p>As per the existing mechanism of Insurer can be undertaken and also <b>TPA</b> can be insurer's Choice</p>



	<p><b>Page No.22, Annexure-A Scheme wise SB Accounts- (No of Accounts)</b></p> <p>No of customers mentioned under three variants as below</p> <p>Platinum : 30,000 Diamond : 30,000 Gold : 40,000</p> <hr/> <p>Total : 1,00,000</p>		<p style="text-align: center;"><b><u>Amendment</u></b></p> <p>No of customers mentioned under three variants as below</p> <p><b>Platinum : 20,000</b> <b>Diamond : 30,000</b> <b>Gold : 50,000</b></p> <hr/> <p><b>Total : 1,00,000</b></p>
<p>4.</p>	<p><b>Page No.22, Annexure-A Scheme wise SB Accounts- (No of Accounts)</b></p> <p>Additional Cover for Platinum Category Accounts – Child Education of Rs 4 lakhs in case of accidental death of the salary account holder</p>	<p>Age and criteria of the child required</p>	<p style="text-align: center;"><b><u>Amendment</u></b></p> <p>Additional Cover for Platinum Category Accounts – Child Education of <b>maximum Rs 4 lakhs per family</b> in case of accidental death of the salary account holder</p> <p><b>(Children (Male/Female) up to 25 years' age or employment or marriage whichever is earlier)</b></p>
<p>5.</p>	<p><b>Page No 30 Annexure G – Non Disclosure Agreement.</b></p> <p>WHEREAS, we, _____, having _____ Registered _____ Office _____ at _____, hereinafter referred to as the COMPANY, are agreeable to offering the Insurance Product to Indian Bank , having its registered office at 254- 260 Avvai Shanmugam Salai, Royapettah, Chennai 600014 , hereinafter referred to as the BANK and, WHEREAS, the COMPANY understands that the information regarding the purchase of the Personal Accident Insurance for Account holders of IND Corp SB– Elite</p>		<p style="text-align: center;"><b><u>Amendment</u></b></p> <p>WHEREAS, we, _____, having _____ Registered _____ Office _____ at _____, hereinafter referred to as the COMPANY, are agreeable to offering the Insurance Product to Indian Bank , having its registered office at 254- 260 Avvai Shanmugam Salai, Royapettah, Chennai 600014 , hereinafter referred to as the BANK and, WHEREAS, the COMPANY understands that the information regarding the purchase of the Personal Accident Insurance for Account holders of <b>Ind Sampoorna Salary Package</b> product as shared by the BANK in</p>



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	<p>product as shared by the BANK in their Request for Proposal is confidential and/or proprietary to the BANK, and WHEREAS, the COMPANY understands that in the course of submission of the offer for the said purchase of the insurance and/or in the aftermath thereof, it may be necessary that the COMPANY may perform certain jobs/duties on the Bank's and/or have access to certain plans, documents, approvals or information of the BANK;</p>		<p>their Request for Proposal is confidential and/or proprietary to the BANK, and WHEREAS, the COMPANY understands that in the course of submission of the offer for the said purchase of the insurance and/or in the aftermath thereof, it may be necessary that the COMPANY may perform certain jobs/duties on the Bank's and/or have access to certain plans, documents, approvals or information of the BANK;</p>																																								
<p>7. <b>Page No.22, Annexure-A Scheme wise SB Accounts- (No of Accounts)</b>  PPD (Permanent Partial Disability)</p>		<p>Clarification required on PPD</p>	<p style="text-align: center;"><b>Clarification</b></p> <table border="1"> <thead> <tr> <th>No.</th> <th>Description</th> <th>% of Capital Sum Insured</th> </tr> </thead> <tbody> <tr> <td rowspan="4"></td> <td>Loss of toes-all</td> <td>20</td> </tr> <tr> <td>Both great phalanges</td> <td>5</td> </tr> <tr> <td>One great phalanx</td> <td>2</td> </tr> <tr> <td>Other than great if more than one toe lost each</td> <td>1</td> </tr> <tr> <td>I</td> <td>Loss of hearing – both ears</td> <td>50</td> </tr> <tr> <td>III</td> <td>Loss of hearing One ear</td> <td>15</td> </tr> <tr> <td>IV</td> <td>Loss of four fingers and thumb of one hand</td> <td>40</td> </tr> <tr> <td>V</td> <td>Loss of four fingers</td> <td>35</td> </tr> <tr> <td rowspan="3">VI</td> <td>Loss of thumb</td> <td></td> </tr> <tr> <td>Both phalanges</td> <td>25</td> </tr> <tr> <td>One phalanx</td> <td>10</td> </tr> <tr> <td rowspan="4">VII</td> <td>Loss of index finger</td> <td></td> </tr> <tr> <td>Three phalanges</td> <td>10</td> </tr> <tr> <td>Two phalanges</td> <td>8</td> </tr> <tr> <td>One phalanx</td> <td>4</td> </tr> </tbody> </table>	No.	Description	% of Capital Sum Insured		Loss of toes-all	20	Both great phalanges	5	One great phalanx	2	Other than great if more than one toe lost each	1	I	Loss of hearing – both ears	50	III	Loss of hearing One ear	15	IV	Loss of four fingers and thumb of one hand	40	V	Loss of four fingers	35	VI	Loss of thumb		Both phalanges	25	One phalanx	10	VII	Loss of index finger		Three phalanges	10	Two phalanges	8	One phalanx	4
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					Loss of middle finger	
				VIII	Three phalanges	6
					Two phalanges	4
					One phalanx	2
					Loss of ring finger	
				IX	Three phalanges	5
					Two phalanges	4
					One phalanx	2
					Loss of little finger	
				X	Three phalanges	4
					Two phalanges	3
					One phalanx	2
					Loss of Metacarpals	
					First or second (additional)	3
				XI	Third, fourth or fifth (additional)	2
				XII	Any other permanent partial disablement	% as assessed by the Doctor subject to Max 50