Indian Institute of Information Technology Sri City Chittoor

e-Tender Enquiry No. IIITS/Student Affairs/Student Insurance/2026-27/01, Dt.18 June 2026

Tender ID: **2026_IITS_913653_1**

Name of the work: Comprehensive Group Health Insurance Policy for IIIT Sri City Students

Minutes of the Pre-Bid meeting held on 24.06.2026 in Admin Building, IIIT Sri City with regard to Group Health Insurance Policy for IIIT Sri City Students.

The following members of the committee were present:

1. Dr. Priyambada	: Convener
2. Dr. Divyabramham K	: Member
3. Dr. Bheemappa Halavar	: Member
4. Dr. Raja Vara Prasad Y	: Member
5. Mr. Jayakumar E	: Member
6. Mr. Somayajulu Evani	: Secretary

The tender document was uploaded on our website on 18.06.2026 and the Pre-Bid meeting was held on 24.06.2026 through online mode and the link for the meeting was notified in the tender document.

The following prospective bidders have attended the pre-bid meeting through online mode.

1) M/S. IFFCO TOKIO GIC LTD (Mr. Deva Prasad)
2) M/s. SBI GENERAL INSURANCE COMPANY LIMITED (Mr. Shaik Razak)
3) M/s. ICICI LOMBARD (Mr. Srinivas Rao)
4) M/s. NATIONAL INSURANCE (Mr. Jashwanth Kumar)
5) Ms/ ROYAL SUNDARAM GENERAL INSURANCE Co. LIMITED (Mr. Harish)

Opening Remarks:

i) The Committee has welcomed the bidders who attended the pre-bid meeting. After the introduction the Committee explained all the pre-bid queries asked.

ii) After clarifying all the queries, it was informed to all the bidders that the queries will be addressed by the Committee members and the relevant modifications/alterations if any will be uploaded on IIIT Sri City website/CPPP as a part of corrigendum document to the tender.

Annexure–I

The amendments to be made in the tender document based on the pre-bid queries are notified in Corrigendum.

S.No.	Page number	Query	Clarification
1	-	Request for policy copy, claim analysis, and claim dump for the last three years.	The policy copy, claim analysis, and claim dump for the last two years are enclosed and attached as Annexure-I to this Corrigendum as available.
2	Page 3	Total number of lives mentioned as 1,712 students with an expected increase of up to 10%. Clarification sought on the actual student count.	The student strength is approximately 1,600 students, subject to variation of ±10% during the policy period.
3	Page 4 – Other Conditions	Female students are to be covered with maternity expenses from the date of pregnancy confirmation, applicable for PhD scholars. Clarification sought whether this would apply to all female students	This condition stands withdrawn and shall be deleted from the tender document. Maternity coverage is not required under this Student Group Health Insurance Policy. Any such expense can be availed in the SGHI as applicable.
4		Clarification regarding accidental death insurance coverage.	Accidental Death Insurance shall be treated as a separate policy. Hence, the BoQ is revised accordingly. Bidders shall quote as per the revised BoQ.
5		Cash Deposit Balance	Cash deposit Balance option will be utilized during the policy period as applicable.
6		BoQs with revised options	Bidders are requested to quote the rates as per the revised BoQ only.

Policy No. 2839/74665549/00/000

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY SRI CITY CHITTOOR
NO.630, GNAN MARG, X, SATYAVEDU MANDAL,
SRI CITY, CHITTOOR,,
CHITTOOR,
ANDHRA PRADESH- 517646,

7032******
regi***@***.***

Dear Sir/Madam,

Thank you for choosing us as your insurance partner for GROUP HEALTH INSURANCE POLICY. We're extremely delighted to have you on-board and we are going to be with you every step of the way.

To make your insurance experience seamless, we have introduced below tech-based solutions.

USGI PULZ App - One stop solution for all your insurance needs. Now enjoy below complimentary value added benefits with our app.

