

**SINDH PUBLIC PROCUREMENT REGULATORY AUTHORITY**

**CONTRACT EVALUATION FORM**

**TO BE FILLED IN BY ALL PROCURING AGENCIES FOR PUBLIC CONTRACTS OF WORKS, SERVICES & GOODS**

- 1) NAME OF THE ORGANIZATION / DEPTT. Sindh Insurance Limited
- 2) PROVINCIAL / LOCAL GOVT./ OTHER Other
- 3) TITLE OF CONTRACT Health Insurance Services
- 4) TENDER NUMBER SIL/HO/Health Insurance/2021
- 5) BRIEF DESCRIPTION OF CONTRACT Health Insurance For Directors / Employees & Dependants
- 6) FORUM THAT APPROVED THE SCHEME Procurement Committee
- 7) TENDER ESTIMATED VALUE 3,000,000/-
- 8) ENGINEER'S ESTIMATE  
(For civil works only) -
- 9) ESTIMATED COMPLETION PERIOD (AS PER CONTRACT) 24-02-2022
- 10) TENDER OPENED ON (DATE & TIME) 26-11-2021
- 11) NUMBER OF TENDER DOCUMENTS SOLD 03  
(Attach list of buyers)
- 12) NUMBER OF BIDS RECEIVED 03
- 13) NUMBER OF BIDDERS PRESENT AT THE TIME OF OPENING OF BIDS 03
- 14) BID EVALUATION REPORT  
(Enclose a copy) Enclosed
- 15) NAME AND ADDRESS OF THE SUCCESSFUL BIDDER Premier Insurance Ltd 5th Floor, SL Bldg 2A, KHI
- 16) CONTRACT AWARD PRICE 1,450,452/-
- 17) RANKING OF SUCCESSFUL BIDDER IN EVALUATION REPORT  
(i.e. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> EVALUATION BID). 01

18) METHOD OF PROCUREMENT USED : - (Tick one)

- a) SINGLE STAGE – ONE ENVELOPE PROCEDURE \_\_\_\_\_  Domestic/ Local
- b) SINGLE STAGE – TWO ENVELOPE PROCEDURE \_\_\_\_\_ Yes
- c) TWO STAGE BIDDING PROCEDURE \_\_\_\_\_
- d) TWO STAGE – TWO ENVELOPE BIDDING PROCEDURE \_\_\_\_\_

PLEASE SPECIFY IF ANY OTHER METHOD OF PROCUREMENT WAS ADOPTED i.e. EMERGENCY, DIRECT CONTRACTING ETC. WITH BRIEF REASONS:

19) APPROVING AUTHORITY FOR AWARD OF CONTRACT \_\_\_\_\_

20) WHETHER THE PROCUREMENT WAS INCLUDED IN ANNUAL PROCUREMENT PLAN?

|     |                                     |    |                          |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

21) ADVERTISEMENT :

i) SPPRA Website  
(If yes, give date and SPPRA Identification No.)

|     |  |
|-----|--|
| Yes | T00013-21-0010 Dated November 10th, 2021 |
| No  |  |

ii) News Papers  
(If yes, give names of newspapers and dates)

|     |                                      |
|-----|--------------------------------------|
| Yes | Jang, Buusiness Recorder, Awami Awaz |
| No  |                                      |

22) NATURE OF CONTRACT

|                    |                                     |      |                          |
|--------------------|-------------------------------------|------|--------------------------|
| Domestic/<br>Local | <input checked="" type="checkbox"/> | Int. | <input type="checkbox"/> |
|--------------------|-------------------------------------|------|--------------------------|

23) WHETHER QUALIFICATION CRITERIA WAS INCLUDED IN BIDDING / TENDER DOCUMENTS?  
(If yes, enclose a copy)

|     |                                     |    |                          |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

24) WHETHER BID EVALUATION CRITERIA WAS INCLUDED IN BIDDING / TENDER DOCUMENTS?  
(If yes, enclose a copy)

|     |                                     |    |                          |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

25) WHETHER APPROVAL OF COMPETENT AUTHORITY WAS OBTAINED FOR USING A METHOD OTHER THAN OPEN COMPETITIVE BIDDING?

|     |                          |    |                                     |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

26) WAS BID SECURITY OBTAINED FROM ALL THE BIDDERS?

|     |                                     |    |                          |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

27) WHETHER THE SUCCESSFUL BID WAS LOWEST EVALUATED BID / BEST EVALUATED BID (in case of Consultancies)

|     |                                     |    |                          |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

28) WHETHER THE SUCCESSFUL BIDDER WAS TECHNICALLY COMPLIANT?

|     |                                     |    |                          |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

29) WHETHER NAMES OF THE BIDDERS AND THEIR QUOTED PRICES WERE READ OUT AT THE TIME OF OPENING OF BIDS?

|     |                                     |    |                          |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

30) WHETHER EVALUATION REPORT GIVEN TO BIDDERS BEFORE THE AWARD OF CONTRACT?

