

Bid Evaluaion Report Health Insurance Services Name of Procuring Agency Sindh Insurance Ltd Tender Ref no. SIL/HO/HEALTH INSURANCE/2021 Single Stage Two Envelopes Method of Procurement HEALTH INSURANCE SERVICES Tender Description Tender Published SPPRA S.No. T00013-21-0010 Dated November, 10, 2021 **Total Bid Document Sold** Total Bid Received Technical Bid Opening Date 26th October, 1600Hrs Financial Bid Opening Date 26th October, 1600Hrs No. of Bids Technically Qualified Bids Rejected

S. No	Company Name	Qualified/Disqualified in Technical / Eligibility Inspection	Cost of Bid Offered	Ranking In terms of Cost	Comparison With Estimated Cost (Rs. 3,000,000/-)	Reason for Acceptance/Rejection	Remarks
	1	2	3	4	5	6	7
1	M/s Premier Insurance Limited	Technically qualified	Rs. 1,450,452 /-	1	Rs.1,549,548/- Below the Estimated Cost	Accepted being the qualified & lowest cost bidder	Acceeted being the lowest cost bidder
	M/s Jubilee Life Insurance Company Limited	Technically qualified	Rs. 5,428,434 /-	2	Rs.2,428,434/- Above the Estimated Cost	Not accepted due to higher cost	
3	M/s United Insurance Company of Pakistan Limited	Technically disqualified		<u>.</u>	-	Rejected due to technically disqualified	

Note:- M/s Premier Insurance Limited is awarded the tender of Health Insurance Services being the lowest cost qualified bidder.

Procurement Committee Members

Mr. Nadeem Akhter

Sindh Insurance Ltd CFO & Company Secretary Head of Procurement Committee

Ms. Meher Dinshaw Khory

Sindh Insurance Ltd Head-HR & Admin Member

Muhammad Adnan Shakeel

Senir Manager Finance(AVP-I) Independent Member

Signature Signature Mcha Behrana

26-Nov-2021



MINUTES OF THE OPENING OF THE TENDER (TECHNICAL / FINANCIAL PHASE)

TYPE OF PROCUREMENT	ADMIN / IT / CONSULTANT / MEDIA
TENDER NAME	Health Insurance Services
TYPE OF TENDER	SINGLE STAGE-ONE ENVELOPE / SINGLE STAGE-TWO ENVELOPE / TWO STAGE-TWO ENVELOPE
OPENING DATE	26-Nov-21
OPENING TIME	1600 Hours
ATTENDANCE MEMBER (PC)	Mr. Nadeem Akhter Ms. Meher Dinshaw Khory Mr. Muhammad Adnan Shakeel
	NAME FIRM
ATTENDANCE (REPS. OF BIDDERS)	Shechued. Judice life.
	Kanson Alm Poemi luser 18 pan Marjew. Unité I lusuran.
	Kanson Alm Preni lusur 18 for Majer. United Insuran.
TOTAL BIDS ACCEPTED FOR EVALUATION	D3
TOTAL BIDS REJECTED	0/
	Mrs cline & I warrance techiony signal
REMARKS	
	(1)
PROCUREMENT COMMITTEE	will?
Mr. Nadeem Akhter	
Ms. Meher Dinshaw Khory	Moha Behrana 26/11/21
Mr. Muhammad Adnan Shakeel	- Coping

Sindh Insurance Limited

ATTENDANCE SHEET

BID OPENING

Date:-

26-Nov-21

Health Insurance Services

S NO.	Company Name	Name of Company Representative	Contact No.	Signature
1	Premier Insura	Kaman Ahmed	0345-3307675	Mallany
2	Jusilee Ge Insurance	SHAHNEEL	0334-9935	49 St.
3	United Insum u	IRRAN NUSSER	03/4-203899	1 Jan
4	-			
5				

Meha Behrana

Signature of Procurement Committee

Mr. Nadeem Akhter Head-Procurement Committee

Ms.Meher Dinshaw Khory Member:-

Mr. Muhammad Adnan Shakeel Independent Member IN MEMORY OF SHAHEED MOHTARMA BENAZIR BHUTTO



OPENING OF BIDS FINANCIAL PROPOSALS

Health Insurance Services

Dated: 26/11/2021

S.no	Company Name	Total	Signature of Company Representative	Remarks
1	Remier Insurance	145045	1 Laws	1.
2	Jublee life Insurance	5,7284	341	
3	United Insurance	Di	& nor! Is	'ed them'en
4		1	/	1
5				
6				

Procurement Committee Memebers

- Mr. Nadeem Akhter Sindh Insurance Ltd CFO & Company Secretary Head Of Procurement Committee
- Ms. Meher Dinshaw Khory Sindh Insurance Ltd Head HR & Admin Member
- Mr. Muhammad Adnan Shakeel Sindh Mdaraba Swiss Manager Finance(AVP-1)

Independent Member

Micha Behrara



FINANCIAL PROPOSAL FOR HEALTH INSURANCE

PRICE SCHEDULE

(Applicable for the year 2021-2022)

Name of Bidder: Premier Insurance Limited

Amount of Bid

Net Premium Rs 1,450,452/-

In Words: Rupees Fourteen Lakh Fifty Thousand Four Hundred Fifty Two Only

Meha Behrana
26/11/21

Note

1. The above rates quoted must include all taxes and charges, if any.

2. In addition to above also include detail of quotations, terms & condition, procedure to avail benefits and list of

exclusions.