- **Insurance Wallet – Manage insurance policies on the go with buy and renew Option**
- **Claim Management – Intimate claim online and track claim status**
- **Complete Auto Care Solutions – Online car service appointment, road side assistance, extended warranty, buy spare parts and accessories, sell car online, self-drive car discount, tips to maintain your vehicle.**
- **24X7 Road Side Assistance* – In case you are in distress due to flat tyre, drained battery, minor repairing or towing of vehicle in case of break down or accident of your vehicle, Key locked in car or lost, fuel run dry or arrangement of taxi/ ambulance**
- **Location based Service – Find nearest pharmacy, blood bank, wellness center, lab test center, online medicine stores. Also you can track your daily activity, set reminders, and maintain your health profile and much more**

** Subject to Terms and conditions of Universal Sompo Policy covering the vehicle with RSA cover*

AI-Powered Virtual Agent

- Helps you to intimate claim with ease

We're committed to offer you best-in-class services. For any query, call us on our toll-free number 1-800- 200-4030 (Other Users), 1-800-22-4030 (MTNL/BSNL Users), or mail us at contactus@universalsompo.com. You can also drop by at one of our branches. For more information visit our website www.universalsompo.com

Please note that your policy is issued as per the information provided by you to us in the proposal form/e-proposal form as well as the terms and conditions accepted by you. In case of any disagreement,discrepancy, or clarification that you may need, please let us know within 15 days of policy received.

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

LINK

Thanks again for choosing Universal Sompo, look forward to a long and healthy relationship.

Varsha Gujarathi
Head Operations and Customer Services

Scan to check Hospital List

Scan to download USGI Pulz App

Regd. No. 134

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

GROUP HEALTH INSURANCE POLICY

INTERMEDIARY DETAILS			
Intermediary Name	DIRECT INSTITUTIONAL ALLIANCES	**Phone Number**	9899999999
Intermediary Code	200872974480	**Email**	charu.chopra@universalsompo.com

POLICY ISSUANCE DETAILS			
Policy Number	2839/74665549/00/000	**Policy Type**	New Business
Branch Name	NA	**Invoice Number**	3624PR0000062458
Manual Covernote Number	NA		

Policy/Invoice Issued Date	13/08/2024	**Total Sum Insured**	52,850,000
Name of the Proposer	**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY SRI CITY CHITTOOR**	**Total Premium**	422,800.00
Proposer Id	1000606275300001		
Proposer Address/Place of Supply	NO.630, GNAN MARG, X, SATYAVEDU MANDAL,, SRI CITY, CHITTOOR,, CHITTOOR, CHITTOOR, ANDHRA PRADESH(37), PIN - 517646 , Mobile - 7032851919 ,Email - registrar.office@iiits.in GSTIN - 37AAAAI7242R1Z4	**IGST(18%)**	76104
Period of Insurance	**From** : 00:00 of 03/08/2024 **To** : 23:59 of 02/08/2025		
Type Of Cover	Basic Cover	**Total Amount Payable**	498,904.00
Optional Extension Opted	Coverage against pre existing diseases,Waiver of 30 days waiting period,Waiver of First year exclusions	**Total Amount Payable (in words)**	Rupees Four Lakh Ninety-Eight Thousand Nine Hundred Four Only
Basic of Sum Insured	Individual	**Details of the Insured Persons(s)**	As per annexure attached
		Total No. of Insured Person(s)	No of Primary Insured(s) : 1057
Policy Issuance Office	HYDERABAD BRANCH OFFICE 3RD FLOOR, 302, VASUDEVA PLAZA D. NO 8-3-977/4, MAIN ROAD, SRINAGAR COLONY , HYDERABAD PIN - 500073 , TELANGANA(36) , GSTIN - 36AAACU8917F1Z7		