(Attach copy of the bid evaluation report)

|     |                                     |    |                          |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

31) ANY COMPLAINTS RECEIVED  
(If yes, result thereof)

|     |    |
|-----|----|
| Yes |    |
| No  | No |

32) ANY DEVIATION FROM SPECIFICATIONS GIVEN IN THE TENDER NOTICE / DOCUMENTS  
(If yes, give details)

|     |    |
|-----|----|
| Yes |    |
| No  | No |

33) WAS THE EXTENSION MADE IN RESPONSE TIME?  
(If yes, give reasons)

|     |    |
|-----|----|
| Yes |    |
| No  | No |

34) DEVIATION FROM QUALIFICATION CRITERIA  
(If yes, give detailed reasons.)

|     |    |
|-----|----|
| Yes |    |
| No  | No |

35) WAS IT ASSURED BY THE PROCURING AGENCY THAT THE SELECTED FIRM IS NOT BLACK LISTED?

|     |                                     |    |                          |
|-----|-------------------------------------|----|--------------------------|
| Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-----|-------------------------------------|----|--------------------------|

36) WAS A VISIT MADE BY ANY OFFICER/OFFICIAL OF THE PROCURING AGENCY TO THE SUPPLIER'S PREMISES IN CONNECTION WITH THE PROCUREMENT? IF SO, DETAILS TO BE ASCERTAINED REGARDING FINANCING OF VISIT, IF ABROAD:  
(If yes, enclose a copy)

|     |                          |    |                                     |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

37) WERE PROPER SAFEGUARDS PROVIDED ON MOBILIZATION ADVANCE PAYMENT IN THE CONTRACT (BANK GUARANTEE ETC.)?

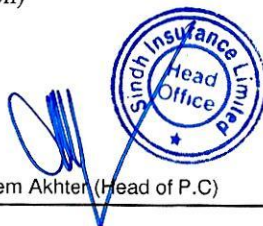
|     |                          |    |                                     |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

38) SPECIAL CONDITIONS, IF ANY  
(If yes, give Brief Description)

|     |    |
|-----|----|
| Yes |    |
| No  | No |

Signature & Official Stamp of  
Authorized Officer

Nadeem Akhter (Head of P.C)



**FOR OFFICE USE ONLY**

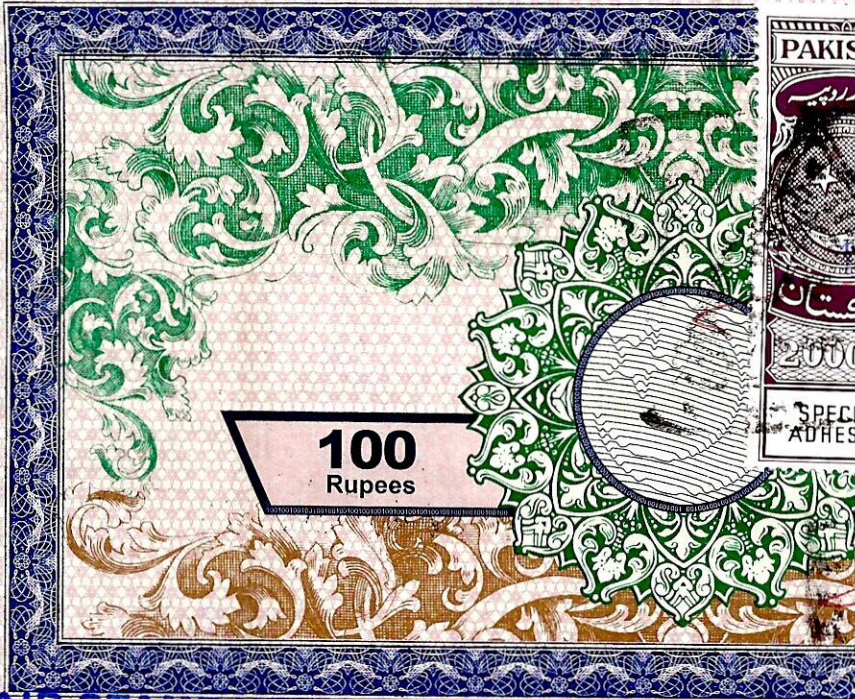
***SPPRA, Block. No.8, Sindh Secretariat No.4-A, Court Road, Karachi***  
***Tele: 021-9205356; 021-9205369 & Fax: 021-9206291***

Print

Save

Reset





**UMAIR STAMP VENDOR**  
 Licence # 10, Shop No: 29, Ruby Center  
 Boulton Market, Karachi.

SR. NO. 67791 DATE.....  
 ISSUED TO WITH ADDRESS MR. M. Waris Khan Ajmeri  
 THROUGH WITH ADDRESS MR. Advocate L. # 15113 HC  
 PURPOSE.....  
 VALUE RS..... ATTACHED.....  
 STAMP VENDOR SIGNATURE.....  
 (NOT FOR FREE WILL & DIVORCE PURPOSE)  
 Vendor Not Responsible For Fake Documents

13 DEC 2021

16.12.21

OFFICE SUPERINTENDENT  
Stamp Office; City Court  
Karachi.

AGREEMENT 16 DEC 2021

THIS AGREEMENT is made on this 16<sup>th</sup> day of December 2021 between Sindh Insurance Limited, Karachi (hereinafter called "the Procuring agency") of the one part and M/s. Premier Insurance Limited of Karachi, Pakistan (hereinafter called "the Service Provider") of the other part:

WHEREAS the Procuring agency invited bids for Specified Health Insurance Services in the year 2021, viz., Health Insurance Policy for Sindh Insurance Limited, Employees, Spouse, Children and Parents and has accepted a bid providing services for the sum of Rs.1,450,452/= (Rupees One Million Four Hundred Fifty Thousand Four Hundred Fifty Two only) (hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz.:
  - (a) the Bid Form and the Price Schedule submitted by the Bidder;
  - (b) the Schedule of Requirements;
  - (c) the Technical Specifications;
  - (d) the General Conditions of Contract;
  - (e) the Special Conditions of Contract; and
  - (f) the Procuring agency's Notification of Award.