Signature & Stamp of Bidder

PREMIER INSURANCE LIMITED Group Health Insurance Structure of Census, Benefits, Features & Premium SINDH INSURANCE LIMITED



Dated: November 26, 2021

			HE CTOHETH	0.5					
100			US STRUCTU						
DESCRIPTION OF INSURED PERSON	A	8	C	D	E STATE	F	TOTAL		
EMPLOYEES	9	2	1	13	4	2	31		
SPOUSE	8	2	1	11	2	1	25		
CHILDREN PARENTS	11 2	1		23	4	3	42		
TOTAL LIVES	30	7	2	9 56	13	6	16		
IOIALUVB					13	0	114		
			ITS STRUCT						
ANNUAL BASIC HOSPITALIZATION BENEFIT PER PE	RSON	A	В	C	D	THE REAL PROPERTY.	F PR		
BASIC HOSPITALIZATION LIMIT (FOR EMPLOYEE, SPOUSE, CHILDREN & PARENTS ONLY)		1,000,000	500,000	300,000	250,000	200,000	100,000		
ANNUAL ACCIDENTAL HOSPITALIZATION BENEFIT	SALES SECTION OF SECTION	PERSONAL PROPERTY.	LOCAL POR SOCIAL	Contractor for particular	Cart Contract Contract Control	AND DESCRIPTION OF THE PERSON NAMED IN	and the same of th		
OMPLIMENTARY ENHANCEMENT OF HOSPITALIZA	ATION LIMIT:	STATE OF STREET	THE CHICAL			ENGINEER PROPERTY			
In case of Accidental Injuries Only)	ATTOM LIMIT.			100% Increase of the	Hospitalization Limit.				
DAILY ROOM SUB-LIMIT BENEFIT		AT SHEET AND ADDRESS OF THE PARTY OF THE PAR	and the second second		NAME OF TAXABLE PARTY.		ASSESSED FOR		
ROOM & BOARD SUB-LIMIT		VIP	PRIVATE	SEMI-PRIVATE	GENERAL WARD	GENERAL WARD	0.500		
		VIP	PRIVATE	SEMI-PRIVATE	GENERAL WARD	GENERAL WARD	2,500		
ANNUAL MATERNITY BENEFIT PER PERSON	200		West State	STATE OF THE	EASTWEND THE	Marie Paris	make my s		
NORMAL DELIVERY/ MISSCARRIAGE/LEGAL ABORT	ION	70,000	65,000	60,000	45,000	40,000	15,000		
CESAREAN DELIVERY /MULTIPLE BIRTH		125,000	120,000	105,000	90,000	85,000	20,000		
Circumcission will be covered upto Rs. 5,000/- Sub	ject to Availability of	Maternity Limits.	77.0				1		
Cost of home delivery conducted by a "DAI" payab							Y		
PRE & POST OUT-PATIENT BENEFIT FOR CONSULT	ATION, MEDICINES &	DIAGNOSIS							
PRE-HOSPITALIZATION RELATED EXPENSES				30 (DAYS				
RE-NATAL RELATED EXPENSES (payable after deliv	very takes place)			9 MC	NTHS	*			
DOCT HOSDITALIZATION / NATAL DELATED EVDENS	FC		30 DAYS						
rusi-huspitalization / natal related expens									
				CONTRACT PRINCIPAL CONTRACTOR			The second secon		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (I	Service in	COVERED	COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERE		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (I	Service in	COVERED	COVERED	100000000000000000000000000000000000000	NOT COVERED	NOT COVERED	NOT COVERED		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (I or equivalent package from any other hospital)	Service in	COVERED		ED)	NOT COVERED	NOT COVERED MATERNITY	NOT COVERE		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (I or equivalent package from any other hospital) DESCRIPTION	Service in	COVERED	MIT (MEMBERS LIST HOSPITALIZATION	ED)	NOT COVERED	MATERNITY	NOT COVERE		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (or equivalent package from any other hospital) DESCRIPTION EMPLOYEE	Service in	COVERED	MIT (MEMBERS LIST HOSPITALIZATION 65 Yrs	ED)	NOT COVERED	MATERNITY 45 Yrs	NOT COVERE		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (i or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE	Service in	COVERED	MIT (MEMBERS LIST HOSPITALIZATION 65 Yrs 65 Yrs	ED)	NOT COVERED	MATERNITY 45 Yrs 45 Yrs	NOT COVERE		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (if or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON	Service in	COVERED	MIT (MEMBERS LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs	ED)	NOT COVERED	MATERNITY 45 Yrs 45 Yrs N/A	NOT COVERED		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (I or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER	Service in	COVERED	MIT (MEMBERS LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs Till Marriage	ED)	NOT COVERED	MATERNITY 45 Yrs 45 Yrs N/A N/A	NOT COVERE		
EMPLOYEE SPOUSE SON	Service in	COVERED	MIT (MEMBERS LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs	ED)	NOT COVERED	MATERNITY 45 Yrs 45 Yrs N/A	NOT COVERE		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (I or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER	Service in	COVERED	MIT (MEMBERS LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs Till Marriage	ED)	NOT COVERED	MATERNITY 45 Yrs 45 Yrs N/A N/A	NOT COVEREI		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS VALUE-ADDED BENEFITS	from Aga Khan (Plan-B	AGE LII	MIT (MEMBERS LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs Till Marriage 85 Yrs	ED)		MATERNITY 45 Yrs 45 Yrs N/A N/A N/A			
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (i or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS VALUE-ADDED DENIETTS DAY CARE PROCEDURES / SURGERIES: Chemothe	from Aga Khan (Plan-B	AGE LII	MIT (MEMBERS LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs Till Marriage 85 Yrs	EO)	er treatments for eye a	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A N/A	d and approved		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (I or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SOUS DAUGHTER PARENTS //ALU-Z-ADDIOD BENEFITS	from Aga Khan (Plan-B	AGE LII	MIT (MEMBERS LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs Till Marriage 85 Yrs	EO)	er treatments for eye a	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A N/A	d and approved		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS VALUE-ADDED BENEFITS DAY CARE PROCEDURES / SURGERIES: Chemoth treatments only), Lithotripsy for renal and ureteric procedures not requiring stay at the hospital	from Aga Khan (Plan-B rapy, Radiotherapy, D stones, Excision in loc	AGE LII AGE LII alaysis, Astatic tap for dra all or general anesthesia,	MIT (MEMBERS LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs Till Marriage 85 Yrs asinage, Eye injections Angiography for any	, interferon therapy, Lase	er treatments for eye a	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A N/A	d and approved		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (in requivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS ALUIE-ADDIED BENIETIS DAY CARE PROCEDURES / SURGERIES: Chemother requiring stay at the hospital. Accidental Emergencies: Road Traffic Accidents,	from Aga Khan (Plan-B erapy, Radiotherapy, D stones, Excision in loc Off-Road Accidents, D	AGE LII AGE LII ialysis, Astatic tap for dra all or general anesthesia, ental injuries, Fractures i	MIT (MEMGERS LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs 25 Yrs 1111 Marriage 85 Yrs sinage, Eye injections Angiography for any & Lacerated wounds is	, Interferon therapy, Lass part of the body, Transft, (reported within 48 hours	er treatments for eye a sistons for chronic illnes s of incident).	