Insured Details: NA

Name	Date Of Birth	Age	Gender	Sum Insured (₹)
As per annexure attached		0		50000

Policy is subject to the following Warranty: As Mentioned Within

Policy subject to the following Special condition(s): NA

Clauses/Endorsements attached to the policy

1 Family Definition : students
2 Age Limit : Age limit for Students - 15 years to 40 years
3 Floater/Individual : This policy is on Individual basis
4 Sum Insured Criteria : Sum Insured criteria is Rs. 50,000
5 30 days waiting Period : Waived off and Exclusion No. 2 of section What we exclude in Group Health Insurance Policy Wording stands deleted.
6 1st Year exclusions : Waived off and Exclusion No. 3 of section What we exclude in Group Health Insurance Policy Wording stands deleted.
7 1st , 2nd, 3rd and 4th year exclusion wavier /Pre Existing diseases : Pre-existing diseases are covered under the Policy and Exclusion No. 1 of Section What We Exclude in Group Health Insurance Policy Wording stands deleted.
8 Domicilliary Hospitalization : Not Covered under the policy in view of this, point no 3. NB2 of what we cover in Group Health Insurace Policy wording stands deleted
9 Room Rent Capping : Room, Boarding Expenses including Nursing Expenses as provided by the Hospital/Nursing Home is subject to a limit of 1% of the Basic Sum Insured per day and for Intensive Care Unit 2% of the Basic Sum Insured per day. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.
10 Pre and Post hospitalization expenses : Covered upto 30 days prior to Hospitalisation & 60 days after Hospitalisation respectively
11 Internal / External Congenital diseases : Internal Congenital diseases are covered under the policy, but external Congenital diseases are not covered.
12 Home Quarantine cover : Not covered under the policy
13 orther terms and condtions : Reasonability & Customary clause applicable as per policy wording.
14 Emergency Ambulance Charges : 1% of SI Max up to Rs.2,000/-whichever is less
15 Day care treatments : Day Care Surgeries & Day Care Treatments are covered as per the list of USGI
16 Cashless Facility : Available - in house TPA
17 Claim Intimation/ Document Submission : All reimbursement claims should be intimated to Insurer within 48 hours of Hospitalization and documents of claim should be submitted to the Insurer within 30 days of discharge.
18 Process for Mid-term Inclusion / Deletion :-

19 * During the currency of the Policy, inclusions will be permitted for new joinees and their dependents subject to payment of additional premium prorated for the unexpired policy period. Inclusion of dependants is subject to coverage provided under the policy or endorsement forming part thereof.

20 *The intimation for addition should be provided within 30 days from the date of joining and for deletion should be provided within 30 days resigning.

21 * A cash deposit is to be held by the client to effect inclusion of new joinees and their dependants from the date of Joining, newly married spouse from the date of marriage and new born child from date of birth.

22 * Mid term inclusion is subject to availability of sufficient premium in the deposit to effect the inclusion, provided the date of joining is in the preceding month to the date of declaration.

23 * In case , of any delayed declaration of new joinees and their dependents, newly married spouse of the existing students, new born child of the existing students, the inclusion shall effect from the date of receipt of declaration to insurer, subject to availability of sufficient premium in the deposit to effect the inclusion. Acceptance of delayed declaration rest with the insurer.

24 * In Case, premium balance in cash deposit account maintained with the company is not sufficient, then the coverage under the policy will be extended and will be effective only after replenishment of sufficient cash deposit balance.

25 * Deletion of student is from the date of leaving , provided the date of Leaving, is in the preceding month to the date of declaration. If any delay in declaration deletion will be effected from the date of intimation received at USGI. Refund in premium for deletion is subject to nil claims.

26 * Inclusion of an student does not warrant automatic inclusion of the students dependants, unless agreed in the policy.

27 * Policy is based on per person Premium

Conditions attached to the Policy

1 Premium payable under this policy shall be payable in advance.

2 Subject to otherwise terms and conditions of Group Health Insurance Policy of Universal Sompo General Insurance Co. Ltd

IN WITNESS WHEREOF the undersigned being duly authorised by and on behalf of the company has/have here onto set his/their hands at USGIC office address.

Collection No	2057643586	Dated	13/08/2024
Examined By:		Underwriter:	

For Universal Sompo General Insurance Co.Ltd.

