

Invitation for Expression of Interest for providing Personal Accident Insurance Cover with COVID-19 Extension

Date of uploading: 12th June, 2020

Last Date and Time of Submission of Offer: 17th June, 2020; 13:00 Hrs

ICMR through its Institutes and Centres across the country is doing the Testing of COVID-19 patient samples and coordinates the clinical trials. ICMR is also actively conducting and approving various Clinical Trials for COVID-19 and for other medical treatments.

ICMR intends to obtain Personal Accident insurance to cover the following:

- All Permanent/Adhoc/Project/Contractual/Outsourcing Staff/Consultants.
- These Permanent/Adhoc/Project/Contractual/Outsourcing Staff/Consultants are located all India basis.
- Number of employees/contractual staff is approximately 8000.
- Policy to be valid for 12 months.

Request for proposals are invited from eligible parties who are interested in providing Personal Accident Insurance cover with COVID-19 Extension, indicating the conditions and extent of coverage, date of commencement and expiry of coverage, and conditions thereof, including the premium and other costs, as per rules, for the below mentioned coverage.

The terms for the policy are –

1. Rs. 50 Lakh per Permanent/Adhoc/Project/Contractual/Outsourcing Staff/Consultants
2. Coverage for Accidental Death or Disablement whether partial or total.
3. Coverage for loss of limbs.
4. Benefit of weekly compensation for Temporary Total Disablement. Quarantine/Treatment period to be considered as Total Temporary Disablement period.
5. Medical expenses limited to actual expenses whether incurred in private hospitals or Government hospitals with a limit of 5% of the sum insured.
6. Accidental death definition to include death due to COVID-19 infection. Death due to Co-morbidities which were aggravated by the COVID-19 infection to be considered as death due to COVID-19 infection.
7. One time lump sum benefit of Rs. 50,000/- on diagnosis of COVID-19. This benefit is additional benefit over and above as mentioned at serial no. 1 to 6.

Please submit your expression of interest to Email – icmrstaffinsurance@gmail.com

If you have any queries do not hesitate to call Dr. R. Lakshminarayanan Mobile no.- 9422517998

Note: Please submit Draft Insurance Cover Document along with your EOI.