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A nd other allments (teste	d and approved eye related		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (i or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS VALUE-ADDED BENEFITS DAY CARE PROCEDURES / SURGERIES: Chemothereatments only), Lithotripsy for renal and ureteric procedures not requiring stay at the hospital. A RECIPIENT Emergencies: Road Traffic Accidents, Specialized Investigations: Endoscopy of all types.	from Aga Khan (Plan-B erapy, Radiotherapy, D stones, Excision in loc Off-Road Accidents, D s, Gastroscopy of all ty	AGE LII lalysis, Astatic tap for dra al or general anesthesia, ental Injuries, Fractures pes, Laryngoscopy in loc	MIT (MEMBERS LIST MOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs Till Marriage 85 Yrs alinage, Eye injections Angiography for any	, interferon therapy, Lass part of the body, Transfu (reported within 48 hours sia, Biopsies of all types	er treatments for eye assions for chronic illness of incident).	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A N/A nd other aliments (testeses, Cataract and other	d and approved eye related sge of all types in		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (in or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS FALUE-ADDED BENEFITS DAY CARE PROCEDURES / SURGERIES: Chemoth reatments only, Lithotripsy for renal and ureteric procedures only, Lithotripsy for re	erapy, Radiotherapy, D stones, Excision in los. Off-Roscopy of all ty with or without contra	AGE LI	MIT (MEMORES LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs 7111 Marriage 85 Yrs alanage, Eye injections Angiography for any 8. Lacerated wounds all or general anesthe 10, MRI, PET scan for	, interferon therapy, Las part of the body, Transh (reported within 48 hour sia, Biopsies of all types diagnosed cases of cance	er treatments for eye assions for chronic illness of incident).	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A N/A nd other aliments (testeses, Cataract and other	d and approved eye related sge of all types in		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (in requivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS ALUI-ADDIO BENIFITS DAY CARE PROCEDURES / SURGERIES: Chemother reatments only), Lithotripsy for renal and ureteric procedures not requiring stay at the hospital. Accidental Emergencies: Road Traffic Accidents, specialized Investigations: Endoscopy of all types or general anesthesia, Radiographic imaging tax with many preparent and the stay and the special properties of the special pro	erapy, Radiotherapy, D stones, Excision in loc Off-Road Accidents, Do s, Gastroscopy of all by with or without contrav	ialysis, Astatic tap for drial or general anesthesia, ental Injuries, Fractures i pes, Laryngoscopy in loc twhich include, CT sca CUG, OCT / A-scan / B-sc CUG, OCT / A-sc A-sc A-sc A-sc A-sc A-sc A-sc A-sc	MIT (MEMORES LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs 7111 Marriage 85 Yrs alanage, Eye injections Angiography for any 8. Lacerated wounds all or general anesthe 10, MRI, PET scan for	, interferon therapy, Las part of the body, Transh (reported within 48 hour sia, Biopsies of all types diagnosed cases of cance	er treatments for eye assions for chronic illness of incident).	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A N/A nd other aliments (testeses, Cataract and other	d and approved eye related sge of all types in		
COMPLIMENTARY EXECUTIVE CHECKUP OR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (in requivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS FALUE-ADDED BENEFITS ALUE-ADDED BENEFITS ALUE-ADDED BENEFITS ACCIDENTAL EMPLOYEES / SURGERIES: Chemother reatments only, Lithortipsy for renal and ureteric procedures not requiring stay at the hospital. Accidental Emergencies: Road Traffic Accidents, so Specialized Investigations: Endoscopy of all typer is general anesthesia, Radiographic imaging tests warminggraph. Doppler ultrasound, DMSA scan for SP Road Ambulance: From point of accident to hosp	erapy, Radiotherapy, D stones, Excision in loci Off-Road Accidents, D s, Gastroscopy of all ty with or without contra: r kidney, MCUG / VM oltal & hospital to hosp	AGE LII lialysis, Astatic tap for dra al or general anesthesia, ental Injuries, Fractures i pes, Laryngoscopy in loc t which includes, CT sca LUG, OCT / A-scan / B-sc oital.	MIT (MEMORES LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs 7111 Marriage 85 Yrs alanage, Eye injections Angiography for any 8. Lacerated wounds all or general anesthe 10, MRI, PET scan for	, interferon therapy, Las part of the body, Transh (reported within 48 hour sia, Biopsies of all types diagnosed cases of cance	er treatments for eye assions for chronic illness of incident).	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A N/A nd other aliments (testeses, Cataract and other	d and approved eye related sige of all types in		