Authorized Signatory

Consolidated stamp duty Rs.1 paid towards Insurance policy stamp vide receipt no. LOA/ENF-1/CSD/73/2024/1809 dated 22/03/2024 of General Stamp Office Mumbai.

Disclaimer: This Policy is null and void ab initio, if the cheque/any valid negotiable Instrument as receipted by this company via this receipt is dishonoured by the bank. Issuance of the receipt is not a proof of risk acceptance.

IN WITNESS WHEREOF this Policy has been signed at Mumbai in lieu of e-covernote No. NA

GSTIN No : AA360717002512H

USGI IRDA Registration No. 134

SAC Code : 997134

IRDAI UIN NO:- UNIHLGP24027V032324

SP Name-SP Code:-

Resolving Issues - Please read your Policy & Policy Schedule:

The Policy & Policy schedule set out the terms of your contract with us. Please read this carefully to ensure that the cover meets your needs.

* Please visit our website www.universalsompo.com to know more about the policy coverage, benefits, and exclusions.

TPA Condition :The details of the TPA and our network providers and diagnostic centers can be found at our website www.universalsompo.com. Cashless claims facility is extended under the policy and your Third Party Administrator (TPA) is UNIVERSAL SOMPO-HEALTH SERVE. Contact number of TPA for registering claims for Pre-authorization is 1800 200 5142 (Toll Free)

N.B. The benefits provided under the policy and/or terms and conditions of the policy including premium rates may be subject to change on renewal, with prior approval from IRDAI.

In Case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the policy.

Address: Universal Sompo General Insurance Co.Ltd. Airoli Office-Unit No.601 & 602,A wing, 6th floor, Reliable Tech Park, Cloud City Campus, Gut no 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708

Toll Free Numbers:1800 22 4030 / 1800 200 4030

Grievance Redressal Officer Number:022-41690824

Website: www.universalsompo.com

E-mail Address: contactus@universalsompo.com.

Note: Please include your policy number for any communication with us

Universal Sompo General Insurance Co.Ltd. shall abide by Insurance Regulatory and Development Authority (Protection of Policyholder’s Interests) Regulations 2017. Under this regulation and with an objective to provide a forum to Personal Lines policy holders for resolution of claims related complaints, Insurance

Ombudsman has been constituted under the aegis of Governing Body of Insurance Council. For further Information you could refer https://www.cioins.co.in/ombudsman.

This document is system generated on 12/08/2025 15:07:21

Policy No. 2839/74665549/01/000

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY SRI CITY CHITTOOR
NO.630, GNAN MARG, X, SATYAVEDU MANDAL,
SRI CITY, CHITTOOR,,
CHITTOOR,
ANDHRA PRADESH- 517646,

7032******
regi***@***.***

Dear Sir/Madam,

We are extremely thankful to you for your renewal instructions and payment of premium for GROUP HEALTH INSURANCE POLICY. We appreciate this opportunity to be of service to you and we are going to be with you every step of the way.

To make your insurance experience seamless, we have introduced below tech-based solutions.

USGI PULZ App - One stop solution for all your insurance needs. Now enjoy below complimentary value added benefits with our app.

- **Insurance Wallet – Manage insurance policies on the go with buy and renew Option**
- **Claim Management – Intimate claim online and track claim status**
- **Complete Auto Care Solutions – Online car service appointment, road side assistance, extended warranty, buy spare parts and accessories, sell car online, self-drive car discount, tips to maintain your vehicle.**
- **24X7 Road Side Assistance* – In case you are in distress due to flat tyre, drained battery, minor repairing or towing of vehicle in case of break down or accident of your vehicle, Key locked in car or lost, fuel run dry or arrangement of taxi/ ambulance**
- **Location based Service – Find nearest pharmacy, blood bank, wellness center, lab test center, online medicine stores. Also you can track your daily activity, set reminders, and maintain your health profile and much more**

** Subject to Terms and conditions of Universal Sompo Policy covering the vehicle with RSA cover*

AI-Powered Virtual Agent

- Helps you to intimate claim with ease

We're committed to offer you best-in-class services. For any query, call us on our toll-free number 1-800- 200-4030 (Other Users), 1-800-22-4030 (MTNL/BSNL Users), or mail us at contactus@universalsompo.com. You can also drop by at one of our branches. For more information visit our website www.universalsompo.com

Please verify the details in the attached policy copy. In case of any disagreement, discrepancy, or clarification that you may need, please let us know within 15 days of policy received.