Handwritten signatures and a blue circular stamp of Sindh Insurance Limited are present at the bottom of the document.



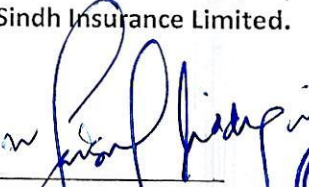
3. In consideration of the payments to be made by the Procuring agency to the Service Provider as hereinafter mentioned, the Service Provider hereby covenants with the Procuring agency to provide the services therein in conformity in all respects with the provisions of the Contract.

4. The Procuring agency hereby covenants to pay the Service Provider in consideration of the provision services therein, the Contract Price or such other sum as may become payable under the provisions of the contract at the times and in the manner prescribed by the contract.

5. The attached policy schedule and policy wordings shall become part of this contract.

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with their respective laws the day and year first above written.

For and on behalf of [Employer]  
Sindh Insurance Limited.

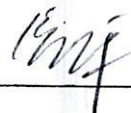
  
Mr. Faisal Siddiqui,  
Chief Executive Officer  
Sindh Insurance Limited.



For and on behalf of [Service Provider]  
M/s. Premier Insurance Limited


  
Mr. Afzal ur Rahman  
Executive Director – Head of Operations  
Premier Insurance Limited.

WITNESS:

Signature:   
Name: ALIM RAZVI



WITNESS:

Signature:   
Name: ALI ASGHAR KAYUMI



IN MEMORY OF SHAHEED MOHTARMA BENAZIR BHUTTO

  
**SINDH INSURANCE**  
POWER TO THE PEOPLE

SIL/HO/PROCUREMENT/2022-059

31<sup>st</sup> January, 2022

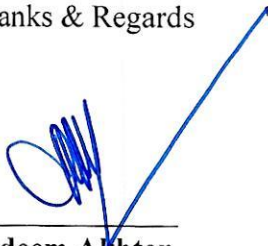
M/s Premier Insurance Limited  
5<sup>th</sup> Floor,  
State Life Building No, 2-A,  
Wallace Road,  
Off I.I Chundrigar Road,  
Karachi.

Dear Sir,

**Subject: Letter of Award-Health Insurance Services to Sindh Insurance Limited.**

The management of Sindh Insurance Limited is pleased to award the subject contract to M/s Premier Insurance Limited vide tender reference # SIL/HO/HEALTH INSURANCE/2021 & SPPRA serial # T00013-21-0010.

Thanks & Regards



**Nadeem Akhter**  
Head of Procurement Committee.

IN MEMORY OF SHAHEED MOHTARMA BENAZIR BHUTTO

  
**SINDH INSURANCE**  
POWER TO THE PEOPLE

SIL/HO/PROCUREMENT/2021-0338

29<sup>th</sup> November, 2021

M/s Premier Insurance Limited  
5<sup>th</sup> Floor,  
State Life Building No, 2-A,  
Wallace Road,  
Off I.I Chundrigar Road,  
Karachi.

Dear Sir,

**Subject: Letter of Acceptance-Health Insurance Services to Sindh Insurance Limited.**

M/s Premier Insurance Limited as the successful bidder of the subject tender reference # SIL/HO/HEALTH INSURANCE/2021 & SPPRA serial # T00013-21-0010.

You are requested to visit our head office and sign the agreement within 07 days of the issuance of this letter.

Kindly acknowledge.



**Nadeem Akhter**

Head of Procurement Committee.

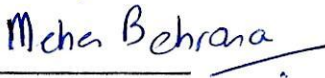
| Bid Evaluation Report             |   |
|-----------------------------------|---|
| Health Insurance Services         |   |
| Name of Procuring Agency          | Sindh Insurance Ltd                                 |
| Tender Ref no.                    | SIL/HO/HEALTH INSURANCE/2021                        |
| Method of Procurement             | Single Stage Two Envelopes                          |
| Tender Description                | HEALTH INSURANCE SERVICES                           |
| Tender Published                  | SPPRA S.No. T00013-21-0010 Dated November, 10, 2021 |
| Total Bid Document Sold           | 3   |
| Total Bid Received                | 3   |
| Technical Bid Opening Date        | 26th October, 1600Hrs                               |
| Financial Bid Opening Date        | 26th October, 1600Hrs                               |
| No. of Bids Technically Qualified | 2   |
| Bids Rejected                     | 1   |

| 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/-<br>Below the Estimated Cost       | Accepted being the qualified & lowest cost bidder | Accepted being the lowest cost bidder |
| 2     | M/s Jubilee Life Insurance Company Limited       | Technically qualified  | Rs. 5,428,434 /-    | 2                        | Rs.2,428,434/-<br>Above the Estimated Cost       | Not accepted due to higher cost                   |                                       |
| 3     | M/s United Insurance Company of Pakistan Limited | Technically disqualified                                     | -                   | -                        | -  | 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

- 1 Mr. Nadeem Akhter  
Sindh Insurance Ltd  
CFO & Company Secretary  
Head of Procurement Committee
- 2 Ms. Meher Dinshaw Khory  
Sindh Insurance Ltd  
Head-HR & Admin  
Member
- 3 Muhammad Adnan Shakeel  
Sindh Modraba  
Senir Manager Finance(AVP-I)  
Independent Member