OMPLIMENTARY EXECUTIVE CHECKUP OR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (in requivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS //ALUE-ADDED BENEFITS > DAY CARE PROCEDURES / SURGERIES: Chemothreatments only, Ulthotripsy for renal and ureteric procedures not requiring stay at the hospital. > Accidental Emergencies: Road Traffic Accidents, shocking the procedures and the procedures of the procedu	erapy, Radiotherapy, D stones, Excision in loci Off-Road Accidents, Di s, Gastroscopy of all ty with or without contrar r kidney, MCUG / VMC bital & hospital to hosp asic Hospitalization Lir	ialysis, Astatic tap for dra lor general anesthesia, ental injuries, Fractures is pes, Laryngoscopy in loc st which includes, CT scaccute, OCT / A-scan / B-sc latal.	MIT (MEMORES LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs 7111 Marriage 85 Yrs alanage, Eye injections Angiography for any 8. Lacerated wounds all or general anesthe 10, MRI, PET scan for	, interferon therapy, Las part of the body, Transh (reported within 48 hour sia, Biopsies of all types diagnosed cases of cance	er treatments for eye assions for chronic illness of incident).	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A N/A nd other aliments (testeses, Cataract and other	d and approved eye related sige of all types in		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (in requivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS ALU-SADDIO BENIFIES DAY CARE PROCEDURES / SURGERIES: Chemother reatments only), Lithotripsy for renal and ureterior requiring stay at the hospital. Accidental Emergencies: Road Traffic Accidents, specialized Investigations: Endoscopy of all types or general anesthesia, Radiographic Imaging the year of general methesia, Radiographic Imaging the year of general methesia, Radiographic Imaging the Congenital British Defects are covered up to the Bot Congenital British Defects are covered up to the Bot Congenital British Defects are covered up to the Bot Interferon Therapies of Hepatitis "B" &C" are covered.	erapy, Radiotherapy, D stones, Excision in loci Off-Road Accidents, Do s, Gastroscopy of all ty with or without contra ir kidney, MCUG / VMC oltal & hospital to hosp asic Hospitalization Lin vered up to the Basic Hospitalization Lin	ialysis, Astatic tap for drial or general anesthesia, ental injuries, Fractures i pes, Laryngoscopy in loc twhich includes, CT sca. CUG, OCT / A-scan / B-sc lital. init. lospitalization Limit.	MIT (MEMGERS LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs 25 Yrs 7111 Marriage 85 Yrs 111 Marriage, Eye injections Angiography for any 8 Lacerated wounds a or general anesthor, m. MRI, PET season an / FFA, Barium swal	, Interferon therapy, Lase part of the body, Transfs (reported within 48 hours is, Biopsies of all types is diagnosed cases of cance llow, EEG / EMG.	or treatments for eye as assions for chronic lilners s of incident). In local or general anes tr, Dexa or Bone scan, '	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A N/A nd other aliments (testeses, Cataract and other	d and approved eye related sige of all types in		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (in requivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS ALU-SADDIO BENIFIES DAY CARE PROCEDURES / SURGERIES: Chemother reatments only), Lithotripsy for renal and ureterior requiring stay at the hospital. Accidental Emergencies: Road Traffic Accidents, specialized Investigations: Endoscopy of all types or general anesthesia, Radiographic Imaging the year of general methesia, Radiographic Imaging the year of general methesia, Radiographic Imaging the Congenital British Defects are covered up to the Bot Congenital British Defects are covered up to the Bot Congenital British Defects are covered up to the Bot Interferon Therapies of Hepatitis "B" &C" are covered.	erapy, Radiotherapy, D stones, Excision in loci Off-Road Accidents, Do s, Gastroscopy of all ty with or without contra ir kidney, MCUG / VMC oltal & hospital to hosp asic Hospitalization Lin vered up to the Basic Hospitalization Lin	ialysis, Astatic tap for drial or general anesthesia, ental injuries, Fractures i pes, Laryngoscopy in loc twhich includes, CT sca. CUG, OCT / A-scan / B-sc lital. init. lospitalization Limit.	MIT (MEMGERS LIST HOSPITALIZATION 65 Yrs 65 Yrs 25 Yrs 25 Yrs 7111 Marriage 85 Yrs 111 Marriage, Eye injections Angiography for any 8 Lacerated wounds a or general anesthor, m. MRI, PET season an / FFA, Barium swal	, Interferon therapy, Lase part of the body, Transfs (reported within 48 hours is, Biopsies of all types is diagnosed cases of cance llow, EEG / EMG.	or treatments for eye as assions for chronic lilners s of incident). In local or general anes tr, Dexa or Bone scan, '	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A N/A nd other aliments (testeses, Cataract and other	d and approved eye related sige of all types in		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (in requivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARRITS ALUE-ADDGO BENIFITS DAY CARE PROCEDURES / SURGERIES: Chemothereatments only), Lithortipsy for renal and ureteric procedures not requiring stay at the hospital. Accidental Emergencies: Road Traffic Accidents, Specialized Investigations: Endoscopy of all types or general anesthesia, Radiographic imaging tests was marriaged. Accidental Emergencies: Road Traffic Accidents, Specialized Investigations: Endoscopy of all types or general anesthesia, Radiographic imaging tests was marriaged. Ammorgraphy, Doppler ultrasound, DMSA scan for Road Ambulance: From point of accident to hosp of Congenital Birth Defects are covered up to the B. Interferon Therapies of Hepatits: "B" & C" are cov." No age lmit restriction on the employees and the properties of the	erapy, Radiotherapy, D stones, Excision in loci Off-Road Accidents, Dr s, Gastroscopy of all ty with or without contrar ir kidney, MCUG / VMG oltal & hospital to hosp asic Hospitalitationalic heir eligible dependen	ialysis, Astatic tap for dra al or general anesthesia, ental injuries, Fractures pes, Laryngoscopy in loc ts which includes, CT sca (ULG, OCT / A-scan / B-sc cital. init. tos falling under Plan "A' ts falling under Plan "A'	MIT (MEMGERS LIST MOSPITALIZATION 65 Yrs 55 Yrs 25 Yrs 7111 Marriage 85 Yrs sainage, Eye injections Angiography for any & Lacerated wounds is al or general anesthe n, MRI, PET scan for an of FFA, Barium swal	, interferon therapy, Lass part of the body, Transfu (reported within 48 houn sla, Biopsies of all types diagnosed cases of cance low, EEG / EMG.	er treatments for eye a usions for chronic illnes s of incident). in local or general anes er, Dexa or Bone scan,	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A nd other ailments (testesses, Cataract and other thesia, Incision or drain. Thaillium