LINK

Thanks again for choosing Universal Sompo, look forward to a long and healthy relationship.

Varsha Gujarathi
Head Operations and Customer Services

Scan to check Hospital List

Scan to download USGI Pulz App

Regd. No. 134

Universal Sompo General Insurance
Suraksha, Hamesha Aapke Saath

GROUP HEALTH INSURANCE POLICY

INTERMEDIARY DETAILS			
Intermediary Name	DIRECT INSTITUTIONAL ALLIANCES	**Phone Number**	9899999999
Intermediary Code	200872974480	**Email**	charu.chopra@universalsompo.com

POLICY ISSUANCE DETAILS			
Policy Number	2839/74665549/01/000	**Policy Type**	Renewal Business
Branch Name	NA	**Invoice Number**	3625PR0000093950
Manual Covernote Number	NA		

Policy/Invoice Issued Date	12/09/2025	**Total Sum Insured**	57,700,000
Name of the Proposer	**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY SRI CITY CHITTOOR**	**Total Premium**	392,360.00
Proposer Id	1000606275300001		
Proposer Address/Place of Supply	NO.630, GNAN MARG, X, SATYAVEDU MANDAL,, SRI CITY, CHITTOOR,, CHITTOOR, CHITTOOR, ANDHRA PRADESH(37), PIN - 517646 , Mobile - 7032851919 ,Email - registrar.office@iiits.in GSTIN - 37AAAAI7242R1Z4	**IGST(18%)**	70625
Period of Insurance	**From** : 00:00 of 03/08/2025 **To** : 23:59 of 02/08/2026		
Type Of Cover	Basic Cover	**Total Amount Payable**	462,985.00
Optional Extension Opted	Coverage against pre existing diseases,Waiver of 30 days waiting period,Waiver of First year exclusions	**Total Amount Payable (in words)**	Rupees Four Lakh Sixty-Two Thousand Nine Hundred Eighty-Five Only
Basic of Sum Insured	Individual	**Details of the Insured Persons(s)**	As per annexure attached
		Total No. of Insured Person(s)	No of Primary Insured(s) : 1154
Policy Issuance Office	HYDERABAD BRANCH OFFICE 3RD FLOOR, 302, VASUDEVA PLAZA D. NO 8-3-977/4, MAIN ROAD, SRINAGAR COLONY , HYDERABAD PIN - 500073 , TELANGANA(36) , GSTIN - 36AAACU8917F1Z7		

