



पेंशन निधि विनियामक और विकास प्राधिकरण  
PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY



PFRDA/05/1/0005/2018-HR

05.03.2025

To

Various General Insurance companies

**Subject: - Inviting bids from IRDAI registered Insurance companies for providing Group Personal Accident (GPA) policy for officers/staff members of the Pension Fund Regulatory and Development Authority – reg.**

Pension Fund Regulatory and Development Authority (PFRDA) is a statutory regulator established under PFRDA Act, 2013 to promote old age income security by establishing, developing and regulating Pension Funds and to protect the interest of subscribers to scheme of pension funds, with its Office located at New Delhi. PFRDA proposes to avail a Group Personal Accident (hereinafter 'GPA') policy for its officers/staff members for a period of one year, i.e., from **01.04.2025 – 31.03.2026**.

2. At present, the coverage under the GPA policy is to be provided to a total of 93 staff members for a capital sum insured of **Rs. 1,57,55,50,860/-**. The list of the officials/staff members along with the respective sum insured, next of kin (nominee), date of birth etc. is enclosed as **Annexure – I**. Existing GPA Policy is attached as **Annexure – II**. The no. of claims for the preceding 5 years has been 'Nil'.

3. The policy shall provide comprehensive personal accident insurance coverage. The bid shall inter alia comply with the following terms and conditions;

<b>Basic Cover:</b>
1. Death+ PTD (Permanent Total Disability) as per List <b>Annexure – III</b> + PPD (Permanent Partial Disability) + TTD (Total Temporary Disability).
2. Terrorism covered.
<b>Additional Benefits:</b>
3. <u>Transportation of mortal remains</u> – 1% of S.I. or Rs. 30,000/- or actual expenses, whichever is less
4. <u>Funeral expenses</u> – 1% of S.I. or Rs. 10,000/- or actual amount claimed, whichever is less.

5. <u>Dependent Child Education benefit</u> – 5% of S.I. or Rs. 1,00,000/- or actual expenses, whichever is less in case of two dependent children and 3% of S.I. or Rs. 50,000/- or actual expenses, whichever is less in case of one dependent child.
6. <u>Accidental Medical Benefits</u> – Covered upto 40% of S.I. or 10% of admissible claim amount under the basic cover or actual amount whichever is less.
7. <u>Temporary Total disability (TTD)</u> – Temporary Total Disability is restricted to 1% of the sum insured or actual wages or Rs 20,000/-, whichever is less, per week, for 100 weeks.
8. <u>Ambulance expenses</u> – as per actuals.
9. Coverage for new joiners from the date of joining.
10. Refund of premium on account of Mid-term Deletion/separation of members to be allowed from the date of separation.

4. Bidders are requested to submit their bids considering the existing group size, sum insured and the terms and conditions mentioned above for premium payable by PFRDA on annual basis for the Group Personal Accident (GPA) policy. The bids shall be in a sealed cover superscribed with “Quotation for Group Personal Accident Policy” and shall reach PFRDA office premises latest **by 1530 Hrs on 26.03.2025 (Wednesday)** at the following address: -

The Chief General Manager (HR, Legal & Admin),  
Pension Fund Regulatory and Development Authority (PFRDA)  
E-500, TOWER-E, 5th Floor. World Trade Center, Nauroji Nagar,  
New Delhi- 110029

5. The pre-bid meeting shall be held on **12.03.2025 (Wednesday) at 1500 Hrs.** and the bids shall be opened on **26.03.2025 (Wednesday) at 1600 Hrs.** in the office premises as per abovementioned address.

Note - The bids sent by Fax or e-mail will not be considered under any circumstances.

#### 6. **General Terms & Conditions**

- a. There should be a dedicated helpline (24X7) of the Insurance Company available and the contact details shall be furnished after the start of the insurance cover.
- b. In case of reimbursement to the officials/staff, the same should be paid to the official/staff within 15 working days from the submission of the claim documents.
- c. The response time by the Insurance Company at the time of admission in hospital should be bare minimum but shall not exceed six hours.



- d. The claim statement is to be furnished by the Insurance Company to PFRDA on quarterly basis.
- e. The Insurance company shall maintain absolute confidentiality and not share the personal data of the employees and their dependents with any third party and shall not give any unauthorized access of the same to any of its employees or agents, other than those who are involved in submission of bid or servicing the policy, if bid is awarded. The details shall not be used for any targeted advertising or unsolicited advices and personal information shall be accorded highest protection in accordance with the prevalent laws in India, failing which the company shall be held liable.