Scan, Echo / str	d and approved eye related sige of all types in		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (i or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARRITS VALUE-ADDED BENIFITS DAY CARE PROCEDURES / SURGERIES: Chemothereatments only), Lithotripsy for renal and ureteric procedures not requiring stay at the hospital. Accidental Emergencies: Road Traffic Accidents, Specialized Investigations: Endoscopy of all types or general anesthesia, Radiographic imaging tests w Mammography, Doppler ultrasound, DMSA scan fo Road Ambulance: From point of accident to hosp Congenital Birth Defects are covered up to the & Interferon Traples of Hepstits: "B" &C" are cov Interferon Traples of Hepstits: "B" &C" are cov No age lmit restriction on the employees and the perployees and spouses of category A & B are to	erapy, Radiotherapy, D stones, Excision in loci Off-Road Accidents, Dr s, Gastroscopy of all ty with or without contrar ir kidney, MCUG / VMG oltal & hospital to hosp asic Hospitalitationalic heir eligible dependen	ialysis, Astatic tap for dri al or general anesthesia, ental injuries, Fractures i pes, Laryngoscopy in loc st which includes, CT sca LUG, OCT / A-scan / B-sc cital. nit. populatization Limit, ts falling under Plan "A"	MIT (MEMGERS LIST) MOSPITALIZATION 65 Yrs 55 Yrs 25 Yrs 25 Yrs Till Marriage 85 Yrs sainage, Eye injections Angiography for any & Lacerated wounds is al or general anesthe n, MRI, PET scan for an / FFA, Barium swal	, interferon therapy, Lass part of the body, Transfu (reported within 48 houn sla, Biopsies of all types diagnosed cases of cance low, EEG / EMG.	er treatments for eye a usions for chronic illnes s of incident). in local or general anes ir, Dexa or Bone scan, endents.)	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A nd other ailments (testesses, Cataract and other thesia, Incision or drain. Thaillium Scan, Echo / str	d and approved eye related sige of all types in		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS VALUE-ADDED BENEFITS DAY CARE PROCEDURES / SURGERIES: Chemothreatments only, Lithbortipsy for renal and ureteric procedures not requiring stay at the hospital. Accidental Emergencies: Road Traffic Accidents, and Special Control of the Control of	erapy, Radiotherapy, D stones, Excision in loci Off-Road Accidents, Dr s, Gastroscopy of all ty with or without contrar ir kidney, MCUG / VMG oltal & hospital to hosp asic Hospitalitationalic heir eligible dependen	ialysis, Astatic tap for dra al or general anesthesia, ental injuries, Fractures pes, Laryngoscopy in loc ts which includes, CT sca (ULG, OCT / A-scan / B-sc cital. init. tos falling under Plan "A' ts falling under Plan "A'	MIT (MEMGERS LIST MOSPITALIZATION 65 Yrs 55 Yrs 25 Yrs 7111 Marriage 85 Yrs sainage, Eye injections Angiography for any & Lacerated wounds is al or general anesthe n, MRI, PET scan for an of FFA, Barium swal	, interferon therapy, Lass part of the body, Transfu (reported within 48 houn sla, Biopsies of all types diagnosed cases of cance low, EEG / EMG.	er treatments for eye a usions for chronic illnes s of incident). in local or general anes er, Dexa or Bone scan,	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A nd other ailments (testesses, Cataract and other thesia, Incision or drain. Thaillium Scan, Echo / str	d and approved eye related sige of all types in		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (in requivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS FALUE-ADDED BENEFITS DAY CARE PROCEDURES / SURGERIES: Chemoth reatments only), Lithotrips for renal and ureteric recorders only, Employees and Traffic Accidents, > Accidental Emergencies: Road Traffic Accidents, > Ac	erapy, Radiotherapy, D stones, Excision in loci Off-Road Accidents, Dr s, Gastroscopy of all ty with or without contrar ir kidney, MCUG / VMG oltal & hospital to hosp asic Hospitalitationalic heir eligible dependen	ialysis, Astatic tap for dri al or general anesthesia, ental injuries, Fractures i pes, Laryngoscopy in loc st which includes, CT sca LUG, OCT / A-scan / B-sc cital. nit. populatization Limit, ts falling under Plan "A"	MIT (MEMGERS LIST) MOSPITALIZATION 65 Yrs 55 Yrs 25 Yrs 25 Yrs Till Marriage 85 Yrs sainage, Eye injections Angiography for any & Lacerated wounds is al or general anesthe n, MRI, PET scan for an / FFA, Barium swal	, interferon therapy, Laspart of the body, Transh (reported within 48 hours is, Biopsies of all types is aliagnosed cases of cance llow, EEG / EMG.	er treatments for eye assistant for chronic illner so of incident). In local or general anes er, Dexa or Bone scan, ' endents,) the package from any of Deck and T	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A nd other ailments (testesses, Cataract and other thesia, Incision or drain. Thaillium Scan, Echo / str	d and approved eye related age of all types in		
COMPLIMENTARY EXECUTIVE CHECKUP FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (or equivalent package from any other hospital) DESCRIPTION EMPLOYEE SPOUSE SON DAUGHTER PARENTS	erapy, Radiotherapy, D stones, Excision in loci Off-Road Accidents, Dr s, Gastroscopy of all ty with or without contrar ir kidney, MCUG / VMG oltal & hospital to hosp asic Hospitalitationalic heir eligible dependen	ialysis, Astatic tap for dri al or general anesthesia, ental injuries, Fractures i pes, Laryngoscopy in loc st which includes, CT sca LUG, OCT / A-scan / B-sc cital. nit. populatization Limit, ts falling under Plan "A"	MIT (MEMGERS LIST) MOSPITALIZATION 65 Yrs 55 Yrs 25 Yrs 25 Yrs Till Marriage 85 Yrs sainage, Eye injections Angiography for any & Lacerated wounds is al or general anesthe n, MRI, PET scan for an / FFA, Barium swal	, interferon therapy, Laspart of the body, Transh (reported within 48 hours is, Biopsies of all types is aliagnosed cases of cance llow, EEG / EMG.	er treatments for eye a usions for chronic illnes s of incident). in local or general anes ir, Dexa or Bone scan, endents.)	MATERNITY 45 Yrs 45 Yrs N/A N/A N/A N/A nd other ailments (testesses, Cataract and other thesia, Incision or drain. Thaillium Scan, Echo / str	d and approved eye related age of all types in		