Insured Details: NA

Name	Date Of Birth	Age	Gender	Sum Insured (₹)
As per annexure attached		0		50000

Policy is subject to the following Warranty: As Mentioned Within

Policy subject to the following Special condition(s): NA

Clauses/Endorsements attached to the policy

1 Family Definition : students
2 Age Limit : Age limit for Students - 15 years to 40 years
3 Floater/Individual : This policy is on Individual basis
4 Sum Insured Criteria : Sum Insured criteria is Rs. 50,000
5 30 days waiting Period : Waived off and Exclusion No. 2 of section What we exclude in Group Health Insurance Policy Wording stands deleted.
6 1st Year exclusions : Waived off and Exclusion No. 3 of section What we exclude in Group Health Insurance Policy Wording stands deleted.
7 1st , 2nd, 3rd and 4th year exclusion wavier /Pre Existing diseases : Pre-existing diseases are covered under the Policy and Exclusion No. 1 of Section What We Exclude in Group Health Insurance Policy Wording stands deleted.
8 Domicilliary Hospitalization : Not Covered under the policy in view of this, point no 3. NB2 of what we cover in Group Health Insurace Policy wording stands deleted
9 Room Rent Capping : Room, Boarding Expenses including Nursing Expenses as provided by the Hospital/Nursing Home is subject to a limit of 1% of the Basic Sum Insured per day and for Intensive Care Unit 2% of the Basic Sum Insured per day. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.
10 Pre and Post hospitalization expenses : Covered upto 30 days prior to Hospitalisation & 60 days after Hospitalisation respectively
11 Internal / External Congenital diseases : Internal Congenital diseases are covered under the policy, but external Congenital diseases are not covered.
12 Home Quarantine cover : Not covered under the policy
13 orther terms and condtions : Reasonability & Customary clause applicable as per policy wording.
14 Emergency Ambulance Charges : 1% of SI Max up to Rs.2,000/-whichever is less
15 Day care treatments : Day Care Surgeries & Day Care Treatments are covered as per the list of USGI
16 Cashless Facility : Available - in house TPA
17 Claim Intimation/ Document Submission : All reimbursement claims should be intimated to Insurer within 48 hours of Hospitalization and documents of claim should be submitted to the Insurer within 30 days of discharge.
18 Process for Mid-term Inclusion / Deletion : -

19 * During the currency of the Policy, inclusions will be permitted for new joinees and their dependents subject to payment of additional premium prorated for the unexpired policy period. Inclusion of dependants is subject to coverage provided under the policy or endorsement forming part thereof.

20 * Existing employees and dependents cannot be included during the currency of the Policy period except, newly married spouse of the existing employees, new born child of the existing employees, provided the policy provides cover for spouse and children.

21 *The intimation for addition should be provided within 30 days from the date of joining and for deletion should be provided within 30 days resigning.

22 * A cash deposit is to be held by the client to effect inclusion of new joinees and their dependants from the date of Joining, newly married spouse from the date of marriage and new born child from date of birth.

23 * Mid term inclusion is subject to availability of sufficient premium in the deposit to effect the inclusion, provided the date of joining / date of marriage/date of birth, is in the preceding month to the date of declaration.

24 * In case , of any delayed declaration of new joinees and their dependents, newly married spouse of the existing employees, new born child of the existing employees, the inclusion shall effect from the date of receipt of declaration to insurer, subject to availability of sufficient premium in the deposit to effect the inclusion. Acceptance of delayed declaration rest with the insurer.

25 * In Case, premium balance in cash deposit account maintained with the company is not sufficient, then the coverage under the policy will be extended and will be effective only after replenishment of sufficient cash deposit balance.

26 * Deletion of Employee and Dependents is from the date of leaving , provided the date of Leaving, is in the preceding month to the date of declaration. If any delay in declaration deletion will be effected from the date of intimation received at USGI. Refund in premium for deletion is subject to nil claims.

27 * Inclusion of an employee does not warrant automatic inclusion of the employees dependants, unless agreed in the policy.

28 * Policy is based on per person Premium

Conditions attached to the Policy

1 Premium payable under this policy shall be payable in advance.

2 Subject to otherwise terms and conditions of Group Health Insurance Policy of Universal Sompo General Insurance Co. Ltd

IN WITNESS WHEREOF the undersigned being duly authorised by and on behalf of the company has/have here onto set his/their hands at USGIC office address.

Collection No	2062760635	Dated	12/09/2025
Examined By:		Underwriter:	

For Universal Sompo General Insurance Co.Ltd.