7. PFRDA reserves the right to terminate this process at any point of time, pre or post selection and without their being any obligation owed to any person including the bidders or the successful bidder. There shall be no obligation to award the policy to any party much less the successful bidder. PFRDA shall have the right to modify the terms and conditions of this invitation to offer at any time, based on its requirements. PFRDA shall have the right to reject the bids which in its opinion are conditional

8. The Bid is to be submitted for the capital sum insured of **Rs. 1,57,55,50,860/-** as per format given in **Annexure – IV**.

9. Any or all matters arising out of this process or subsequently at any stage shall be subject to the exclusive jurisdiction of the courts at New Delhi only

Yours Sincerely,

**Sd/-**  
Chief General Manager (HR, Legal & Admin)  
Tele no.: 011- 40717900 (118)

**Details of Employees for Group Personal Accident (GPA) Policy for Year 2025-26**

<b>Sr. No.</b>	<b>Name of the Employee</b>	<b>Employee No.</b>	<b>Date of Joining</b>	<b>Date of Birth</b>	<b>Age as on 01.04.2025</b>	<b>Proposed Sum Assured for the new policy</b>
1	Employee 1	117	20-03-2023	1-Jun-1960	64	3,37,50,000.00
2	Employee 2	85	01-10-2020	05-04-1963	61	3,00,00,000.00
3	Employee 3	118	10-04-2023	14-09-1964	60	3,00,00,000.00
4	Employee 4	6	01-07-2011	20-04-1967	57	3,45,36,840.00
5	Employee 5	93	09-08-2021	30-04-1969	55	3,45,24,480.00
6	Employee 6	5	27-06-2011	10-08-1968	56	3,44,31,600.00
7	Employee 7	11	22-07-2011	17-11-1970	54	3,44,31,600.00
8	Employee 8	116	15-02-2023	05-01-1976	49	3,33,58,020.00
9	Employee 9	39	02-03-2012	18-04-1972	52	3,30,21,360.00
10	Employee 10	10	21-07-2011	02-04-1968	56	3,15,87,420.00
11	Employee 11	13	29-07-2011	27-05-1971	53	3,08,69,760.00
12	Employee 12	16	21-09-2011	19-02-1974	51	3,08,69,760.00
13	Employee 13	15	09-09-2011	10-04-1976	48	3,01,68,660.00
14	Employee 14	17	28-09-2011	13-11-1975	49	3,01,68,660.00
15	Employee 15	7	05-07-2011	22-10-1976	48	3,01,68,660.00
16	Employee 16	40	23-03-2012	02-07-1973	51	3,01,68,660.00
17	Employee 17	29	16-02-2012	26-08-1977	47	2,89,36,440.00
18	Employee 18	20	21-12-2011	09-03-1978	47	2,44,69,020.00
19	Employee 19	36	29-02-2012	07-10-1979	45	2,44,69,020.00
20	Employee 20	12	26-07-2011	18-10-1975	49	2,76,00,780.00
21	Employee 21	19	20-12-2011	20-05-1971	53	2,76,00,780.00
22	Employee 22	22	24-01-2012	24-04-1976	48	2,44,69,020.00
23	Employee 23	30	16-02-2012	14-05-1977	47	2,44,69,020.00
24	Employee 24	48	11-06-2012	31-01-1977	48	2,23,04,640.00
25	Employee 25	24	07-02-2012	25-09-1981	43	2,06,82,780.00
26	Employee 26	27	13-02-2012	25-04-1981	43	2,06,82,780.00
27	Employee 27	33	24-02-2012	09-03-1982	43	2,06,82,780.00
28	Employee 28	47	08-06-2012	17-05-1981	43	2,06,82,780.00
29	Employee 29	49	17-09-2012	11-06-1982	42	2,06,82,780.00
30	Employee 30	31	16-02-2012	16-08-1984	40	1,91,42,640.00
31	Employee 31	32	17-02-2012	09-05-1984	40	1,91,42,640.00
32	Employee 32	34	24-02-2012	01-07-1984	40	1,91,42,640.00
33	Employee 33	38	01-03-2012	22-05-1986	38	1,91,42,640.00
34	Employee 34	41	02-04-2012	02-11-1983	41	1,91,42,640.00
35	Employee 35	42	03-04-2012	17-10-1982	42	1,91,42,640.00
36	Employee 36	2	01-10-2009	30-06-1977	47	1,92,71,460.00
37	Employee 37	23	30-01-2012	02-01-1982	43	1,51,83,420.00
38	Employee 38	26	08-02-2012	28-01-1986	39	1,51,83,420.00
39	Employee 39	44	25-04-2012	21-05-1986	38	1,51,83,420.00
40	Employee 40	45	26-04-2012	17-09-1983	41	1,51,83,420.00
41	Employee 41	46	30-04-2012	25-01-1984	41	1,51,83,420.00
42	Employee 42	37	01-03-2012	23-09-1984	40	1,48,75,260.00
43	Employee 43	43	16-04-2012	31-08-1984	40	1,48,75,260.00