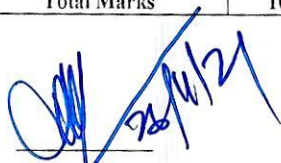
Signature Signature Signature 



# Eligibility Criteria Comparison.

| 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          | -                 | -                      |                  | 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                     | 10               | 07 years & above         | Year wise Health Insurance Premium Portfolio   |
|             |  | 07          | -                 | -                      | -                | 05 years & above         |  |
|             |  | 05          | -                 | -                      | -                | 03 years & above         |  |
| 04          | Average Yearly Turnover of Last 03 years             | 10          | 10                | 10                     | /                | 50 Million & above       | Audited Accounts of Last 3 years as Annexure-D |
|             |  | 07          | -                 | -                      |                  | 30 Million & above       |  |
|             |  | 05          | -                 | -                      |                  | 10 Million & above       |  |
| 05          | Hospital on Panel All over Pakistan                  | 10          | 10                | 10                     | 10               | 200 & above              | List of Hospital as Annexure-E                 |
|             |  | 07          | -                 | -                      | -                | 150 & above              |  |
|             |  | 05          | -                 | -                      | -                | 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          | -                 | -                      | -                | Any one                  |  |
| 08          | Shareholder Equity                                   | 10          | 10                | 10                     | /                | 01 Billion & above       | Audit Balance Sheet As Annexure-H              |
|             |  | 07          | -                 | -                      |                  | -                        |  |
| 09          | IFS Rating   | 10          | -                 | 10                     | 10               | A+ & above               | Certificate to be attached As Annexure-I       |
|             |  | 07          | 07                | -                      | -                | A                        |  |
|             |  | 05          | -                 | -                      | -                | A-                       |  |
| Total Marks |  | 100         | (89)              | (100)                  | 65 (X)           | Qualified / Disqualified |  |

26/11/21



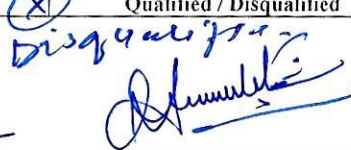
Nadeem Akhter  
Sindh Insurance Limited

Meher Behrana

Meher Dinshaw Khory  
Sindh Insurance Limited

26/11/21

Disqualified



Muhammad Adnan Shakeel  
Sindh Modaraba

**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

|   |
|---|
| ✓ |
| ✓ |
| ✓ |

| ATTENDANCE (REPS. OF BIDDERS) | NAME                 | FIRM                    |
|-------------------------------|----------------------|-------------------------|
|                               | <u>Sheehani</u>      | <u>Jubilee Life</u>     |
|                               | <u>Karwan Alam</u>   | <u>Persian Insur</u>    |
|                               | <u>Irfaan Najeeb</u> | <u>United Insurance</u> |
|                               | <u>/</u>             | <u>/</u>                |
|                               | <u>/</u>             | <u>/</u>                |

TOTAL BIDS ACCEPTED FOR EVALUATION 03

TOTAL BIDS REJECTED 01

REMARKS M/s United Insurance technically disqualified

PROCUREMENT COMMITTEE

Mr. Nadeem Akhter [Signature]

Ms. Meher Dinshaw Khory Mehar Behrana

Mr. Muhammad Adnan Shakeel [Signature] 26/11/21





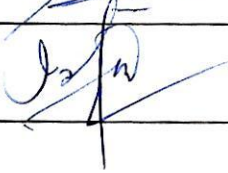
# Sindh Insurance Limited

## ATTENDANCE SHEET

### BID OPENING

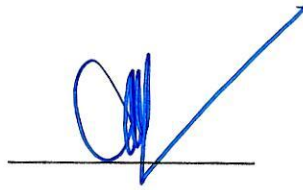
Date:- 26-Nov-21

Health Insurance Services

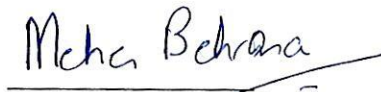
| S NO. | Company Name           | Name of Company Representative | Contact No.  | Signature   |
|-------|------------------------|--------------------------------|--------------|---|
| 1     | Premier Insurance      | ICAMMAN AHMED                  | 0345-3307615 |    |
| 2     | Jubilee Life Insurance | SHAHNEEL                       | 0334-9935069 |   |
| 3     | United Insurance       | IRFAN USOBB                    | 0314-7038991 |  |
| 4     |                        |                                |              |   |
| 5     |                        |                                |              |   |

### 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

**SINDH INSURANCE**  
POWER TO THE PEOPLE

OPENING OF BIDS  
FINANCIAL PROPOSALS

Health Insurance Services

Dated: 26/11/2021

| S.no | Company Name          | Total       | Signature of Company Representative  | Remarks |
|------|-----------------------|-------------|--|---------|
| 1    | Premier Insurance     | 1,450,457/- |  |         |
| 2    | Tublee life Insurance | 5,72,843/-  |  |         |
| 3    | United Insurance      | DIS         | qualified tenderer.  |         |
| 4    |                       | /           | /  | /       |
| 5    |                       | /           | /  | /       |
| 6    |                       | /           | /  | /       |

**Procurement Committee Memebers**

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



Meher Behara







REF # 2021/11 / HO-HEALTH / 916

November 23, 2021

Incharge Admin  
**SINDH INSURANCE LIMITED.**  
Head Office  
1STFloor, Imperial Court,  
Dr.Ziauddin Road,  
Karachi 75600

**GROUP HEALTH INSURANCE FINANCIAL PROPOSAL FOR  
"SINDH INSURANCE LIMITED"**

Dear Sir,

We hereby submit our financial proposal for **Group Health Insurance** to the protection of your esteemed organization employees and their dependents.

Our **Financial support** is based on the following components:

1. Financial Proposal.
2. 2% Earnest Money.
3. Validity for Submitted Proposal is 90 days.

We appreciate your trust and look forward for long term business relationship with your valued organization.

If you have any queries, please feel free to contact us **Health Customer Relationship Department** at Tel: 021-32416331-4 (Ext 201) or email at [health@pil.com.pk](mailto:health@pil.com.pk) or [ali.asgher@pil.com.pk](mailto:ali.asgher@pil.com.pk)

Sincerely,



**ALI ASGHER KAYUMI**  
Senior Executive Vice President

Premier Insurance Limited



**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 FiftyTwo Only**

Mehar 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



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



Dated: November 26, 2021  
Ref. No. GHR-21-11-00295

CLIENT TYPE: CORPORATE

| CENSUS STRUCTURE              |           |          |          |           |           |          |            |
|-------------------------------|-----------|----------|----------|-----------|-----------|----------|------------|
| DESCRIPTION OF INSURED PERSON | A         | B        | C        | D         | E         | F        | TOTAL      |
| EMPLOYEES                     | 9         | 2        | 1        | 13        | 4         | 2        | 31         |
| SPOUSE                        | 8         | 2        | 1        | 11        | 2         | 1        | 25         |
| CHILDREN                      | 11        | 1        |          | 23        | 4         | 3        | 42         |
| PARENTS                       | 2         | 2        |          | 9         | 3         |          | 16         |
| <b>TOTAL LIVES</b>            | <b>30</b> | <b>7</b> | <b>2</b> | <b>56</b> | <b>13</b> | <b>6</b> | <b>114</b> |

| BENEFITS STRUCTURE  |   |         |              |              |              |         |             |
|---|---|---------|--------------|--------------|--------------|---------|-------------|
| ANNUAL BASIC HOSPITALIZATION BENEFIT PER PERSON   | A   | B       | C            | D            | E            | F       |             |
| BASIC HOSPITALIZATION LIMIT<br>(FOR EMPLOYEE, SPOUSE, CHILDREN & PARENTS ONLY)  | 1,000,000                                   | 500,000 | 300,000      | 250,000      | 200,000      | 100,000 |             |
| ANNUAL ACCIDENTAL HOSPITALIZATION BENEFIT   |   |         |              |              |              |         |             |
| COMPLIMENTARY ENHANCEMENT OF HOSPITALIZATION LIMIT:<br>(In case of Accidental Injuries Only)  | 100% Increase of the Hospitalization Limit. |         |              |              |              |         |             |
| DAILY ROOM SUB-LIMIT BENEFIT  |   |         |              |              |              |         |             |
| ROOM & BOARD SUB-LIMIT  | VIP   | PRIVATE | SEMI-PRIVATE | GENERAL WARD | GENERAL WARD |         | 2,500       |
| ANNUAL MATERNITY BENEFIT PER PERSON   |   |         |              |              |              |         |             |
| NORMAL DELIVERY / MISSCARRIAGE/LEGAL ABORTION   | 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      |
| <i>Circumcision will be covered upto Rs. 5,000/- Subject to Availability of Maternity Limits.<br/>Cost of home delivery conducted by a "DAI" payable up to Rs. 10,000/-</i> |   |         |              |              |              |         |             |
| PRE & POST OUT-PATIENT BENEFIT FOR CONSULTATION, MEDICINES & DIAGNOSIS  |   |         |              |              |              |         |             |
| PRE-HOSPITALIZATION RELATED EXPENSES  | 30 DAYS                                     |         |              |              |              |         |             |
| PRE-NATAL RELATED EXPENSES (payable after delivery takes place)   | 9 MONTHS                                    |         |              |              |              |         |             |
| POST-HOSPITALIZATION / NATAL RELATED EXPENSES   | 30 DAYS                                     |         |              |              |              |         |             |
| COMPLIMENTARY EXECUTIVE CHECKUP   |   |         |              |              |              |         |             |
| FOR EMPLOYEES & SPOUSE OF PLAN A & B ONLY (from Aga Khan (Plan-B) or equivalent package from any other hospital)  | COVERED                                     | COVERED | NOT COVERED  | NOT COVERED  | NOT COVERED  |         | NOT COVERED |

| AGE LIMIT (MEMBERS LISTED) |                 |           |  |
|----------------------------|-----------------|-----------|--|
| DESCRIPTION                | HOSPITALIZATION | MATERNITY |  |
| EMPLOYEE                   | 65 Yrs          | 45 Yrs    |  |
| SPOUSE                     | 65 Yrs          | 45 Yrs    |  |
| SON                        | 25 Yrs          | N/A       |  |
| DAUGHTER                   | Till Marriage   | N/A       |  |
| PARENTS                    | 85 Yrs          | N/A       |  |

**VALUE-ADDED BENEFITS**

- DAY CARE PROCEDURES / SURGERIES: Chemotherapy, Radiotherapy, Dialysis, Astatic tap for drainage, Eye injections, Interferon therapy, Laser treatments for eye and other ailments (tested and approved treatments only), Lithotripsy for renal and ureteric stones, Excision in local or general anesthesia, Angiography for any part of the body, Transfusions for chronic illnesses, Cataract and other eye related procedures not requiring stay at the hospital.
- Accidental Emergencies: Road Traffic Accidents, Off-Road Accidents, Dental Injuries, Fractures & Lacerated wounds (reported within 48 hours of incident).
- Specialized Investigations: Endoscopy of all types, Gastroscopy of all types, Laryngoscopy in local or general anesthesia, Biopsies of all types in local or general anesthesia, Incision or drainage of all types in local or general anesthesia, Radiographic imaging tests with or without contrast which includes, CT scan, MRI, PET scan for diagnosed cases of cancer, Dexa or Bone scan, Thallium Scan, Echo / stress echo, Mammography, Doppler ultrasound, DMSA scan for kidney, MCUG / VMCUG, OCT / A-scan / B-scan / FFA, Barium swallow, EEG / EMG.
- Road Ambulance: From point of accident to hospital & hospital to hospital.
- Congenital Birth Defects are covered up to the Basic Hospitalization Limit.
- Interferon Therapies of Hepatitis "B" & "C" are covered up to the Basic Hospitalization Limit.
- No age limit restriction on the employees and their eligible dependents falling under Plan "A" (Directors, employees and their eligible dependents.)
- Employees and spouses of category A & B are to be covered to avail annual test (Executive Check-up) from Aga Khan (Plan-B) or equivalent package from any other hospital.

| COVERAGE FOR PRE-EXISTING CONDITIONS      | A             | B | C | D | E | F |
|---|---------------|---|---|---|---|---|
| BASIC HOSPITALIZATION BENEFIT             | FULLY COVERED |   |   |   |   |   |
| MATERNITY BENEFIT                         | FULLY COVERED |   |   |   |   |   |
| BASIC HOSPITALIZATION BENEFIT FOR PARENTS | FULLY COVERED |   |   |   |   |   |

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 hospitalization)

- UNDERWRITING TERMS**
- 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 Connex, 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 PAKISTAN**  
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 Emergency Hospitalization allowed. Planned surgeries outside Pakistan are not covered.

Authorized Signatory  
For Premier Insurance Ltd

# Jubilee

## HEALTH INSURANCE BID SECURITY FORM

Annexure "B"

Whereas Jubilee Life Insurance Company [name of the Bidder] has submitted its bid dated 26-11-2021 [date of submission of bid] for providing Health Insurance Service.

KNOW ALL PEOPLE by these presents that WE [name of bank] of [name of country], having our registered office at [address of bank] (hereinafter called "the Bank"), are bound unto SIL (hereinafter called "the Purchaser") in the sum of for which payment well and truly to be made to the said Purchaser, the SIL binds itself, its successors, and assigns by these presents. Sealed with the Common Seal of the said SIL this 26 day of 11 2021.

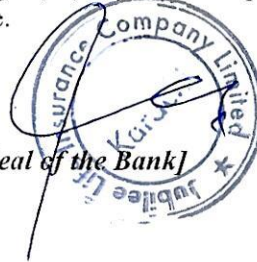
THE CONDITIONS of this obligation are:

1. If the Bidder withdraw its Bid during the period of bid validity specified by the Bidder on the Bid Form; or
2. If the Bidder, having been notified of the acceptance of its Bid by the SIL during the period of bid validity:
  - a. fails or refuses to execute the Contract, if required; or
  - b. fails or refuses to furnish the performance security, in accordance with the Instructions to Bidders;

We undertake to pay to the Purchaser up to the above amount upon receipt of its written demand, without the Purchaser having to substantiate its demand, provided that in its demand the Purchaser will note that the amount claimed by it is due to it, owing to the occurrence of one or both of the two conditions, specifying the occurred condition or conditions.

This guarantee will remain in force up to and including twenty eight (28) days after the period of bid validity and any demand in respect thereof shall reach the SIL not later than the above date.

[Signature and Seal of the Bank]





# Jubilee

## HEALTH INSURANCE

Annex A  
Combine Opt I

### JUBILEE HEALTH INSURANCE GROUP HEALTHCARE INSURANCE PROPOSAL FOR SINDH INSURANCE LIMITED

| Hospitalization & Related Benefits  |                |            |            |            |            |            |
|---|----------------|------------|------------|------------|------------|------------|
|   | Plan A         | Plan B     | Plan C     | Plan D     | Plan E     | Plan F     |
| <b>H&amp;R Limits (Per Person / Per Year)</b>   | Rs.1,000,000   | Rs.500,000 | Rs.300,000 | Rs.250,000 | Rs.200,000 | Rs.100,000 |
| <b>Enhancement in H&amp;R limit in case of accidental injuries</b>  | 100%           | 100%       | 100%       | 100%       | 100%       | 100%       |
| <b>Room &amp; Board (per day)</b>   | Rs.77,090      | Rs.35,970  | Rs.9,840   | Rs.7,330   | Rs.7,330   | Rs.2,500   |
| <b>Per Hospitalization</b>  |                |            |            |            |            |            |
| 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    |
| <b>Daycare Surgeries &amp; Specialized Investigations In Outpatient Settings Including but not limited to:</b>  | <b>COVERED</b> |            |            |            |            |            |
| 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). |                |            |            |            |            |            |