Authorized Signatory

Consolidated stamp duty Rs.0.50 paid towards Insurance policy stamp vide receipt no. dated of General Stamp Office Mumbai.
Disclaimer: This Policy is null and void ab initio, if the cheque/any valid negotiable Instrument as receipted by this company via this receipt is dishonoured by the bank. Issuance of the receipt is not a proof of risk acceptance.
IN WITNESS WHEREOF this Policy has been signed at Mumbai in lieu of e-covernote No. NA

GSTIN No : AA360717002512H
USGI IRDA Registration No. 134
SAC Code : 997134

IRDAI UIN NO:- UNIHLGP26039V052526

SP Name-SP Code:-

Resolving Issues - Please read your Policy & Policy Schedule:
The Policy & Policy schedule set out the terms of your contract with us. Please read this carefully to ensure that the cover meets your needs.

* Please visit our website www.universalsompo.com to know more about the policy coverage, benefits, and exclusions.

TPA Condition :The details of the TPA and our network providers and diagnostic centers can be found at our website www.universalsompo.com. Cashless claims facility is extended under the policy and your Third Party Administrator (TPA) is UNIVERSAL SOMPO-HEALTH SERVE. Contact number of TPA for registering claims for Pre-authorization is 1800 200 5142 (Toll Free)

N.B. The benefits provided under the policy and/or terms and conditions of the policy including premium rates may be subject to change on renewal, with prior approval from IRDAI.

In Case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the policy.

Address: Universal Sompo General Insurance Co.Ltd. Airoli Office-Unit No.601 & 602,A wing, 6th floor, Reliable Tech Park, Cloud City Campus, Gut no 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708

Toll Free Numbers:1800 22 4030 / 1800 200 4030

Grievance Redressal Officer Number:022-41690824

Website: www.universalsompo.com

E-mail Address: contactus@universalsompo.com.

Note: Please include your policy number for any communication with us

Universal Sompo General Insurance Co.Ltd. shall abide by Insurance Regulatory and Development Authority (Protection of Policyholder's Interests) Regulations 2017. Under this regulation and with an objective to provide a forum to Personal Lines policy holders for resolution of claims related complaints, Insurance Ombudsman has been constituted under the aegis of Governing Body of Insurance Council. For further Information you could refer https://www.cioins.co.in/ombudsman.

Claims MIS Summary as on 24-06-2026

Group Name	INDIAN INSTITUTE OF INFORMATION TECHNOLOGY SRI CITY CHITTOOR		
GHI Policy No	2839/74665549/01/000		
No of Self	1593	**No of Lives**	1593
Policy from	03/08/2025	**Net Premium**	5,33,441
Policy up to	02/08/2026	**Gross Premium**	6,29,461
ICR on Earrned	31%	**ICR on Net**	28%

Claim Type	Claims Reported		Claims Paid		Claims Closed/Repudiated	Claims Outstanding	
	No	Amount	No	Amount	No	No	Amount
Cashless	1	1,56,322	1	50,000	-	-	-
Reimbursement	3	1,39,952	2	99,007	1	-	-
Total	**4**	**2,96,274**	**3**	**1,49,007**	**1**	**-**	**-**

Health Serve Card No	Policy No	Type of Policy	Group Name	Policy_start_date	Policy_end_date	Patient Name	Employee_Name	Employee Number	Relationship with Employee	Gender of Patient	Age of Patient	Sum Insured
TPA UHID	Policy No	Type of Policy	Group Name _Proposer Name(Insured Name)	Policy_start_date	Policy_end_date	Patient Name	Employee_Name / Proposer Name	Employee Number	Relationship with Proposer / Employee	Gender of Patient	Age of Patient	Sum Insured
282090002312001	2839/74665549/01/000	GROUP HEALTH INSURANCE POLICY NON EMPLOYER-EMPLOYEE	INDIAN INSTITUTE OF INFORMATION TECHNOLOGY SRI CITY CHITTOOR	03/08/2025	02/08/2026	PUNNAM RAHUL	PUNNAM RAHUL	S20230020340	Employee	Male	19	50000
282090002649001	2839/74665549/01/000	GROUP HEALTH INSURANCE POLICY NON EMPLOYER-EMPLOYEE	INDIAN INSTITUTE OF INFORMATION TECHNOLOGY SRI CITY CHITTOOR	03/08/2025	02/08/2026	VUJJA PUNITH SAI	VUJJA PUNITH SAI	S20240010260	Employee	Male	19	50000
282090001719001	2839/74665549/01/000	GROUP HEALTH INSURANCE POLICY NON EMPLOYER-EMPLOYEE	INDIAN INSTITUTE OF INFORMATION TECHNOLOGY SRI CITY CHITTOOR	03/08/2025	02/08/2026	DUVVURI VENKATA NIRMALA HANISHA	DUVVURI VENKATA NIRMALA HANISHA	S20220010066	Employee	Female	20	50000
282090003049001	2839/74665549/01/000	GROUP HEALTH INSURANCE POLICY NON EMPLOYER-EMPLOYEE	INDIAN INSTITUTE OF INFORMATION TECHNOLOGY SRI CITY CHITTOOR	03/08/2025	02/08/2026	Sumit	Sumit	S20250010239	Employee	Male	18	50000

Health Serve Card No	Claim No	Type_of_claim - Cashless / Reimbursement	ProviderName	Provider City	Provider State	AL date	AL_amount	Dt_of_admission	Dt_of_discharge	Ailment	Claimed Amount	Reserve amt
TPA UHID	TPA Claim No	Type_of_claim - Cashless / Reimbursement	ProviderName	Provider City	Provider State	AL date	AL_amount	Dt_of_admission	Dt_of_discharge	Ailment	Claimed Amount	Reserve amt
282090002312001	574100	Reimbursement	Ojas Multi Speciality Hospital	Hanamkonda	ANDHRA PRADESH			11/09/2025	14/09/2025	Apendix surgery	53675	50000
282090002649001	573356	Reimbursement	Amara Hospital	TIRUPATHI	ANDHRA PRADESH			14/08/2025	15/08/2025	long segment stricture bulbar urethra	56277	49007
282090001719001	577677	Reimbursement	Apollo Pharmacy, apollo pharmacy kakinada, kakinada					24/09/2025	25/09/2025	appendix and other issues	30000	0
282090003049001	579249	Cashless	Billroth Hospitals Ltd.	Chennai	TAMIL NADU	[illegible]		07/11/2025	11/11/2025	AFI With Anemia	156322	50000

Health Serve Card No	Date_of_deficiencies_raised	Rejection Date	Deductions	Reason for deduction	Claim Stage (Paid / Closed / OS)	Claim Sub Stage	Date-of-Intimation	Claim TAT	Payee Name	File Received Date	UTR No paid to Beneficiary	UTR Date paid to Beneficiary	Last Document Received Date
TPA UHID	Date_of_deficiencies_raised_by_tpa	Closed-Date	Deductions	Reason for deduction	Claim Stage (Paid / Closed / OS)	Claim Sub Stage-1	Date-of-Intimation	Claim TAT	Payee Name	Date of File received to TPA	Cheque No / UTR No paid to Beneficiary	Cheque-Date-/-UTR-Date-paid-to-Beneficiary	LDR_Date
282090002312001	01/11/2025	15/11/2025	3675	Associated medical expenses fee not payable ,Suction pump charges not payable	Paid	Claim Approved, Funds Transferred	23-Sep-2025		PUNNAM RAHUL	24/10/2025	AXISCN1184621369	12-Dec-2025	11-Nov-2025
282090002649001			7270	0 ,ADMISION ,Associated medical expenses fee not payable ,gloves,urobag,plain sheet ,monitor equipment ,Others ,reg	Paid	Claim Approved, Funds Transferred	16-Sep-2025		VUJJA PUNITH SAI	04/10/2025	AXISCN1121342492	16-Oct-2025	04-Oct-2025
282090001719001		31/10/2025			Rejected	Claim Repudiated	25-Oct-2025						25-Oct-2025
282090003049001			106322	SI Exhausted	Paid	Claim Approved, Funds Transferred	08-Nov-2025		Billroth Hospitals Limited	20/11/2025	AXISCN1165953431	25-Nov-2025	20-Nov-2025