Sr. No.	Name of the Employee	Employee No.	Date of Joining	Date of Birth	Age as on 01.04.2025	Proposed Sum Assured for the new policy
44	Employee 44	56	28-07-2017	28-04-1991	33	1,42,99,380.00
45	Employee 45	58	28-07-2017	14-09-1990	34	1,42,99,380.00
46	Employee 46	59	28-07-2017	03-04-1991	33	1,42,99,380.00
47	Employee 47	60	28-07-2017	21-06-1991	33	1,42,99,380.00
48	Employee 48	61	01-08-2017	19-10-1991	33	1,42,92,660.00
49	Employee 49	62	07-08-2017	13-08-1992	32	1,42,92,660.00
50	Employee 50	64	10-08-2017	17-07-1992	32	1,42,92,660.00
51	Employee 51	65	14-08-2017	11-05-1992	32	1,42,92,660.00
52	Employee 52	66	14-08-2017	29-11-1989	35	1,15,19,700.00
53	Employee 53	67	16-08-2017	27-03-1991	34	1,17,96,960.00
54	Employee 54	70	16-08-2017	13-10-1989	35	1,15,19,700.00
55	Employee 55	71	30-10-2017	28-04-1992	32	1,15,19,700.00
56	Employee 56	72	12-01-2018	27-04-1991	33	1,15,12,980.00
57	Employee 57	86	25-01-2021	16-09-1994	30	1,09,37,280.00
58	Employee 58	89	05-02-2021	11-03-1996	29	1,09,37,280.00
59	Employee 59	90	15-02-2021	07-12-1996	28	1,09,37,280.00
60	Employee 60	94	08-02-2022	23-08-1994	30	95,22,060.00
61	Employee 61	95	09-02-2022	22-06-1997	27	95,22,060.00
62	Employee 62	96	14-02-2022	15-10-1994	30	95,22,060.00
63	Employee 63	97	14-02-2022	05-09-1991	33	95,22,060.00
64	Employee 64	98	15-02-2022	05-11-1998	26	95,22,060.00
65	Employee 65	99	17-02-2022	30-08-1995	29	95,22,060.00
66	Employee 66	100	17-02-2022	21-11-1994	30	95,22,060.00
67	Employee 67	102	08-03-2022	13-08-1995	29	95,22,060.00
68	Employee 68	103	14-03-2022	21-03-1998	27	95,22,060.00
69	Employee 69	104	14-03-2022	02-05-1997	27	95,22,060.00
70	Employee 70	105	30-03-2022	30-05-1995	29	95,22,060.00
71	Employee 71	106	29-04-2022	03-07-1994	30	95,10,060.00
72	Employee 72	112	30-06-2022	11-11-1993	31	95,10,060.00
73	Employee 73	119	03-07-2023	22-Aug-1995	29	90,08,280.00
74	Employee 74	120	03-07-2023	11-Dec-1994	30	90,08,280.00
75	Employee 75	121	03-07-2023	14-Nov-1991	33	90,08,280.00
76	Employee 76	122	03-07-2023	9-Jul-1999	25	90,08,280.00
77	Employee 77	124	03-07-2023	6-Nov-1998	26	90,08,280.00
78	Employee 78	125	03-07-2023	14-Feb-1998	27	90,08,280.00
79	Employee 79	126	03-07-2023	25-Oct-1988	36	90,08,280.00
80	Employee 80	127	03-07-2023	27-May-1996	28	90,08,280.00
81	Employee 81	128	03-07-2023	10-Sep-1994	30	90,08,280.00
82	Employee 82	129	03-07-2023	18-Jan-1996	29	90,08,280.00
83	Employee 83	130	03-07-2023	19-Dec-1997	27	90,08,280.00
84	Employee 84	131	03-07-2023	19-Oct-1990	34	90,08,280.00
85	Employee 85	132	03-07-2023	4-Aug-1991	33	90,08,280.00
86	Employee 86	134	03-07-2023	22-Sep-1998	26	90,08,280.00
87	Employee 87	135	03-07-2023	1-Jul-1993	31	90,08,280.00