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

|                     |   |          |        |  |  |  |
|---------------------|---|----------|--------|--|--|--|
| <b>Eligibility:</b> | All full time Pakistani employees, Actively at work up to 78 years of age with their dependants |          |        |  |  |  |
| Plan "A"            | PLAN A  | Plan "D" | PLAN D |  |  |  |
| Plan "B"            | PLAN B  | Plan "E" | PLAN E |  |  |  |
| Plan "C"            | PLAN C  |          |        |  |  |  |

All the rates are assumed on the basis of resident country as Pakistan

| Plan Wise Census Information            |        |        |        |        |        |        |       |
|---|--------|--------|--------|--------|--------|--------|-------|
|   | 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 / Limitation, please refer to the policy document.

|                                |              |
|--------------------------------|--------------|
| <b>Total H &amp; R Premium</b> | Rs.5,294,745 |
| <b>Total Maternity Premium</b> | Rs.133,689   |
| <b>Total Premium Payable</b>   | Rs.5,428,434 |

\* The annual premium is subject to change if there is any change in tax rate/tax structure by the Federal or Provincial government affecting the taxes applicable during the currency of the policy

Please note that the description of benefit, given in this proposal are for illustrative purpose. The actual terms and condition are given in policy document.

Especially prepared by CSD (Technical) for Sindh Insurance - (GI Policy # 26247)

Meha Behara  
26/11/21



# Jubilee

HEALTH INSURANCE  
BID

Sindh Insurance Ltd  
Tender Document- Health Insurance Services

Annexure "A"

Dated: 26, 11, 2021

To,

SINDH INSURANCE LIMITED.

Head Office  
1<sup>ST</sup>Floor, Imperial Court,  
Dr.Ziauddin Road,  
Karachi 75530

mcha Behrana

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

Rs. 5,428,434 [total bid amount in words and figures].

We undertake, if our Bid is accepted, to provide Health Insurance (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 Pakistan  
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 |
|---|---------------------|
| <u>SHAHNAD AHMED</u><br><u>2nd floor, PISC Building N.A.T Khan Road</u><br><u>Karachi</u> | <u>Rs</u>           |

(If none, State none)

We understand that you are not bound to accept the lowest or any bid you may receive.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2021.

[Signature]

[In the Capacity of]

Duly authorized to sign Bid for and on behalf of Jubilee Life Insurance Company Ltd





# Jubilee

## HEALTH INSURANCE

JUBILEE HEALTH INSURANCE  
GROUP HEALTHCARE INSURANCE PROPOSAL FOR  
SINDH INSURANCE LIMITED  
Premium Calculation

ANEX A

| H & R Premium Details |                |            |              |                |            |            |                |           |           |                |           |            |                |           |            |                |           |           |                |        |         |   |  |
|-----------------------|----------------|------------|--------------|----------------|------------|------------|----------------|-----------|-----------|----------------|-----------|------------|----------------|-----------|------------|----------------|-----------|-----------|----------------|--------|---------|---|--|
| Plan A                |                |            |              | Plan B         |            |            |                | Plan C    |           |                |           | Plan D     |                |           |            | Plan E         |           |           |                | Plan F |         |   |  |
| AGE BAND              | No. Of Insured | Rate       | Premium      | No. Of Insured | Rate       | Premium    | No. Of Insured | Rate      | Premium   | No. Of Insured | Rate      | Premium    | No. Of Insured | Rate      | Premium    | No. Of Insured | Rate      | Premium   | No. Of Insured | Rate   | Premium |   |  |
| 0-17                  | 7              | Rs.50,552  | Rs.423,864   | 0              | Rs.23,287  | Rs.0       | 0              | Rs.5,769  | Rs.0      | 19             | Rs.4,968  | Rs.94,385  | 4              | Rs.4,548  | Rs.18,191  | 3              | Rs.3,744  | Rs.11,231 | Rs.0           | 0      | 0       | 0 |  |
| 18-24                 | 3              | Rs.43,843  | Rs.131,529   | 1              | Rs.16,861  | Rs.16,861  | 0              | Rs.4,177  | Rs.0      | 4              | Rs.3,597  | Rs.14,387  | 2              | Rs.3,222  | Rs.6,566   | 0              | Rs.2,711  | Rs.0      | Rs.0           | 0      | 0       | 0 |  |
| 25-29                 | 2              | Rs.58,124  | Rs.116,248   | 1              | Rs.22,353  | Rs.22,353  | 2              | Rs.5,538  | Rs.11,076 | 15             | Rs.6,748  | Rs.7,527   | 1              | Rs.4,365  | Rs.4,365   | 2              | Rs.3,584  | Rs.7,167  | Rs.0           | 0      | 0       | 0 |  |
| 30-39                 | 4              | Rs.50,260  | Rs.201,040   | 1              | Rs.30,866  | Rs.30,866  | 0              | Rs.7,647  | Rs.0      | 8              | Rs.6,584  | Rs.52,676  | 3              | Rs.6,028  | Rs.18,084  | 1              | Rs.4,962  | Rs.4,962  | Rs.0           | 0      | 0       | 0 |  |
| 40-49                 | 1              | Rs.135,528 | Rs.135,528   | 2              | Rs.52,120  | Rs.104,240 | 0              | Rs.12,913 | Rs.0      | 1              | Rs.11,119 | Rs.11,119  | 0              | Rs.10,179 | Rs.0       | 0              | Rs.8,379  | Rs.0      | Rs.0           | 0      | 0       |   |  |
| 50-54                 | 4              | Rs.158,651 | Rs.634,602   | 0              | Rs.76,395  | Rs.0       | 0              | Rs.18,927 | Rs.0      | 1              | Rs.16,297 | Rs.16,297  | 0              | Rs.14,925 | Rs.0       | 0              | Rs.17,292 | Rs.0      | Rs.0           | 0      | 0       |   |  |
| 55-59                 | 3              | Rs.230,283 | Rs.690,850   | 0              | Rs.88,560  | Rs.0       | 0              | Rs.21,941 | Rs.0      | 3              | Rs.18,892 | Rs.56,677  | 1              | Rs.17,292 | Rs.17,292  | 0              | Rs.14,238 | Rs.0      | Rs.0           | 0      | 0       |   |  |
| 60-74                 | 3              | Rs.265,245 | Rs.795,735   | 2              | Rs.102,659 | Rs.205,319 | 0              | Rs.25,434 | Rs.0      | 4              | Rs.21,900 | Rs.87,600  | 1              | Rs.20,049 | Rs.20,049  | 0              | Rs.16,504 | Rs.0      | Rs.0           | 0      | 0       |   |  |
| 75-79                 | 3              | Rs.329,428 | Rs.988,284   | 0              | Rs.119,938 | Rs.0       | 0              | Rs.22,482 | Rs.0      | 1              | Rs.25,395 | Rs.25,395  | 1              | Rs.23,240 | Rs.23,240  | 0              | Rs.19,131 | Rs.0      | Rs.0           | 0      | 0       |   |  |
| Total                 | 30             |            | Rs.4,342,785 | 7              |            | Rs.379,639 | 2              |           | Rs.11,076 | 56             |           | Rs.436,954 | 13             |           | Rs.107,610 | 6              |           | Rs.23,381 |                |        |         |   |  |

Total H & R Premium Rs.5,294,745

| Maternity Premium Details |                |           |         |                |      |           |                |           |          |                |           |           |                |        |           |                |        |          |                |      |         |
|---------------------------|----------------|-----------|---------|----------------|------|-----------|----------------|-----------|----------|----------------|-----------|-----------|----------------|--------|-----------|----------------|--------|----------|----------------|------|---------|
| AGE BAND                  | No. Of Insured | Rate      | Premium | No. Of Insured | Rate | Premium   | No. Of Insured | Rate      | Premium  | No. Of Insured | Rate      | Premium   | No. Of Insured | Rate   | Premium   | No. Of Insured | Rate   | Premium  | No. Of Insured | Rate | Premium |
| upto 23                   | 0              | Rs.33,551 | Rs.0    | Rs.31,891      | Rs.0 | Rs.28,305 | Rs.0           | Rs.33,354 | Rs.0     | 0              | Rs.21,741 | Rs.0      | Rs.21,741      | 0      | Rs.3,329  | Rs.0           | Rs.0   | Rs.0     | 0              | 0    | 0       |
| 24-29                     | 0              | Rs.25,499 | Rs.0    | Rs.24,237      | Rs.0 | Rs.21,512 | Rs.0           | Rs.17,749 | Rs.0     | 1              | Rs.16,523 | Rs.0      | Rs.16,523      | 0      | Rs.9,570  | Rs.0           | Rs.0   | Rs.0     | 0              | 0    | 0       |
| 30-39                     | 0              | Rs.15,597 | Rs.0    | Rs.14,875      | Rs.0 | Rs.14,375 | Rs.0           | Rs.10,897 | Rs.0     | 0              | Rs.10,189 | Rs.0      | Rs.10,189      | 0      | Rs.4,407  | Rs.0           | Rs.0   | Rs.0     | 0              | 0    | 0       |
| 40-49                     | 0              | Rs.8,816  | Rs.0    | Rs.8,495       | Rs.0 | Rs.7,950  | Rs.0           | Rs.4,744  | Rs.0     | 1              | Rs.4,417  | Rs.0      | Rs.4,417       | 0      | Rs.1,459  | Rs.0           | Rs.0   | Rs.0     | 0              | 0    | 0       |
| 40-49                     | 1              | Rs.960    | Rs.960  | Rs.911         | Rs.0 | Rs.810    | Rs.0           | Rs.5,760  | Rs.0     | 1              | Rs.663    | Rs.663    | 2              | Rs.612 | Rs.612    | 1              | Rs.610 | Rs.610   | Rs.0           | 0    | 0       |
| Total                     | 1              |           | Rs.960  | 1              |      | Rs.14,826 | 1              |           | Rs.5,760 | 9              |           | Rs.84,302 | 2              |        | Rs.22,362 | 1              |        | Rs.1,460 |                |      |         |

Total Maternity Premium Rs.133,689

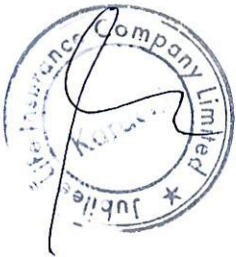
Total Premium Payable<sup>1</sup> Rs.5,428,434

<sup>1</sup> (Excludes premium for Basic Hospitalization Benefit)

Mehar Behra  
26/11/21

*[Signature]*  
26/11/21

Please note that the description of benefit, given in this proposal are for illustrative purposes. The actual terms and condition are given in policy document.



Especially prepared by CID (Finance) for Sindh Insurance - (SIN Policy # 18242)