Health Declaration Forms: Required Not Required

PREMIUM CALCULATIONS	(Rs.)
BASE PREMIUM	1,431,042
GROSS PREMIUM	1,431,042
5% ADMIN SURCHARGE (MAX RS. 5,000)	5,000
SUB TOTAL PREMIUM	1,436,042
FIF 1%	14,360
STAMP DUTY	50
NET PREMIUM	1,450,452

As per Rule 58 of SECP Insurance Rules 2017, the cover will be effective upon receipt of premium in full / Installment.

Above prices are exclusive of 13% Sindh sales tax imposed by SBR

As Per The New Amendments in Legislation, 4% Advance Tax Will Be Applied On Non Filer Or Inactive Customers.

The Annual Premium Will Change If Any Kind Of Tax imposed By The Federal Or Provincial Government During The Policy Period.

MANDATORY TERMS

Treatment for COVID-19 related hospitalization is covered for fully vaccinated insured members only. (If test shows positive & leads to hospitilization)

1) Period of Insurance cover for 12 months from a date to be agreed.

- 2) The above Premium will vary if there are any changes in number of insured Persons / lives, change in plans, ages or any other data submitted.
- 3) Health cards will be issued after the receipt of premium in advance.
- 4) Geographical area 'Pakistan'.
- 5) This quotation is valid for 90 days from the date of issuance. SPECIAL FEATURES

√ 24 HOUR HELP LINE FOR ADMISSIONS
Help Line number is active 24/7 to manage & guide admissions on network hospitals through HEALTH eConnex, an internationally recognised TPA that specializes in healthcare administration with very well trained professionals. Help Line Number (021) 111-266-639.

√ MANAGED CARE HEALTH PROGRAM

Premier Health Insurance is a complete managed care program. It cares for the best treatment facilities on network hospitals at affordable cost. Our priority is to manage medical facilities with top level service providers/hospitals.