<b>Sr. No.</b>	<b>Name of the Employee</b>	<b>Employee No.</b>	<b>Date of Joining</b>	<b>Date of Birth</b>	<b>Age as on 01.04.2025</b>	<b>Proposed Sum Assured for the new policy</b>
88	Employee 88	136	03-07-2023	11-Mar-1994	31	90,08,280.00
89	Employee 89	137	03-07-2023	22-Aug-1996	28	90,08,280.00
90	Employee 90	138	03-07-2023	9-Dec-1994	30	90,08,280.00
91	Employee 91	139	03-07-2023	10-Jul-1992	32	90,08,280.00
92	Employee 92	3	01-10-2009	03-11-1969	55	1,21,09,440.00
93	Employee 93	50	30-07-2013	15-07-1981	43	38,89,260.00
						<b>1,57,55,50,860.00</b>

पॉलिसी अनुसूची/ Policy Schedule-Group Personal Accident	
पॉलिसी संख्या / <b>Policy Number:</b> <b>340100422410000002</b>	व्यवसाय स्रोत/ <i>Business Source:</i> 340100
जारीकर्ता कार्यालय/ <b>Issuing Office</b> कार्यालय कोड/ <i>Office Code:</i> 340100 कार्यालय पता/ <i>Office Address:</i> NEW DELHI-4 CORPORATE BUSINESS OFFICE (CBO) KONNECTUS Tower, Bavbhuti Marg,803 B, Tower 3, 8th Floor,Opposite New Delhi Railway Station - Ajmeri Gate Side - 110002. राज्य कोड/ <b>State Code:</b> 7 , Delhi जीएसटीएन/ <b>GSTIN:</b> 07AAACN9967E1Z5 संपर्क संख्या/ <i>Contact Number:</i> मोबाइल संख्या / <i>Mobile Number:</i> 0	<u>विक्रय चैनल विवरण/</u> <b>Sales Channel Details</b> कोड/ <i>Code:</i> 340100 नाम/ <i>Name:</i> New Delhi-4 Corporate Business Office (CBO) संपर्क संख्या/ <i>Contact Number:</i> सह दलाल कोड / <i>Co Broker Code:</i>
<b>Customer Care Toll Free Number:</b> <b>1800 345 0330</b> <b>email:customer.support@nic.co.in</b>	



नेशनल इन्श्योरेंस  
National Insurance

ग्राहक का नाम/ <i>Customer Name:</i> PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY	ग्राहक आईडी/ <i>Customer ID:</i> 9702355031	पैन/ <i>PAN:</i> AAALP0291L
पता/ <i>Address:</i> B 14/A, CHATRAPATI SHIVAJI BHAWAN, NEAR KARWARIA SARAI, QUTAB INSTITUTIONAL AREA, NEW DELHI, SOUTH DELHI, DELHI, 110016, शहर/ <i>City:</i> SOUTH WEST DELHI - DISTRICT OT, जिला/ <i>District:</i> SOUTH WEST DELHI, राज्य/ <i>State:</i> DELHI, पिन/ <i>PIN:</i> 110016. सेल/ <i>Cell:</i> 7709328240	फोन/ <i>Phone:</i> 7709328240	ई-मेल/ <i>E-Mail:</i> ABCD@GMAIL.COM

