Insurer: United India Insurance Company Limited

Corporate Name: **INDIAN INSTITUTE OF MANAGEMENT INDORE**

Policy No : 1903002821P110198883

Policy Period: 28/12/2021 to 27/12/2022

Claims Portfolio

Print Date **23 September 2024**

Report as on **23 September 2024**

Total Claims Experience Report

	Claims	Amount (Rs.)	%Claims	%Amount
Cashless Approved	37	3718736	48.68	63.89
Reimbursement Approved	34	2101552	44.74	36.11
Recommended for Rejection	5	0	6.58	0.00
Denial Preauth	2	0	2.50	0.00
Not Utilized Preauth	2	0	2.50	0.00
Domiciliary Claims	0	0	0.00	0.00
Total	80	5820288		
Cashless in Preocess*	0	0		
Reimbursement in Preocess*	0	0		
Preauthorizations Issued**	0	0		
Grand Total(Rs.)	80	5820288		
First Time Premium(Rs.)		3342487		
Endo Premium (Rs.)		77120		
Deletion Premium (Rs.)		31462		
Total Premium (Rs.)		3388145		
Claim Ratio (%) on Gross Premium		171.78		
Claim Ratio (%) on Earned Premium		171.78		
Service Tax (Rs.)		0		

*Depicts the claimed amount for claims in process. The settlement amount will be less than the above figures and will result in respective decrease in the claims ratio

**The valuse is for preauthorization issued and awaiting for final documentatiion. Depicts the approved PA amount for PA issued. The settlement amount will be less than or equal to the above figures and could result in respective decrease in the claims ratio.

#Does not apply to policies with installment premium

#Below analysis based on Paid claims

Distribution Across Gender

Gender	No. of Claims	Amount(Rs.)	%Claims	%Amount
Male	34	2055939	47.89	35.32
Female	37	3764349	52.11	64.68
Total	71	5820288	100.00	100.00

Insurer: United India Insurance Company Limited

Corporate Name: **INDIAN INSTITUTE OF MANAGEMENT INDORE**

Policy No : 1903002821P110198883

Policy Period: 28/12/2021 to 27/12/2022

Claims Portfolio

Print Date **23 September 2024**

Report as on **23 September 2024**

Distribution Across Age

Age Band	No. of Claims	Amount(Rs.)	%Claims	%Amount
0 - 15	2	71014	2.82	1.22
15 -30	15	1077258	21.13	18.51
35 - 45	6	367693	8.45	6.32
45 - 55	12	1277963	16.90	21.96
55 - 65	10	555327	14.08	9.54
65 -75	17	975323	23.94	16.76
>75	9	1495710	12.68	25.70
Total	71	5820288	100	100

Distribution Across Category of Benificiaries Report

Beneficiary	No. of Claims	Amount(Rs.)	%Claims	%Amount
SELF	14	722434	19.72	12.41
SPOUSE	12	1526779	16.90	26.23
CHILD	9	544715	12.68	9.36
PARENTS	36	3026360	50.70	52.00
Total	71	5820288	100	100

Distribution Across Amount Bands Report

Amount Band	No. of Claims	Amount(Rs.)	%Claims	%Amount
>10000	10	54528	14.08	0.94
10000- 25000	10	184524	14.08	3.17
25000-50000	21	802871	29.58	13.79
50000-1L	15	1032081	21.13	17.73
1L- 3L	11	1919585	15.49	32.98
> 3L	4	1826699	5.63	31.39
Total	71	5820288	100	100

Top 10 Provider Profile Report

Age Band	No. of Claims	Amount(Rs.)	%Claims	%Amount
CHOITHRAM HOSPITAL & RESEARCH CENTRE	9	293720	24.32	11.39
ARIHANT HOSPITAL & RESEARCH CENTRE	4	261237	10.81	10.13
DRISHTI NETRALAYA AND RETINA CENTRE	4	114000	10.81	4.42
UNIQUE SPECIALITY CENTRE	4	315906	10.81	12.26
APOLLO RAJSHREE HOSPITALS PVT LTD	3	694497	8.11	26.94
(CHL HOSPITAL) CONVENIENT HOSPITALS LTD	3	258831	8.11	10.04
NEEMA HOSPITAL (P) LTD	3	94119	8.11	3.65
SAHAJ HOSPITALS ENDOSCOPIC SUPER SPECIALITY CENTRE PVT LTD	3	316602	8.11	12.28
AAKASH HEALTHCARE SUPER SPECIALITY HOSPITAL	2	160063	5.41	6.21
DR JIVRAJ MEHTA SMARAK HEALTH FOUNDATION	2	68660	5.41	2.66
Total	37	2577635	100	100

Insurer: United India Insurance Company Limited

Corporate Name: **INDIAN INSTITUTE OF MANAGEMENT INDORE**

Policy No : 1903002822P110041000

Policy Period: 28/12/2022 to 27/12/2023

Claims Portfolio

Print Date **23 September 2024**

Report as on **23 September 2024**

Total Claims Experience Report

	Claims	Amount (Rs.)	%Claims	%Amount
Cashless Approved	28	2612924	45.16	52.62
Reimbursement Approved	31	2352305	50.00	47.38
Recommended for Rejection	3	0	4.84	0.00
Denial Preauth	2	0	2.99	0.00
Not Utilized Preauth	3	0	4.48	0.00
Domiciliary Claims	0	0	0.00	0.00
Total	67	4965229		
Cashless in Preocess*	0	0		
Reimbursement in Preocess*	0	0		
Preauthorizations Issued**	0	0		
Grand Total(Rs.)	67	4965229		
First Time Premium(Rs.)				5186846
Endo Premium (Rs.)				369330
Deletion Premium (Rs.)				124014
Total Premium (Rs.)				5432162
Claim Ratio (%) on Gross Premium				91.40
Claim Ratio (%) on Earned Premium				91.40
Service Tax (Rs.)				0

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**The valuse is for preauthorization issued and awaiting for final documentatiion. Depicts the approved PA amount for PA issued. The settlement amount will be less than or equal to the above figures and could result in respective decrease in the claims ratio.

#Does not apply to policies with installment premium

#Below analysis based on Paid claims

Distribution Across Gender

Gender	No. of Claims	Amount(Rs.)	%Claims	%Amount
Male	24	2221061	41.38	46.89
Female	34	2515592	58.62	53.11
Total	58	4736653	100.00	100.00

Insurer: United India Insurance Company Limited

Corporate Name: **INDIAN INSTITUTE OF MANAGEMENT INDORE**

Policy No : 1903002822P110041000

Policy Period: 28/12/2022 to 27/12/2023

Claims Portfolio

Print Date **23 September 2024**

Report as on **23 September 2024**

Distribution Across Age

Age Band	No. of Claims	Amount(Rs.)	%Claims	%Amount
0 - 15	7	191912	12.07	4.05
15 -30	15	891277	25.86	18.82
35 - 45	4	251901	6.90	5.32
45 - 55	10	811235	17.24	17.13
55 - 65	10	966439	17.24	20.40
65 -75	8	1106905	13.79	23.37
>75	4	516984	6.90	10.91
Total	58	4736653	100	100

Distribution Across Category of Benificiaries Report

Beneficiary	No. of Claims	Amount(Rs.)	%Claims	%Amount
SELF	9	680021	15.52	14.36
SPOUSE	21	1243286	36.21	26.25
CHILD	8	302391	13.79	6.38
PARENTS	20	2510955	34.48	53.01
Total	58	4736653	100	100

Distribution Across Amount Bands Report

Amount Band	No. of Claims	Amount(Rs.)	%Claims	%Amount
>10000	7	34229	12.07	0.72
10000- 25000	13	202405	22.41	4.27
25000-50000	16	542956	27.59	11.46
50000-1L	9	669009	15.52	14.12
1L- 3L	9	1512574	15.52	31.93
> 3L	4	1775475	6.90	37.48
Total	58	4736648	100	100

Top 10 Provider Profile Report

Age Band	No. of Claims	Amount(Rs.)	%Claims	%Amount
RETINA SPECIALITY HOSPITAL	5	77920	16.13	3.55
ADITYA NURSINGHOME	4	165507	12.90	7.54
VISHESH JUPITOR HOSPITAL	4	291860	12.90	13.29
JARIWALA WOMENS HOSPITAL	3	166004	9.68	7.56
(CHL HOSPITAL) CONVENIENT HOSPITALS LTD	3	246643	9.68	11.23
MAHARAJA AGRASEN HOSPITAL	3	701580	9.68	31.96
REGENCY HOSPITALAGRAWAL HOSPITAL	3	380558	9.68	17.33
AGRAWAL HOSPITAL	2	80000	6.45	3.64
ASHOK HOSPITAL	2	55127	6.45	2.51
CHOITHRAM HOSPITAL & RESEARCH CENTRE	2	30197	6.45	1.38
Total	31	2195396	100	100

Insurer: United India Insurance Company Limited

Corporate Name: **INDIAN INSTITUTE OF MANAGEMENT INDORE**

Policy No : 1903002823P112657893

Policy Period: 28/12/2023 to 27/12/2024

Claims Portfolio

Report as on **16 November 2024**

Total Claims Experience Report

	Claims	Amount (Rs.)	%Claims	%Amount
Cashless Approved	44	4499098	73.33	83.40
Reimbursement Approved	16	895334	26.67	16.60
Recommended for Rejection	0	0	0.00	0.00
Denial Preauth	2	0	3.08	0.00
Not Utilized Preauth	3	0	4.62	0.00
Domiciliary Claims	0	0	0.00	0.00
Total	65	5394432		
Cashless in Preocess*	9	576985		
Reimbursement in Preocess*	1	36084		
Preauthorizations Issued**	5	661120		
Grand Total(Rs.)	80	6668621		
First Time Premium(Rs.)				6813517
Endo Premium (Rs.)				101720
Deletion Premium (Rs.)				127967
Total Premium (Rs.)				6787270
Claim Ratio (%) on Gross Premium				98.25
Claim Ratio (%) on Earned Premium				111.37
Service Tax (Rs.)				0

*Depicts the claimed amount for claims in process. The settlement amount will be less than the above figures and will result in respective decrease in the claims ratio

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#Does not apply to policies with installment premium

#Below analysis based on Paid claims

Distribution Across Gender

Gender	No. of Claims	Amount(Rs.)	%Claims	%Amount
Male	19	2420827	31.67	44.88
Female	41	2973605	68.33	55.12
Total	60	5394432	100.00	100.00

Insurer: United India Insurance Company Limited

Corporate Name: **INDIAN INSTITUTE OF MANAGEMENT INDORE**

Policy No : 1903002823P112657893

Policy Period: 28/12/2023 to 27/12/2024

Claims Portfolio

Report as on **16 November 2024**

Distribution Across Age

Age Band	No. of Claims	Amount(Rs.)	%Claims	%Amount
0 - 15	3	78003	5.00	1.45
15 -30	6	254720	10.00	4.72
35 - 45	3	205609	5.00	3.81
45 - 55	4	709500	6.67	13.15
55 - 65	20	1435273	33.33	26.61
65 -75	17	2070556	28.33	38.38
>75	7	640771	11.67	11.88
Total	60	5394432	100	100

Distribution Across Category of Benificiaries Report

Beneficiary	No. of Claims	Amount(Rs.)	%Claims	%Amount
SELF	15	1157463	25.00	21.46
SPOUSE	7	664769	11.67	12.32
CHILD	4	88476	6.67	1.64
PARENTS	34	3483724	56.67	64.58
Total	60	5394432	100	100

Distribution Across Amount Bands Report

Amount Band	No. of Claims	Amount(Rs.)	%Claims	%Amount
>10000	4	29981	6.67	0.56
10000- 25000	17	328245	28.33	6.08
25000-50000	8	262394	13.33	4.86
50000-1L	12	794186	20.00	14.72
1L- 3L	16	2879723	26.67	53.38
> 3L	3	1099903	5.00	20.39
Total	60	5394432	100	100

Top 10 Provider Profile Report

Age Band	No. of Claims	Amount(Rs.)	%Claims	%Amount
SHYKBY HOSPITAL	12	517952	27.91	17.09
VISHESH JUPITOR HOSPITAL	9	1124072	20.93	37.09
CHOITHRAM HOSPITAL & RESEARCH CENTRE	4	456023	9.30	15.05
NEEMA HOSPITAL (P) LTD	4	313403	9.30	10.34
PRIYAMBDA BIRLAARAVIND EYE HOSPITAL	4	86940	9.30	2.87
DRUSTI NETRALAYA AND RETINA CENTRE	2	74000	4.65	2.44
ADITYA NURSINGHOME	2	18723	4.65	0.62
MANIPAL HOSPITAL BANER	2	366135	4.65	12.08
MEDICS INTERNATIONAL LIFE SCIENCES LTD (APOLLO)	2	22693	4.65	0.75
RAJAS EYE &RETINA RESEARCH CENTRE INDORE	2	51000	4.65	1.68
Total	43	3030941	100	100