√ FREE CONSULTATION PROGRAM

Our free consultation program is for our insured persons. Please make a call on Help Line Number (021) 111-266-639 and you may consult for your health issues without paying any cost.

COVERAGE OUTSIDE PAKESTAN

During travelling abroad, Premier's Health Care Program allow for the necessary hospitalization. Payment will be on reimbursement basis and expense will be paid according to the expenses in Pakistan for the same treatment. Only Emfrency Hospitalization allowed, Planned surgeries outside Pakistan are not covered.



JUBILEE HEALTH INSURANCE GROUP HEALTHCARE INSURANCE PROPOSAL FOR SINDH INSURANCE LIMITED

	SINDH INS	OKANCE LIMITEL	<u></u>			
AND THE PROPERTY OF THE PROPER	STATE OF STREET	lospitalization & Relate	ed Benefits			開発を受ける。
	Plan A	Plan B	Plan C	Plan D	Plan E	• Plan F
H&R Limits (Per Person / Per Year)	Rs.1,000,000	Rs.500,000	Rs.300,000	Rs.250,000	Rs.200,000	Rs.100,000
Enhancement in H&R limit in case of accidental injuries	100%	100%	100%	100%	100%	100%
Room & Board (per day)	Rs.77,090	Rs.35,970	Rs.9,840	Rs.7,330	Rs.7,330	Rs.2,500
Per Hospitalization Pre-Hospitalization Sub Limit (Diagnosis, Consultation, & Medicines)	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days
Post-Hospitalization Sub Limit (Follow-Ups)	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days
Daycare Surgeries & Specialized Investigations In Outpatient Settings Including but not limited to: Dialysis, Cataract Surgery, MRI, CT Scan, Endoscopy, Thallium Scan, Angiography, Treatment of Fractures, Local Road Ambulance for Emergencies only, Emergency Dental Treatment due to accidental injuries within 48 hours (for pain relief only).	ž.		со	VERED		

Maternity Renefits (Per Pregnancy / Per Person)						
Normal Delivery	Rs.70,000	Rs.65,000	Rs.60,000	Rs.45,000	Rs.40,000	Rs.15,000
Complicated Delivery	Rs.125,300	Rs.120,250	Rs.105,000	Rs.90,000	Rs.85,200	Rs.20,100

igibility: All full time i	Pakistani employees, Actively at work up to 78	years of age with their depende	nts	
Plan "A"	PLAN	A Plan "D"	PLAN D	
Plan "B"	PLAN	B Plan "E"	PLAN E	
Plan "C"	PLAN	C		

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	Plan Wise Census	Informatio	n	THE RESERVE	THE SECOND	PUPPER GIPPERE	CONTRACTOR OF THE PARTY OF THE
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Total
Total Number of Insured (for ages <=78)	30	7	2	56	13	6	114
Total Number of Employees	9	2	1	13	4	2	31
Total Number of Spouses	8	2	1	11	2	1	25
Total Number of Children	11	1		23	4	3	42
Total Number Of Parents	2	2	-	9	3	-	16

- Notes:

 In case of treatment from Non-PPN facilities, reasonable and customary charges as in PPN facilities shall be paid.

 Eligibility Definition for the 6 Plans has to be provided before Policy Confirmation.

 Pre-existing Conditions shall be covered for up to 100% of the respective H&R Limits.

 Congenital conditions shall be covered for up to 100% of available H&R Limits.

 Interferon therapy for Hepatitis B&C Patients shall be covered for up to 100% of the respective H&R Limits.

 21 executive check-up of AKUH Package "B" are covered.

 Room Limits opted shall also apply to Hospitalization in Maternity Cases.

 Maternity and its related benefits are not covered under H&R benefit.

 For detailed Exclusions (1 Limitation, please refer to the policy document.

Total Maternity Premium	Rs.133,689
Total if & K Fremum	
Total H & R Premium	Rs.5,294,745

Total Premium Payable



Jubilee Life Insurance Company Limited

Head Office: 74/1-A, Lalazar, M.T. Khan Road, Karachi - 74000, Pakistan.

Phone: (021) 32120201, 35205094, Fax: (021) 35610959

Registered Office: 26-D, 3rd Floor, Kashmir Plaza, Jinnah Avenue, Blue Area, Islamabad. Phone: (051) 2821903, (051) 2206930-32, SMS: "JUBILEELIFE" to 8398, UAN: (021) 111-111-554 (JLI),

E-mail: info@jubileelife.com, complaints@jubileelife.com, Website: www.jubileelife.com

Anniversary Celebrating Life

Annexure"A"

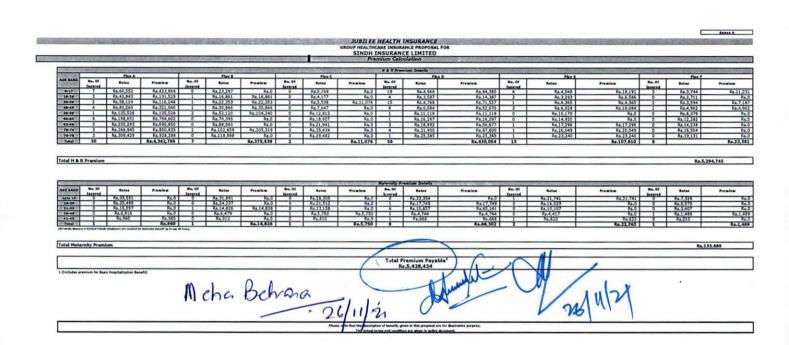


Dated: 26, U, 2021

To,

	SINDH INSURANCE LIMITED.
	Head Office
	1 ST Floor, Imperial Court, Dr.Ziauddin Road,
	V1: 75520
	meha Behana
	Dear Sir,
	Having examined the bidding documents, the receipt of which is hereby duly acknowledged, we, the undersigned, offer, in conformity with the said bidding documents for the sum of the latest and significant to the said bidding documents for the sum of the latest and significant to the said bidding documents for the sum of the latest and significant to the latest and
	We undertake, if our Bid is accepted, to provide Heath 1 must (Name of the supplied item), that will be in accordance with the terms defined in the proposal and /or contract.
	Our firm, including any subcontractors or suppliers for any part of the Contract, have nationalities from the following eligible countries:-
	a. Country Palcisten b. Country
	b. Country
	If our Bid is accepted, we will obtain the Bank Guarantee in a sum equivalent to ten percent (5%) of the Contract Price for the due performance of the Contract, in the form prescribed by SIL. (Do mention, if this document have already been provided)
	We agree to abide by this Bid for a period of ninety (90) days from the date fixed for Bid Opening and it shall remain binding upon us and may be accepted at any time before the expiration of that period.
	Until a formal Contract is prepared and executed, this Bid, together with your written acceptance thereof and your notification of award, shall constitute a binding Contract between us.
	Commissions or gratuities, if any, paid or to be paid by us to agents relating to this Bid and to contract execution if we are awarded the contract, are listed below:
	Name & Address of Agent Amount and Currency Amount and Currency
	(If none State none) Curally
	(If none, State none) Cutall!
	We understand that you are not bound to accept the lowest or any bid you may receive.
	Dated this day of 2021.
	[In the Capacity of]
	Duly authorized to sign Bid for and on behalf of Tubilee of Insurance Company Limited lead Office: 74/1-A, Lalazar, M.T. Khan Road, Karachi 74000, Pakistan.
Pł Re	hone: (021) 32120201, 35205094, Fax: (021) 35610959 eqistered Office: 26-D, 3 rd Floor, Kashmir Plaza, Jinnah Avenue, Blue Area, Islamabad.
E-	ho Sindh Insurance Limited 06930-32, SMS: "JUBILEELIFE" to 8398, UAN: (021) 111-111-554 (JU), mail: info@jubileelife.com, complaints@jubileelife.com, Website: www.jubileelife.com







Jubilee Life Insurance Company Limited

Head Office: 74/1-A, Lalazar, M.T. Khan Road, Karachi - 74000, Pakistan.
Phone: (021) 32120201, 35205094, Fax: (021) 35610959
Registered Office: 26-D, 3rd Floor, Kashmir Plaza, Jinnah Avenue, Blue Area, Islamabad.
Phone: (051) 2821903, (051) 2206930-32, SMS: "JUBILEELIFE" to 8398, UAN: (021) 111-111-554 (JLI), E-mail: info@jubileelife.com, complaints@jubileelife.com, Website: www.jubileelife.com



Eligibily Critera Componison.

S. No	Descriptions	Total Marks	Premier Insurance	Jubilee Life Insurance	United Insurance	Remarks	Mandatory Evidence As Annexures
1	Should have existing Health Insurance Portfolio	15	*	15	-	300 Million & above	Audited Accounts as Annexure-A
		10	10	_		150 Million & above	
		07		_	1	50 Million & above	
2	Number of Corporate / Group Health Insurance Clients	15	15	15	15	15 & above	Cliental List as Annexure-B
		10		_		10 & above	
		07	-	-	-	07 & above	
03	Experience in the field of Group Health Insurance	10	10	10	W	07 years & above	Year wise Health Insurance Premium Portfolio
		07	-	_	_	05 years & above	
		05	1	-	_	03 years & above	
04	Average Yearly Turnover of Last 03 years	10	10	10	/	50 Million & above	Audited Accounts of Last 3 years as
		07	-	-		30 Million & above	Annexure-D
		05	1	_		10 Million & above	
05	Hospital on Panel All over Pakistan	10	10	10	10	200 & above	List of Hospital as Annexure-E
		07	-	-	TIE IS	150 & above	
		05	_	<u> </u>	-	100 & above	
06	Numbers of Doctors in Medical & Claim Departments	10	= ,	10	10	05 & above	List of Doctors as Annexure-F
		07	07			03 & above	
		05	-	-	-	01 & above	
07	24 Hours Hotline & Call Centre Facility	10	10	10	10	Both	Numbers as Annexure-G
		05		<u>=</u>	-	Any one	
08	Shareholder Equity	10	10	10	-/-	01 Billion & above	Audit Balance Sheet As Annexure-H
		07	-	-	/-	500 Million & above	
	The same						
09	IFS Rating	10	1	10	10	A+ & above	Certificate to be attached As Annexure-I
		07	07	-	-	A	
		05	7	-	-	Α-	
	Total Marks	100	/89/	(100)	65/X	Qualifie	ed / Disqualified

Nadeem Akhter Sindh Insurance Limited

Meher Dinshaw Khory
Sindh Insurance Limited 26/11/2

Muhammad Adnan Shakeel

Sindh Modaraba