पॉलिसी प्रभावी समय घंटे को <b>Policy Effective from 13:09 hours, on 01/04/2024</b> की मध्य रात्रि तक प्रभावी/ <b>to midnight of 31/03/2025 .</b>			
प्रीमियम / <i>Premium</i>	₹ 1,46,693.00	कवर नोट संख्या तथा तिथि/ <i>Cover Note Number and Date</i>	NA
सीजीएसटी/ <i>CGST</i>	₹ 13,202.00	प्रस्ताव संख्या और तिथि / <i>Proposal Number and Date</i>	8800240329029303 दिनांक/ <i>Dt.</i> 29/03/2024
एसजीएसटी/यूटीजीएसटी <i>SGST/UTGST</i>	₹ 13,202.00		
आईजीएसटी/ <i>IGST</i>	₹ 0.00		
कम:जीएसटी_टीडीएस / <i>Less:GST_TDS</i>	₹ 0.00	रसीद संख्या और तिथि/ <i>Receipt Number and Date</i>	340100812310005805 दिनांक/ <i>Dt.</i> 29/03/2024
वसूली योग्य स्टाम्प शुल्क / <i>Recoverable Stamp Duty</i>	₹ 0.00	पिछली पॉलिसी संख्या तथा समाप्ति तिथि/ <i>Previous Policy Number and Expiry Date</i>	NA
कुल / <b>Total</b>	₹ 1,73,098.00	(रूपए / <i>Rupees</i> One Lakh Seventy Three Thousand Ninety Eight केवल/ <i>Only.</i> )	

**Location Address:**4TH FLOOR, CHATRAPATI SHIVAJI BHAWAN,B-14/A, QUTUB INSTITUTIONAL AREA, KATWARIA SARAI.,South West  
Delhi - District Ot,South West Delhi,Delhi,110016.

**Number of Families :94 Number of Lives covered:94**

SL. No	Coverage	Coverage Description	Sum Insured
1	Standard Cover	1. Death+ PTD (Permanent Total Disability) as per List Annexure - III + PPD	₹ 1,46,69,55,840.00
	<b>Excess:</b> AS PER TENDER.		
	<b>Additional Information:</b> NA		

<b>Clauses</b>	<b>As per Annexure I</b>
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पॉलिसी अनुसूची/ Policy Schedule-Group Personal Accident	
पॉलिसी संख्या / <b>Policy Number:</b> <b>34010042241000002</b>	व्यवसाय स्रोत/ <i>Business Source:</i> 340100
जारीकर्ता कार्यालय/ <b>Issuing Office</b> कार्यालय कोड/ <i>Office Code:</i> 340100 कार्यालय पता/ <i>Office Address:</i> NEW DELHI-4 CORPORATE BUSINESS OFFICE (CBO) KONNECTUS Tower, Bavbhuti Marg,803 B, Tower 3, 8th Floor,Opposite New Delhi Railway Station - Ajmeri Gate Side - 110002. राज्य कोड/ <b>State Code:</b> 7 , Delhi जीएसटीएन/ <b>GSTIN:</b> 07AAACN9967E1Z5 संपर्क संख्या/ <i>Contact Number:</i> मोबाइल संख्या / <i>Mobile Number:</i> 0	<u>विक्रय चैनल विवरण/</u> <b>Sales Channel Details</b> कोड/ <i>Code:</i> 340100 नाम/ <i>Name:</i> New Delhi-4 Corporate Business Office (CBO) संपर्क संख्या/ <i>Contact Number:</i> सह दलाल कोड / <i>Co Broker Code:</i>
	<b>Customer Care Toll Free Number:</b> <b>1800 345 0330</b> <b>email:customer.support@nic.co.in</b>



जिसकी गवाही में दिन/ माह /वर्ष को उपरोक्त उल्लिखित कार्यालय पते पर अधोहस्ताक्षरी को विधिवत अधिकृत किया जा रहा है उसके हाथ निर्धारित किए जाएं। यह अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों, जो कंपनी वेबसाईट <https://nationalinsurance.nic.co.in> पर उपलब्ध है, को एक अनुबंध के रूप में एक साथ पढ़ा जाए तथा कोई भी शब्द या अभिव्यक्ति जिसके लिए यह विशिष्ट अर्थ पॉलिसी या अनुसूची के किसी भी हिस्से में संलग्न किया गया हो, एक ही अर्थ वहन करेगा चाहे जहाँ भी उल्लिखित हो। यह आश्वासन दिया जाता है कि प्रीमियम चेक की अस्वीकृति के मामले में, यह दस्तावेज स्वतः आरंभ से ही निरस्त मानी जाएगी । **IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 29/March/2024. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that **IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'****

इंश्योरेन्सइंडियालिमिटेड ओम्बड्समैन का विवरण/Ombudsman Details: Office of the Insurance Ombudsman,2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002.  
Tel.: 011 - 23232481/23213504  
Email: bimalokpal.delhi@cioins .co.in

स्टॉप ड्यूटी  
**Stamp  
Duty:**  
(₹ 1.00)

कृते नेशनल इंश्योरेन्स कंपनी लिमिटेड/  
**For and on behalf of National  
Insurance Company Limited**  
अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**



पॉलिसी अनुसूची/ Policy Schedule-Group Personal Accident	
पॉलिसी संख्या / <b>Policy Number:</b> <b>34010042241000002</b>	व्यवसाय स्रोत/ <i>Business Source:</i> 340100
जारीकर्ता कार्यालय/ <b>Issuing Office</b> कार्यालय कोड/ <i>Office Code:</i> 340100 कार्यालय पता/ <i>Office Address:</i> NEW DELHI-4 CORPORATE BUSINESS OFFICE (CBO) KONNECTUS Tower, Bavbhuti Marg,803 B, Tower 3, 8th Floor,Opposite New Delhi Railway Station - Ajmeri Gate Side - 110002. राज्य कोड/ <b>State Code:</b> 7 , Delhi जीएसटीएन/ <b>GSTIN:</b> 07AAACN9967E1Z5 संपर्क संख्या/ <i>Contact Number:</i> मोबाइल संख्या / <i>Mobile Number:</i> 0	<u>विक्रय चैनल विवरण/</u> <b>Sales Channel Details</b> कोड/ <i>Code:</i> 340100 नाम/ <i>Name:</i> New Delhi-4 Corporate Business Office (CBO) संपर्क संख्या/ <i>Contact Number:</i> सह दलाल कोड / <i>Co Broker Code:</i>
	<b>Customer Care Toll Free Number:</b> <b>1800 345 0330</b> <b>email:customer.support@nic.co.in</b>



	<p>Total 1,466,955,840.00</p>
	<p>1 : Tender No.PFRDA/05/1/0005/2018-HR dated -22.02.2024 capital suminsuredofRs. 1,46,69,55,840/- Basic Cover: 1. Death+ PTD (Permanent Total Disability) as per List Annexure - III + PPD (Permanent Partial Disability) + TTD (Totat Temporary Disability). 2.Terrorism covered Additional Benefits: 3.Transportation of mortal remains - 1% of S.I. or Rs. 30,000/- or actual expenses, whichever is less 4.funeral Expenses - 1% of S.I. or Rs. '10,000/- or actual amount claimed, whichever is less 5.Dependent Child Education benefit - s% of S.I. or Rs. 1,00,000/- or actual expenses, whichever is less in case of two dependent children and 3ok of S.I. or Rs. 50,000/- or actual expenses, whichever is less in case of one dependent child. 6.Accidental Medical Benefits - Covered upto 40% of S.I. or IOok of admissible claim amount under the basic cover or actual amount whichever is less. 7.Temporarv Total disabilitv (TTD) - Temporary Total Disability is restricted 1% the sum insured or actual wages or Rs 20,000-, whichever is less, per week for 100 weeks. 8.Ambulance expenses - as per actuals. 9.Coverage for new joinees from the date of joining. 10.Refund of premium on account of Mid-term Deletion/separation of members to be allowed from the date of separation.</p>

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/  
**For and on behalf of National Insurance Company  
Limited**

अधिकृत हस्ताक्षरकर्ता/ **Authorized Signatory**

## टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क्र.सं./Invoice Serial No: 30209P4PE0000002

इनवॉयस तिथि/Invoice Date: 29/03/2024

## आपूर्तिकर्ता का विवरण/Details of Supplier:

नेशनल इन्श्योरेंस कंपनी लिमिटेड/National Insurance Company Limited.,  
NEW DELHI-4 CORPORATE BUSINESS OFFICE (CBO) KONNECTUS Tower, Bavbhuti Marg,803 B, Tower 3, 8th Floor,Opposite New Delhi Railway Station - Ajmeri Gate Side - 110002  
राज्य/State : 7 , Delhi  
जीएसटीआएन नंबर/  
GSTIN No : 07AAACN9967E1Z5

## प्राप्तकर्ता का विवरण/Details of Receiver : PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY

पता/Address : B 14/A, CHATRAPATI SHIVAJI BHAWAN, NEAR  
KARWARIA SARAI, QUTAB INSTITUTIONAL AREA, NEW DELHI, SOUTH  
DELHI, DELHI, 110016  
शहर/City : SOUTH WEST DELHI - DISTRICT OT,  
ज़िला/District: SOUTH WEST DELHI,  
राज्य/State: DELHI,  
पिन/PIN: 110016.

आपूर्ति का स्थान/Place Of Supply State : Delhi  
राज्य कोड/State Code : 7  
जीएसटीआईएन नंबर/GSTIN No : 07AAALP0291L1ZU

सैक कोड/SAC Code	सेवा का विवरण/Description of Service	कुल/Total(₹)	छूट/Disco unt	टैक्स योग्य/मूल्य/Taxable Value(₹)	सीजीएसटी की राशि/CGST		एसजीएसटी/यूटीजीएसटी/SGST/UTGST		आईजीएसटी/IGST		Kerala Flood Cess
					दर/Rate	राशि/Amount(₹)	दर/Rate	राशि/Amount(₹)	दर/Rate	राशि/Amount(₹)	राशि/Amount(₹)
997139	Other non-life insurance services (excluding reinsurance services)	1,46,693	0%	1,46,693	9%	13,202	9%	13,202	0%	0	0
<b>TOTAL</b>		<b>1,46,693</b>		<b>1,46,693</b>		<b>13,202</b>		<b>13,202</b>		<b>0</b>	<b>0</b>

कुल इनवॉयस मूल्य (अंकों में )Total Invoice Value (In figures) : ₹ 1,73,098

कुल इनवॉयस मूल्य (शब्दों में)Total Invoice Value (In words) : रूपए/Rupees One Lakh Seventy Three Thousand Ninety Eight केवल/Only.

रिवर्स चार्ज के अधीन टैक्स की राशि/ Amount of Tax Subject to Reverse Charge : No

## E.&amp;O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/  
For and on behalf of National Insurance Company Limited

अधिकृत हस्ताक्षरकर्ता/ Authorized Signatory



TABLE OF BENEFITS – TABLE (D)

The Disablement	Compensation Expressed as a Percentage of Total Sum Insured
1) <b>Permanent Total Disablement</b>	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two <b>Limbs</b>	100%
4) Permanent Total <b>Loss of Sight</b> in both eyes	100%
5) Permanent Total <b>Loss of Sight</b> of one eye and one <b>Limb</b>	100%
6) Permanent Total <b>Loss of Speech</b>	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total <b>Loss of Mastication</b>	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out <b>Daily Activities</b> essential to life without full time assistance	100%
10) Permanent Total <b>Loss of Hearing</b> in both ears	75%
11) Permanent Total Loss of one <b>Limb</b>	50%
12) Permanent Total <b>Loss of Sight</b> of one eye	50%
13) Permanent Total <b>Loss of Hearing</b> in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand:	20%
a) Both joints	10%
b) One joint	
18) Permanent Total Loss of one finger of either hand:	
a) Three joints	5%
b) Two joints	3.5%
c) One joint	2%
19) Permanent Total Loss of use of toes:	
a) All – one foot	15%
b) Big – both joints	5%
c) Big – one joint	2%
d) Other than Big – each toe	2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5 cms.	7.50%
22) Ankylosis of the elbow, hip or knee	20%
23) Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

## ANNEXURE IV

### FORMAT FOR SUBMITTING BID BY THE INSURANCE COMPANIES

#### A. BASIC DETAILS

<b>Sr.No.</b>	<b>Particulars</b>	<b>Details</b>
1.	Name of the Insurance Company	
2.	Complete details of the Office	
	a) Address	
	b) Telephone No.	
	c) Email ID	
	d) IRDAI Registration No.	
	e) GSTIN	
	f) PAN	
3.	Name & Designation of the Office Head (with contact details)	

#### B. FINANCIAL BID

The premium quotation for a capital sum insured of **Rs. 1,57,55,50,860/-** for 93 members as per list given as **Annexure – I** of tender document is submitted as under;

<b>S.N.</b>	<b>Particulars</b>	<b>Amount (in Rs.)</b>
1	Basic Premium	
2	Taxes @     %	
3	Total	

#### C. DECLARATION

- a. I/We have carefully read and understood all the terms and conditions of the tender document and hereby accept the same.
- b. The information furnished above is true and authentic to the best of knowledge and belief.

Date:  
Place:

Authorized Signatory

Name:

Designation: