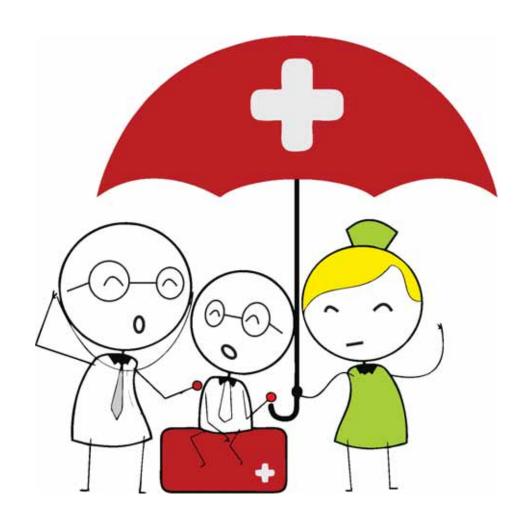


Journal January 2014



Rendering Yeoman Service

- Health Insurance





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From the Publisher

he progress of Health insurance in India over the years in terms of business figures has been magnificent. Although it made a late entry into the domain as compared to various other classes, it has reached a stage where it would be almost impossible for the older classes to catch up with it. The growth continues, although there was a time when the continuity was in check, more on account of other economic factors rather than the class itself losing its sheen. For a country which cannot boast of



very high standards of access to healthcare, this rapid growth in Health insurance speaks volumes of the importance that is being attached to the values of good health as also the problems of dealing with increasingly high medical costs.

A cursory look at this apparent progress would perhaps give an indication that everything that is desirable has been accomplished. However, it is one of the classes that are witnessing the highest number of policyholder related controversies, apart from registering one of the highest claim ratios in the entire industry. Above all, the levels of satisfaction among the policyholders of Health insurance leave a lot to be desired, despite the high claim ratios. It calls for a close scrutiny of the various factors by all the stakeholders so that the voluminous growth is matched by a less controversy-ridden reputation.

A particularly significant factor that is responsible for several of the ills in Health insurance is that many policyholders presume that it is a matter of right to make a claim after the payment of a few premiums. This trend indicates that the prospective policyholder has not been properly educated about the stipulations of the contract. While a poor understanding of the contractual obligations has generally been the bane of the Indian insurance industry for long, Health insurance calls for a little more application from the distributors and other marketing officials in explaining the nuances to the prospects. Being one of the two indicators of societal growth, education being the other, health is a subject that has to be treated beyond the mundane aspects of business growth and profitability. It is hoped that all the stakeholders will rise to the occasion and ensure that the controversies associated with the class are put to naught at the earliest opportunity.

'Health Insurance' is the focus of this issue of the Journal, and considering its vast importance and scope; the next issue will also focus on 'Health Insurance'.

T.S. Vijayan



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FROM THE EDITOR

Calling for Best Attention

- Health Insurance

ver since we have gained independence, the focus of the policymakers has been on providing at least the basic amenities of primary healthcare to the entire population. For long, several epidemics have taken a heavy toll on the rural population - owing to their living habits further aided by either under or mal nutrition. The cause was also fanned by an extreme degree of fatalism that prevails even to this day among the ignorant masses. Thankfully, we have seen the last of epidemics owing to medical research. However, access to medical care in the rural areas still leaves a lot to be desired.

One close look at the availability of even the primary medical services at any village in any part of the country would be sufficient to reveal that the facility is grossly inadequate; and at several places totally non-existent. This compels the village folk to rush to the nearest town or urban centre in search of the services. Apart from losing the wages for the day, the episode results in almost the entire savings being wiped out; and in extreme cases, pushing the family further into a debt spiral that they hardly find easy to come out of. On the other hand, several clinics and nursing homes, taking advantage of the ignorance of the village folk, exploit them making it even worse.

The case is not much too different for the urban poor. Although the medical facilities may be accessible, affordability is a big question for such people who find it hard even to make the ends meet. Universal healthcare has been, for long, touted as the only way out for such a situation and several countries have practised it in some form or the other with varying degrees of success. India is currently grappling with the problem of providing at least the basic healthcare to its entire population and several models are being worked out to accomplish this humongous task. Insurance has certainly a large role to play in the overall scheme of things. if a large country like India, with the population being spread across different areas and segments, has to achieve this target.

'Health Insurance' is the focus of this issue of the Journal, Mr. P.C. James discusses in detail the evolution of different models of providing healthcare that were practised across different parts of the world; and on how to identify a feasible solution to the nagging problem in our own country and what role insurance will have to play in achieving this. In the next article, Dr. Rohit Kumar and Prof. K. Rangarajan bring in the concept of risk pooling through insurance as a viable solution against families becoming destitute after a severe calamity strikes them in the form of disease and disability of the breadwinner.

One often-heard comment in the domain of Health insurance is that there is no uniformity in the payment of claims with regard to the quantum as also with the efficiency of timely settlement. Mr. Anil Khanna talks about the role of IT driven services that tend to eliminate manual interventions for faster and hasslefree services to policyholders through a healthcare clearing house. A lot of debate has taken place on the subject of Obama-Care - its positives and otherwise - all over the world. Mr. N.M. Behera brings about a threadbare discussion of the Affordable Care Act that the Obama-Care is originally known as; and whether there is any learning for India in the postulates of this Act. The changing picture of the demographic profile is giving jitters to several decision makers in various fields. We have given the first part of the travails associated with working out an efficient ALM for a pension fund last month. In the 'follow through' section, Ms. D. Vijayalakshmi and Dr. Steward Doss continue with their work and comment on the importance of a person entering a pension or an annuity account at an early age so that there can be a better assessment of the functioning of the account.

The subject of Health insurance and the issues associated with it are endless; and we will bring you a few more articles in the domain in the next issue of the **Journal**.

U. Jawaharlal



Order

Ref.: IRDA/BRK/Misc/ORD/007/01/2014

03-01-2014

IN RESPECT OF M/S ADARSH INSURANCE BROKERS CORPORATION LIMITED

- 1) M/s Adarsh Insurance Brokers Corporation Limited (the applicant entity) had submitted an application dated 29th April, 2013 (the application) under the provisions of IRDA (Insurance Brokers) Regulations, 2002 (the Brokers Regulations) seeking a licence to act as a Direct Broker.
- 2) The Insurance Regulatory & Development Authority (the Authority) had sought further information through the following communication:
 - i) Letter Reference No. IRDA/ DB 546/13 dated 11th June, 2013
- 3) In the absence of any response, a mail dated 19th August, 2013 was sent to the Applicant entity directing them to reply within 10 days time.
- The Applicant entity failed to respond to both the letters of

- the Authority so a last opportunity was provided vide a letter dated 7th November, 2013. The Applicant entity was given 15 days time to comply with all the requirements or else could face rejection of their application under Regulation 7 of IRDA (Insurance Brokers) Regulations, 2002.
- 5) The Applicant entity, vide letter dated nil, received on 20th November, 2013 sent some of the requirements called for. It was noted that the Company did not have in its employment two persons (including the Principal Officer) who have passed the braking examination.
- 6) To enable the applicant entity to complete the application, an attempt was made by sending a mail dated 6th December, 2013 directing them to comply within 15 days. It was made clear that unless all the requirements were complied with and sent, their application would be rejected under Regulation 7

- of the Brokers Regulations without any further notice.
- 7) The Applicant Entity vide a letter dated nil, received on 19th December, 2013 chose to comply with only one requirement out of eight which indicates that the Applicant entity does not have intent & infrastructure to pursue the application.
- 8) It is clear that the Applicant Company has failed to complete the application in all respects and has not confirmed to the instructions specified in the Form A of the Brokers Regulations even after getting many opportunities.
- 9) Hence, the Authority in exercise of the powers vested with it, in terms of Regulation 7 of the Brokers Regulations, hereby rejects the application submitted by the applicant entity.

D.D. Singh Member (Distribution)

Date: 31-12-2013

Circular

Ref: IRDA/Adm/Cir/003/Dec13

Applicability of Service Tax on the Services provided by IRDA

Attention is drawn to the Finance Bill, 2012 by which provisions Service Tax is applicable to services provided by IRDA in the grant of registration, licenses, renewals etc. to the regulated entities in the Insurance sector. Accordingly, IRDA is required to collect Service Tax from its service

receivers i.e. Insurance Companies, TPAs, Brokers, Agents, Insurance Repositories, Web Aggregators, Referral Entities and Surveyors. The Authority in its 815t Meeting held on 31st December, 2013 has approved for collection of applicable Service Tax on the services rendered by the IRDA to above service receivers, with effect from the 1st January, 2014.

Accordingly, the above mentioned categories of service receivers should add Service Tax component, as applicable, to the fees while making any remittances to the Authority from 1st January, 2014.

Sriram Taranikanti Executive Director



IN THE AIR

Order

Ref.: IRDA/BRD/ORD/LC/ 02/2013 IRDA/CB 179/03

RECONSIDERATION ORDER OF THE CHAIRMAN OF THE INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY UNDER REGULATION 14(4) OF IRDA (INSURANCE BROKERS) REGULATIONS, 2002

In the matter of M/s. Athena Insurance & Reinsurance Brokers Pvt. Ltd. application, dated 5th May, 2012, which was received in the Authority on 10th, May 2012, seeking grant of Renewal of Composite Broking License

M/s. ATHENA INSURANCE & REINSURANCE BROKERS PVT LTD (hereinafter referred to as the 'Broker') having its Registered and Principal place of business at 414A/ B, 4th Floor, Yusuf Building, 49 Veer Nariman Road, Hutatma Chowk, Fort, Mumbai 400 001 have been granted license by the Insurance Regulatory and Development Authority (hereinafter referred to as the 'Authority') to act as a Composite Insurance Broker, vide License No.171 on 09.06.2003 and renewed till 08.06.2012 pursuant to the provisions of the IRDA (Insurance Brokers) Regulations, 2002 (herein after referred to as the 'Regulations').

Whereas, the Broker had applied for the renewal of their composite Insurance Brokers license No.171 as per Regulation 13(1) of IRDA (Insurance Brokers) Regulations. 2002 vide their application dated 05-05-2012 together with supporting documents.

Whereas upon careful scrutiny of the application and all the correspondence exchanged as available with the Authority, it was noticed that the broker had committed the following violations of the Regulations:-

- 1. The broker's letter dated 13-07-2009 informing the Authority about the incorporation of M/s. Athena Insurance Brokers Ltd. was not received by the Authority as per the records available with the Authority. The MOA of the newly formed company is submitted by the Broker at the instance of the Authority. This act of concealment of the above fact and failed to disclose to the Authority the material information about the new company attracts provisions of Regulation 28(1)(ii) of the Regulations.
- 2. The Broker has informed in the renewal application that the new company M/s. Athena Insurance Brokers Ltd. has been formed in order to carry out cross national business only i.e. for placing insurance business from one foreign country to another foreign country directly.

In contravention to the above, the main objects clause of MOA of the newly formed company envisages the broker to carry on in India or abroad all functions and related activities of Composite Insurance Brokers to act as Agent, Brokers, Representative, Surveyor, Sub-Insurance Agent, Franchises, Consultant, Advisor, Colla-

borator, Underwriting Agents for all types of insurance. assurance and re-insurance braking business. Thus, the Broker has violated Regulation 9(2)(H) of the IRDA (Insurance Brokers) Regulations, 2002.

01-01-2014

- M/s. Athena Insurance Brokers Pvt. Ltd., which has been incorporated in India, has not been granted license by the Authority to do any insurance braking business. It is noticed by the Authority that the newly formed company has been carrying out the insurance activity and substantial business has been placed since its formation in 2009. This act of the unlicensed entity attracts provisions of Regulation 17(1) of the IRDA (Insurance Brokers) Regulations, 2002 and Section 420(8) of Insurance Act. 1938.
- 4. M/s. Athena Holdings (India) Pvt. Ltd. are the main promoting company of the broker with 88.74% of shares in the broking company. The same promoter has formed another company in the name of M/s. Athena Insurance Brokers Pvt. Ltd. to carry out insurance business with the intention of circumventing the provisions of Reg.9(2)(H) and Reg.10(iv) of the IRDA (Insurance Brokers) Regulations, 2002.
- 5. M/s. Athena Insurance Brokers Pvt. Ltd. have not filed any application with the Authority seeking granting of license. In the event of any breach



committed by M/s. Athena Insurance Brokers Pvt. Ltd. the protection of policy holders interest would be in question which may attract the provision of Sec.14(1) of Chapter IV - Duties, Powers and Functions of Authority of Insurance Regulatory and Development Authority Act, 1999.

6. The company has submitted a copy of the Office Memorandum dated 28-02-2011 issued by the Ministry of Finance. The company has stated inter alia that the purpose of opening of the new company is to place the business in respect of Multi Modal Transport Operator Liabilities. Protection and Indemnity and Freight Forwarders Liabilities, etc. and make outward remittances of insurance through the bankers.

The new company has placed the aforesaid business without valid broker license granted by the Authority. The difficulties expressed by the broker that the letter given by the Authority to M/s. Athena Insurance & Reinsurance Brokers Pvt. ltd. was not accepted by their bankers for outward remittances of insurance, is not tenable. Even in such a situation, the broker should have brought out the same to the notice of the Authority. which the broker failed to do so.

In view of the aforesaid violations committed by the Broker. the Authority in exercise of powers vested in it under Regulation 14(1) of the IRDA (Insurance Brokers) Regulations. 2002 had refused to grant renewal of license to M/s. Athena Insurance & Reinsurance

Brokers Pvt. Ltd. to act as a Composite Insurance Broker vide order dated 08-10-2013.

Whereas the Broker aggrieved by the above Order of the Authority, made an application vide letter dated 16-10-2013 received on 18.10.2013 under provisions of Regulation 14(3) of the Regulations to the Chairman of the Authority for reconsidering the order of the Authority and requesting the Chairman to provide an opportunity of personal hearing.

Whereas the Authority accepting the request of the Broker. granted them personal hearing with the Chairman on 22-11-2013. Pursuant to the personal hearing, the Broker was advised to submit certain additional details as discussed during the hearing vide Authority's letter dated 22-11-2013.

Whereas the Broker vide letter dated 28.11-2013 sought time from the Authority to submit the details by 06-12-2013 and subsequently vide letter dated 30-11-2013 submitted the details, which was received by the Authority on 07-12-2013.

After consideration of the submissions made by the Broker during the personal hearing on 22-11-2013 and the information furnished subsequently vide letter dated 30-11-2013, it is observed that:

1. The main promoter of the Broker, M/s. Athena Holdings (India) Pvt. Ltd. holding 88.74% shares of the broker, had incorporated a company by name 'Athena Insurance Brokers

Ltd' in the year 2009. The company has acted as an insurance broker. without license from the Authority, to policy holders including Indian companies and thus attracting the provisions of Section 420 (8) of the Insurance Act, 1938 and Regulation 17 of the IRDA (Insurance Brokers) Regulations, 2002.

2. The Principal Officer of the broker Mr.S.P. Kulkarni, is holding the position of lifetime managing trustee of M/s. Rukhmani Charitable Trust since the year 2002 and the trust activities include insurance related activities. This fact has been confirmed by the Broker only after the information has been sought by the Authority after the personal hearing dated 22nd November, 2013. Thus, the broker has violated the provisions of Authority's circular dated 18111 August, 2004 and Regulation 28(1)(ii) of the IRDA (Insurance Brokers) Regulations, 2002.

In view of the foregoing and under powers vested in Regulation 14 (4) of the IRDA (Insurance Brokers) Regulations, 2002, I am of the considered view that there is no merit in the Appeal filed by the 'Broker' and, hence. the Authority's order dt 08th October 2013 refusing the renewal of composite braking license of M/s. Athena Insurance and Reinsurance Brokers Private Limited is upheld.

T S Vijayan Chairman



IN THE AIR

Circular

Ref: IRDA/F&I/CIR/INV/008/01/2014

The CEOs of all Insurers

Sub: Investments in M/s L&T Infra Debt Ltd. IDF- NBFC

- The Authority vide Fifth Amendment to IRDA (Investment) Regulation, 2000, notified in Gazette on 16th February, 2013, stipulated that investment in Infrastructure Debt Fund, backed by Central Government as approved by the Authority, on a case to case basis shall be reckoned for investments in infrastructure.
- 2. The Authority is in receipt of application from M/s L&T Infra

Debt Ltd. seeking the approval for the issue of Rs. 500 crs. Secured, Redeemable and Non-Convertible Debentures to enable the Insurance companies to reckon for Investments in Infrastructure.

- 3. The Authority reviewed the applications received and decided that the investments by Insurers in the above issue can be reckoned as investment in Infrastructure sector.
- 4. The exposure limits and Industrial classification of such investments in the above are

07-01-2014

governed by Note 3 to Reg.9 of IRDA (Investment) Regulations, 2000 read with the IRDA Cir.No. IRDA/F&I/INV/CIR/155/08/2013 dated 7th August, 2013. The categorization of the above investments is based on the rating of the instrument from time to time.

R.K. Nair Member (F&I)

Compliance

Ref: IRDA/Life/2013-14/43

Mr. Anup Rau, Chief Executive Officer & Executive Director, Reliance Life Insurance Company Ltd., 9th& 10th Floors, Building No.2, R-Tech Park, Nirlon Compound, Next to Hub Mall, Behind 1-Fiex Building, Goregaon (East), Mumbai 400063

Re: Compliance with AML Guidelines

Reference is invited to the onsite inspection carried out by the Authority during May, 2013 to examine the extant compliance procedures to comply with the AML Guidelines issued by IRDA. The Authority forwarded the copy of the inspection report to your company under the letter dated 24-June-2013 and sought the comments to the same. Upon examining the inspection report and submissions forwarded vide your letter dated 15-

July-2013, the Authority issued notice to show-cause to your company vide letter IRDA/Life/2013-14/43 dated 04th October, 2013.

The findings on the explanations offered and submissions made by your company to the issues raised in the show cause notice dated 4th October 2013 and the decisions are as follows

Charge- 1: The requirement of PAN above Rs 50000 is examined at transaction level and not at client level. This is in violation of Clause 3 (I) of AML Master Circular IRDA/F&I/CIR/AML/158/09/2010 dated 24/09/2010. The submissions of your company that there is a check at the client level in the main I core policy holder system which is populated by the receipting system are considered.

12-12-2013

Charge - 2: In one of the instances, third party cheque was accepted without examining the insurable interest which is regarded as a violation of Clause 3.1.1 (vi) of the above referred AML Guidelines. The fact that it was a one-off instance and the submissions that the cheque issued by the father on the policy of the son is accepted based on insurable interest are taken into account.

However, the Authority advises your company to strengthen the procedures for complying with the AML norms prescribed by the Authority from time to time. The receipt of this letter be acknowledged and compliance submitted before 31/December/2013.

(V. Jayanth Kumar)
Joint Director (Life)



VANTAGE POINT

Being Objective in Risk Assessment

- Health Insurance

'The lack of understanding by the policyholders with regard to the elements of the Health insurance contract, further aided by 'moral hazard' is largely responsible for the high claim ratios; and better availability of information will go a long way in helping the cause' opines **U. Jawaharlal.**

everal countries of the world have the avowed objective of providing the best of health to their citizens - and in this regard it is understood that the best of health would mean their continued wellbeing and not merely an absence of a disease or an illness. It is a million dollar guestion as to how many countries have really been able to achieve this. It would however be adventurous to look at the others when we, in India, have not been able to achieve this by any stretch of imagination. Despite being a priority subject on the agenda in plan after plan, why we are nowhere near the objective is highly debatable; and certainly out of the purview of discussion here.

Nevertheless, taking a cue from the pronouncement of 'continued wellbeing' as mentioned above, there is a lesson for the insurers to concentrate on preventive healthcare while designing the policies - rather than being fully focussed on post-hospitalization procedures. It has been suggested over the years that by concentrating on preventive healthcare of the

policyholders, insurers would gain by way of avoiding or at least greatly reducing the amounts of claim payment; and to this extent, it is worthwhile spending on educating and monitoring the policyholders on adopting practices of preventive healthcare. In the Indian domain, however, one problem associated with this would be the 'moral hazard' in relation to the commitment of the policyholders and monitoring them.

The additional sensitivity of moral hazard in the domain of Health insurance is something that is common knowledge for several of the stakeholders. The major role of service providers, who are not under any regulation, adds another dimension to the problems of the Health insurance domain. It is hoped that several measures initiated - like Standard Treatment Guidelines, for example - would go a long way in reducing the problems associated with the class. Lack of quality information has been quoted as a major reason for long for several of the problems in insurance in general, and in Health insurance in particular. It is hoped that the major strides of progress being made by the Insurance Information Bureau will smother the ill-effects of such a phenomenon.

Cross subsidization has been a major factor for the lopsided growth of the Non-life sector of the insurance industry. While it would be too naïve to believe that it could be wiped out entirely, effort should be in place to bring it down to the minimum levels. For this to happen, a better assessment of the risk without a consideration for other business reasons should be the foremost priority of underwriters. In the area of Health insurance, the incidence of a higher claim ratio in the group accounts that is detrimental to the policyholder community at large is a case in point.

'Health Insurance' will once again be the focus of the next issue of the **Journal** and there will be write-ups from experts in several other areas of this large domain.

in the next issue...

'Health Insurance'





ISSUE FOCUS

In Pursuance of Universal Health Insurance in India

- Through Private Health Insurance?

P C James asserts that with a majority of the population being in the rural areas and working in the informal sector, achieving universal Health insurance coverage may not be an easy process, especially in India.

niversal healthcare is a goal that is pursued by all countries led by the Alma Ata Declaration in 1978. Article 1 of the Declaration affirmed that health which it defined as the 'state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity', is a fundamental human right. The World Health Organisation (WHO) in their World Health Report 2000 on Health Systems stated that a health system should carry out four vital functions, namely: "service provision, resource generation, financing and stewardship". The report went on to say that the responsibility of health systems is not merely to improve the health of people but also to protect them against the financial cost of illness. If financing is a necessary function, the insurance function logically follows as the occurrence of illness or injuries is subject to uncertainties.

At the beginning of the 20th century organised health systems barely existed, but the seeds of Health insurance were sown much before,

when the industrial revolution made real, the risks of injury and disease to the workers. This gave rise to the formation of sickness funds in Europe which was formalized as social insurance in Germany by Bismarck through the Health Insurance Act of 1883 which took over the sickness funds to increase the workers' economic security. It made mandatory employer contributions for the health coverage of their employees. Social Health insurance spread across most of Europe and to other parts of the world slowly led by almost full employment through the formal

If financing is a necessary function, the insurance function logically follows as the occurrence of illness or injuries is subject to uncertainties.

sectors in those countries. The other important model for state-led healthcare was the Beveridge model, based on the 1942 Beveridge Report (UK). This created the National Health Service of UK in 1948, under which everyone was to receive the best medical and related services, free of charge and the State was to finance the scheme through taxes. The third model is the US model, where employer-led insurance is the norm, in which the employer may organise the pooling and the purchase of care direct as a self-insurer or move through an insurer or any managed care provider. In addition the US also introduced public Health insurance programs, funded by the federal government and state governments, notably Medicare mainly for senior citizens above 65, and Medicaid for the very low income persons. All other countries where universal or near universal Health insurance is prevalent follow broadly one of these models in the financing of healthcare.

The features of these three models have given rise to expectations and





rights in the field of healthcare wherein medical care and insurance are treated as a right, and hence in healthcare financing, it is not considered appropriate to go in for cold economic rationality or allocation based on pure economic criteria. For some the right is absolute and markets should play no role in the allocation of medical services. More moderate positions assign the government with a special responsibility for medical care in line with the stewardship role, as identified by WHO, which means that a government-led system of Health insurance or a set of subsidies must be there to make healthcare accessible, affordable and equitable. Economists Hsiao and Heller (IMF Working Paper, 2007) commented that health policies may vary from country to country depending on need, but cautioned that governments should establish institutions to finance healthcare and pool health risks, rather than rely on the free market. Subsidies should be offered to the poor and those in need, and governments should ensure that there is equitable health financing.

Health and Development:

The Report of the (International) Commission on Macroeconomics and Health has stated that 'the linkages of health to poverty reduction and to long-term economic growth are powerful, much stronger than is generally understood'. The burden of disease is often a barrier to growth, and hence health assurance

Ala

The report of the National Commission on Macroeconomics and Health (NCMH, India) goes on to add that health is "a vital public good and a basic human right".



to the population is central to any development strategy. The report of the commission also pointed out that in a global survev commissioned for the Millennium Summit of the UNO, good health is ranked as the number one desire of people around the world. The reiteration of health's critical role is made equally clear in India's developmental agenda. The report of the National Commission on Macroeconomics and Health (NCMH, India) goes on to add that health is "a vital public good and a basic human right". Thus good health is seen as a necessity for all, it is an important personal asset, and an invaluable part of the human capital.

In developing countries, the need for universal healthcare is even more telling. Just as poverty leads to multiple routes for ill health, good health enhances development in many ways. Improved health also has the benefit of reducing poverty at the family level as a catastrophic illness or injury can lead to a debt

trap that can impoverish families for years. There is thus a moral imperative to introduce Health insurance among the poor in developing countries like India. A World Bank study [World Bank 2001] found that those hospitalized in India spent more than half (58%) of their total annual expenditures on healthcare. More than 40% of the hospitalized persons had to borrow money or sell assets to cover their expenses. It was also found that one fourth of those hospitalized in India fell below the poverty line because of hospital expenses, as payment had to be made out of pocket.

Health Insurance

The case for Health insurance, irrespective of who provides it, has been studied for long by economists and other experts. Kenneth Arrow, the Nobel Prize winning economist, said that the concept of risk in health is obvious. Illness is, more often than not, an unpredictable phenomenon. The characteristics of health risk needs a relief that can be best met only through a financing scheme that at least mimics the insurance concept. This is seen as a social and economic necessity. Such insurance would get primacy over other protection packages, given the real and emotional concerns that people have regarding health, which gets more and more compelling as longevity and prosperity keeps rising. The unpredictability of illness or injury makes it difficult to plan for losses and the potential size of major



losses make individual savings quite futile; and even if they are not, expending hard earned savings make return to poverty a certainty for many. Further from a societal point of view, health is not merely a personal matter but is also a social and developmental concern. This makes the need for health financing, not only a personal imperative but also a social, community and state level requirement.

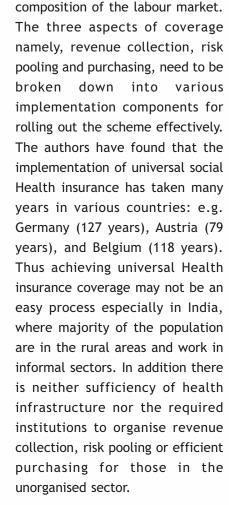
The urgency to provide protection is tempered by a realization that some of the characteristics of illnesses show that health incidents are not always ideal insurable risks. Certain types of health costs easily meet the insurability criteria such as emergency care and most hospitalisations. However, many other types of care are either predictable, frequent and/or of low cost. Hence, though Health insurance may not dovetail to the rigours of standard property insurance paradigms, insurers have focused on Health insurance through various prisms. Health insurance is provided by Life, Non-life and standalone Health insurance companies. A wide variety of indemnities and benefits are made available in the form of reimbursements, pre-authorisation and cashless service, managed care, health savings accounts, and many types of benefit formats including onetime benefit payments as in critical illness and so on. Due to the importance given to healthcare at

all levels, consumers of Health insurance also get proactive support in the form of interventions on their behalf by legislatures, political executives, regulators and the judiciary across the world.

Social Health Insurance/National Health Service (SHI/NHS)

In analyzing the implementation of Social Health Insurance (SHI), authors Carrin and James, (WHO 2004) conclude that various factors are crucial for transition to full SHI insurance. These include the level of income, the structure of the economy, the distribution of the population, the ability to administer social health coverage and the level of solidarity within a society. In implementing SHI, government stewardship is vital as also the

Due to the importance given to healthcare at all levels, consumers of Health insurance also get proactive support in the form of interventions on their behalf by legislatures, political executives, regulators and the judiciary across the world.



The Government could alternatively introduce national Health insurance on the lines of the UK model, but it is seen that in the Indian context, there is little fiscal space for scaling up sufficient taxation, whether at the local (as in Sweden), state, or national (Britain) levels, to cover the whole population as the capacity to raise further revenue is weak as the tax structures for those who pay are already high and the population paying direct taxes is miniscule and is rising very slowly. In addition the institutional capacity to offer medical service in the government sector is critically





insufficient; the services are reportedly poor and patchy. Thus no tax based insurance has been attempted to finance healthcare in India, though in all Government hospitals the treatment is free or near-free, but such services are totally inadequate to meet the needs of the ill in the country.

Public Insurance or Private Insurance

There is a continuing debate on the benefits of government (public) insurance, mostly compulsory, such as NHS/SHI vis-à-vis private or market Health insurance. George L. Priest (Geneva Papers, 2003) in an insightful article analysed the issues. He noted that, in his study of uncertainty economist Arrow, found that insurance markets especially for medical care, are not readily available and this put those who wish to transfer their risks to a loss of welfare. Insurance offers welfare gain as it transforms an uncertain liability into a certain payment. Arrow saw the government in the advantageous position of having the capability to spread losses of those few who suffer it across the entire population; so that it becomes easily affordable and in this manner what may be uninsurable in the private domain becomes insurable in the compulsory government mode.

However, the private insurance market, where insurance may not

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The benefit of relentless focus on risk reduction and cost reduction is not seen conspicuously in government schemes as they are focused on welfare.



be compulsory, will grow as wealth increases and because the insurance concept keeps expanding through many innovations to meet increasing needs. Due to this private insurance is now in a position to offer coverage even in correlated risk areas such as Agriculture insurance which may get sold even in remote rural areas and to marginal farmers through index and area based approaches. Insurance offers unique advantages in the risk sense that insurers design products and benefits in such a manner that there is a persistent push towards reducing risks across all those who take insurance, which aids in preserving wealth in the economy, allows those insured to take entrepreneurial risks and reduce their risk costs. The benefit of relentless focus on risk reduction and cost reduction is not seen conspicuously in government schemes as they are focused on welfare.

As already seen two modes of public insurance along with various types

of private commercial insurance are now in vogue. Considerable studies have been made on the viability and sustainability of another model called community based Health insurance, where local communities run insurance pools but as the size of their pools are small and they may lack the discipline of rigorous insurance and regulatory controls, the scope of community Health insurance may not be sustainable in the long run and may need to merge into country level public or private insurance pools. In a private insurance model, such community insurances may be encouraged to keep the local distinctiveness alive and flourishing, subject to the disciplines of good risk management.

Health Care and Health Financing in India

India began its search for healthcare by developing ambitious five-year development plans based on the Bhore Report of 1946 (WHO 2000). In health financing it tried to follow the SHI model by formulating the Employees' State Insurance Scheme (ESIS) in 1948. The benefit package is guite comprehensive and the scheme is financed by a three-way contribution from employers, employees and the State Government. However, the ESIS covered around only 25.3 million beneficiaries in 2003, which was then only 28 per cent of the organised sector workers, and slightly less than 3 per cent of



Indians (Gupta and Trivedi 2005). The current coverage is reported to be 55 million. The other notable government scheme is the Central Government Health Scheme (CGHS), which was introduced in 1954 as a contributory plan to provide medical coverage to central government employees (both working and retired) and their families. The CGHS covers around 4.5 million persons only (2005). There are a few other similar schemes such as for railways, defence-sector personnel and exservice men, but none of these have grown to cover any significant number of persons and their models cannot be scaled up due to their inherent limitations and costs involved. Gupta and Trivedi (2005) note that if one were to take the expenditure on CGHS as a percentage of total expenditure of the health department, it amounts to 14% of the total and the coverage is for less than 0.3% of the working population and less than 0.5% of the entire population (the scheme includes the retired also).

It was in this context that the Government of India turned its attention to private Health insurance in 1986 through the nonlife insurance companies which were all government owned then. The first private Health insurance policy was called "Mediclaim Insurance" and this policy remained the only mainstream Health insurance cover during the nationalized insurance period till

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A significant addition to the Insurance Act was Sub-Section (2AA) which gave preference to Life or General insurance companies for providing Health insurance covers.



1999, but it did not make much headway in terms of universal coverage. In the financial year 1999-2000, when the opening up of the insurance sector took place, the then four nationalized insurers covered 3.9 million Indians and the premium written was INR 3804 million (NCMH, India, 2005, Background Papers).

Realising the importance of Health insurance and conscious that the prevalent global insurance models may not work as also seeing the stagnation of schemes such as the ESIS and CGHS, the law makers decided to give special thrust to Health insurance while amending the Insurance Act. A significant addition to the Insurance Act was Sub-Section (2AA) which gave preference to Life or General insurance companies for providing Health insurance covers. The term Health insurance was not defined in the Act but the Registration of

Insurance Company's Regulations, 2000 defined it. ""Health insurance business" or "health cover" means the effecting of contracts which provide sickness benefits or medical, surgical or hospital expense benefits, whether inpatient or out-patient on an indemnity, reimbursement, service, pre-paid, hospital or other plans basis, including assured benefits and long-term care".

Thereafter IRDA also issued a regulation called Third Party Administrators - Health Services Regulations, 2001, which introduced Health new insurance intermediary to the country. This allowed insurance companies to utilize the services of dedicated Third Party Administrators (TPAs) for Health insurance only, to give holistic insurance related services to the insured. Such services include issuing insurance cards for obtaining pre-authorisation from their empanelled hospitals, assisting the insured in various matters relating to their insurance through 24 hour call centres, processing of both cashless and reimbursement claims speedily and maintaining Health insurance data for research and analysis.

The impetus given by the regulator brought in a more vigorous dynamism to the Health insurance sector and all insurers brought out many varieties of products, and on the back of improved services Health insurance premium and



stood at 245 million in 2010, as per sponsored schemes including ESIS the state of Tamil Nadu, 35 million. and The Chief Minister's scheme of Andhra Pradesh State, 70 million, the Rajiv Aarogysri scheme of (RSBY) which covered 79.45 million, Rashtriya Swasthya Bima Yojana extraordinary rise were the that primarily contributed to this covered by some form of Health of the country's population were 302 million individuals or about 25% Commission (2011), approximately foundation of India for the Planning the study done by the Public Health last four years. As a result as per runaway success, particularly in the insurance schemes which have been bringing on a series of government registered insurers and TPAs for Health insurance route, using the state governments used the private Government of India and various at the rate of around 35% CAGR till the report. The total coverage of Government insurance in 2010. The new schemes funded recently. In the meanwhile the covered persons have been growing or subsidised Health

RSBY was launched by the Ministry of Labour, Government of India, in 2008 to provide in-patient hospitalisation cover of ₹30,000 to persons below the poverty line (BPL) as one of its social security programs. It draws its strength from four pillars of (1) strong stewardship from the Ministry of Labour of the central government and the concerned state governments, who

both finance the premium on a 75:25% basis, (2) the public private partnership model of the scheme using insurers, TPAs and others at the local level for enrolment, carrying the risk and servicing the scheme, (3) full support from the insurance industry in running the scheme, and (4) the use of a robust IT platform and smart card. RSBY has now been adopted by most of the states and the others are in the process of planning and discussions.

Schemes such as RSBY are not comprehensive on the lines of the ESIS or CGHS, but are need based and reasonably priced and their rapid growth could be assured as they fit the paying capacity of the governments concerned and meet important social security needs relating to health especially among



At the other end, for those in the higher income brackets, there are more than 300 Health insurance policies from more than 30 insurers to choose from across all levels of sum insured, benefits, period of insurance and other options.



the targeted below the poverty line (BPL) population. At the other end, for those in the higher income brackets, there are more than 300 Health insurance policies from more than 30 insurers to choose from across all levels of sum insured, benefits, period of insurance and other options.

may clarify the future paths that Health insurance, led by rapid government, the regulator and the of the liberalization of the insurance of affordable healthcare. achieve a desired universalization of success and sustainability to and smart cards sends clear signals the use of PPP model, and use of IT may take in the future. Its viability, universalization of Health insurance a market and risk based approach down strategies. This move towards coverage through bottom up and top push towards universalization of insurance industry, there is a clear Health sector, based on the thrust given to Thus it is clear that within a decade insurance bγ

Countries where public Health insurance is universalised are facing increasing fiscal headwinds as they fear the onset of various demographic problems having long term financial implications such as birth rate below replacement rate, life expectancy increase and an explosion in the proportion of retired people (CEA 2004). Since these countries are in the developed category, the same sort of situation awaits the developing ones at a



later date and foresighted policy makers need to factor in these developments before taking on new and expanding financial onus onto the public exchequer. In these countries also, private insurers have been active in responding to private demand for a variety of complementary, supplementary, substitutive, duplicative and even mandatory private medical insurance - Netherlands (CEA 2011). Another CEA report in 2006, noted that Health insurance premiums collected by private Health insurers have been steadily increasing since 1998 in EU, led by the growing share of population demanding such products as also the relative withdrawal of the state from public health protection systems. The number of persons covered went up from almost 48 million in 1994 to 71.5 million by 2004 in 10 EU countries. These figures are indicators for the future.

As for India, it is not only hobbled by fiscal constraints but also the lack of public health infrastructure that additionally prevent adopting the traditional route of public health insurance. In this regard a COPU (Committee on Public Undertakings consisting Members of Parliament, India) report on Health insurance in 2006 noted that even though the total health expenditures represent 6.1% of India's GDP, but most of this amount, representing 4.8% of GDP is the share of private expenditures and only 1.3% of GDP is public

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Health insurance as has been developed worldwide is full of complexity, with diverging understanding of the subject and a range of expectations.



expenditure. Of the 4.8% private expenditure, 98.5% are out-of-pocket spending by users and this huge burden of expenditure does not get relief through any pooling mechanism. Therefore the concern of the lawmakers was how to bridge this pooling deficit in the country through mechanisms of insurance because the health infrastructure was predominantly private. Developments subsequent to the report provide some clarity for future pathways in this area for the country.

Health insurance as has been developed worldwide is full of complexity, with diverging understanding of the subject and a range of expectations. Thus people expect medical coverage from birth to death and for all health needs starting from doctor visits, to catastrophic incidents as also long term care. Some feel that health risks cannot be managed and only transfer of income can take place

healthy to the sick, but also from the rich to the poor and from the young to the old. All these expectations may take the solidarity concept to unsustainable heights. In the area of health risks, while genetic risks are a given, the risks from behaviour and lifestyles are sharply increasing and unless they are managed and controlled, not only financing systems but also social welfare will be affected. Similarly insurance coverage of the predictable, the routine outpatient type, the chronic, the long term care and the end-of-life, need much more active management, if at all, they are to be covered. Private insurance in a competitive setting have the capability to work on these in a context of government stewardship and regulation. Experts also point to the need of letting 'a hundred flowers bloom' in the healthcare and financing models (Planning Commission Report 2006). In standard insurance settings as numbers grow, insurers will need to say no to an increasing number of uninsurable individuals owing to chronic high cost treatments, who will have to be moved to a high risk pool where the public would look to the government to finance the care. Such targeted spending could be the agenda for future government consideration apart from premium subsidy to the poor. Therefore the Indian model which has shown remarkable coverage in the last few years can be taken forward, with increasing

and this should be not only from the



sophistication and variety so that all receive need based coverage of one type or another in a few years. Much remains to be done for ensuring a favourable and stable private Health insurance environment, so that, in the absence of other alternatives the country can get universal health coverage through private Health insurance. Health financing is too important for the country to ignore and every stakeholder in the system must provide the sustainability answers to the complex problems faced by healthcare and financing to ensure universal coverage.

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ISSUE FOCUS

Strategies for Synergy

- Health Insurance in India

Dr. Rohit Kumar and **Prof. K. Rangarajan** argue that the complexity of dealing with disease management among the various sections in India would automatically drive Health insurance to a different level in the days to come.

Introduction

To be able to do justice to the topic one needs to first understand the concept of risk pooling and importance of Health insurance in the current context. Having understood the concepts, the next step would be to understand the economics of healthcare in India. This would help in analyzing the health current financing mechanisms, healthcare system, disease burden, healthcare cost (hospitalization) and would lead to discussion on funding of Health insurance scheme. A closer look at the Indian Health insurance industry would help throw light on the important incidents that occurred during the last decade. This would set the stage for discussion on Indian Health insurance model and the different stakeholders involved. For developing strategies for synergy it would be important to understand the issues, attitude and interest of different stakeholders. Finally, one needs to look at potential strategies at different level that can drive the growth of Health insurance business in India in the decades to come.

Background

In no line of human endeavor does the interdependence of men manifest itself more clearly than in insurance. Although the insurance principle is centuries old, planned achievement of security through transfer or sharing of risk has developed only with modern society. When man lived alone or in primitive family groups, insurance in a formal sense was unnecessary. Each family cared for its own as best as it could. When community living became more complex, men recognized the need for a system by which they could help each other in times of

In the case of insurance, the benefit is that the annual consumption of the family would be reduced only by the premium, the average cost of care.

adversity. From this need to have the assurance of help in the event of misfortune grew the earliest insurance plans (Kelly 1951).

The possible way to fund the financial loss due to ill health could be either through out-of-pocket payment, by paying premium to the insurance company contribution from the state or central government. The natural solution is to insure against the possibility of medical illness by poling risk with others in population. In the case of insurance, the benefit is that the annual consumption of the family would be reduced only by the premium, the average cost of care. By paying a fixed amount each term consumers will be able to protect themselves from large medical cost in future. This argument for instance is based on the expected utility theory and the premise that people generally prefer certainty to risk (Neumann and Morgenstern 1944). According to this theory, if consumers are sufficiently averse to financial risk, firms selling insurance can charge premium that covers the expected



coverage losses plus a loading fee, and still sell insurance.

The life and the earning ability of the breadwinner is the biggest asset of the average family. Viewing the home and the family as man's primary business, without insurance against loss or impairment of that life value, the family is vulnerable to, what is often, a catastrophic blow. The two hazards to which every income producer is subject are premature natural death and economic death due to disability (Faulkner 1960). Life insurance is the instrument that provides protection against premature death or superannuation whereas Health insurance finds its function in continuing the income of the insured during the time when, by reason of injury or disease, he or she is unable to work and to help him pay the medical expenses incurred towards getting cured.

Health insurance also becomes important because of the unpredictable nature of spending on healthcare. While individuals have some idea about their need for future medical services, the exact amount they spend on healthcare remains uncertain to them to a great extent. There is an argument that the shorter the time period, the greater is the percentage disparity in healthcare spending among individuals and as time period becomes longer the disparity decreases a little. In this case, looking over several years, the skewness of healthcare expenditure is quite high (Eichner 1998). One

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Health insurance also becomes important because of the unpredictable nature of spending on healthcare.



possible way to improve the healthcare provisions is by designing Health insurance benefit packages in a way that it meets the requirement of the given population. In any insurance arrangement aggregating risks through pooling is the key.

Insurance has a number of advantages. Other than being more equitable, it is one of the significant drivers of improvement in the healthcare provision by encouraging investment and innovation. This mechanism also helps in improving the quality and efficiency of public healthcare system by continually benchmarking it (Ahuja 2005). Insurable risk should have a low probability of occurrence, yet string adverse consequences if the loss does occur. This is where riskpooling mechanism comes into play. Since part of the individual risk is borne by the entire group of policyholders, the individual risk premium can be relatively low in relation to the size of a potential loss.

The economics of healthcare in India

The World Health Organization's report (2005) estimated the total health expenditure in India, as a percent of the gross domestic product (GDP), was 4.8 percent in 2003. This percentage has gone down to 4.2 percent in 2009 as per the Global Health Observatory of WHO. The government expenditure makes up only 19.67 percent, whereas out of pocket expenditure on healthcare services is by far the largest contributor to total health care spending in the country (Table 1). It is estimated that 71.13 percent of total health expenditure in India is borne by households. This is a tremendous strain on households which often lack the economic means to live. The social insurance funds account to only 1.13 percent.

Globally in 2006, expenditure on health was about 8.7 percent of gross domestic product, with the highest level in the Americas at 12.8% and the lowest in the South-East Asia Region at 3.4%. This translates to about US\$ 716 per capita on the average, but there is tremendous variation ranging from a very low US\$ 31 per capita in the South-East Asia Region to a high of US\$ 2636 per capita in the Americas. The share of government in health spending varies from 76 percent in Europe to 34 percent in South-East Asia. Where government expenditure in health is low, the shortfall is made up in low-income



countries by private spending, about 85 percent of which is out of pocket. This means that payment is made at the point of accessing health services. Such payment does not allow for pooling of risks and leads to a high probability of catastrophic payments that can result in poverty for the household¹. It is only when

the reliance on direct payments falls to less than 15-20 percent of total health expenditure that the incidence of financial catastrophe routinely falls to negligible levels (Figure 1).

The healthcare system in India is characterized by multiple systems

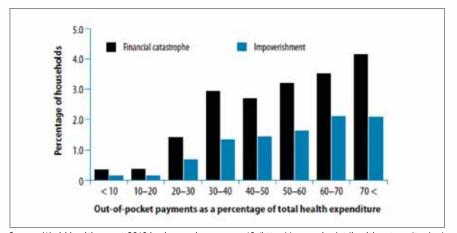
Table 1: Fund Flow to Health Sector by Source 2004-05 (in ₹ 000)

Source of Funds	Expenditure (in₹000)	Percent Distribution
A-Public Funds		
Central Government	90,667,581	6.78
State Government	160,171,666	11.97
Local Bodies	12,292,886	0.92
Total-A (Public Funds)	263,132,133	19.67
B-Private Funds		
Households*	951,538,903	71.13
Social Insurance Funds**	15,073,973	1.13
Firms	76,643,295	5.73
NGOs	879,761	0.07
Total-B (Private Funds)	1,044,135,932	78.05
C-External Flows		
Central Government	20,884,614	1.56
State Government	3,272,854	0.24
NGOs	6,337,673	0.47
Total-C	30,495,141	2.28
Grand Total	1,337,763,206	100

^{*} Household expenditure includes insurance premium paid to public and private insurance companies

and impoverishment

Figure 1: The effect of out-of-pocket spending on financial catastrophe



Source: World health report 2010 background paper, no. 19 (http://www.who.int/healthsystems/topics/financing/healthreport/whr_background/e).

of medicine, mixed ownership patterns and different kinds of delivery structures. While India has made significant gains in terms of health indicators - demographic, infrastructural and epidemiological (see Table 2) it continues to grapple with newer challenges. The country is now in the midst of a dual disease burden of communicable and noncommunicable diseases. This is coupled with spiraling health costs, high financial burden on the poor and erosion in their incomes. Around 24 percent of all people hospitalized in India in a single year fall below the poverty line due hospitalization. An analysis of financing of hospitalization shows that large proportion of people; especially those in the bottom four income quintiles borrow money or assets to pay hospitalization². This situation exists in a scenario where healthcare is financed through general tax revenue, community financing, out of pocket payment and social and private Health insurance schemes.

India spends about 4.9 percent of GDP on health³. The total health expenditure in India is around 5% of GDP, with breakdown of public expenditure (0.9%); private expenditure (4%). The private expenditure can be further classified as out-of-pocket (OOP) expenditure (3.6%) and employees/community financing (0.4%). It is evident that public health investment has been comparatively low. In fact as a percentage of GDP

^{**} Includes employer funds for social insurance Source: National Health Accounts 2004-2005(INDIA)



Table 2: Healthcare in India: Health Indicators (1951 - 2008)

Demographic changes	1951	1981	2000	2008
Population	361,088,090	683,329,097	1,028,737,436	1,160,813,000 (RGI)
Sex Ratio	946	934	933 (RGI)	111 (NRHM)*
Life expectancy	36.5	54	64.6 (RGI)	63.1 (NRHM)
Crude birth rate	40.8	33.9	26.1	22.8 (2009 SRS)
Crude death rate	25	12.5	8.7	7.4 (2009 SRS)
Infant mortality rate	146	110	70	53 (2009 SRS)
Epidemiology				
Malaria (cases in million)	75	2.7	2.2	1.53 (WHO)
Leprosy cases per 10,000 Population	38.1	57.3	3.74	0.88 (WHO)**
Small pox (no of cases)	>44887	Eradicated	NA	NA
Guinea worm (no. of cases)	>39792	Eradicated	NA	NA
Polio		29709	265	82 (WHO)
Infrastructure				
sc		51,405	137311	146036
PHC	725	5,740	23109	23458
CHC		214	3043	4276
Dispensaries & hospitals (all)	9209	23,555	43322 (95-96 CBHI)	
Beds (Pvt & Public)	117,198	569,495	870161 (95-96 CBHI)	
Doctors (Allopathy)	61,800	2,68,700	5,03,900 (98-99 MCI)	
Nursing personnel	18,054	1,43,887	7,37,000 (99 INC)	
* Projected	***	15. 10	m en et e	
** based on year 2006				
NHRM				
WHO				
CBHI				
MCI				
INC				

Source: Complied through different sources by the Author

it has declined from 1.3% in 1990 to 0.9% in 2010. Furthermore, the central budgetary allocation for health (as a percentage of the total Central budget) has been stagnant at 1.3% while in the states it has declined from 7% to 5.5%. In light of the fiscal crisis that the government at both central and state levels is facing, in the form of shrinking public health budgets, escalating healthcare costs coupled with demand for health-care services, and lack of easy access of people from the low-income group to quality healthcare, Health insurance is emerging as an alternative mechanism for financing of healthcare in India. However, this poses a challenge for funding of Universal Health insurance scheme. If the government is not going to finance the scheme then from where the funds are going to flow? Well, the answer to this is not simple and would require deliberations at a national level wherein all the stakeholders participate to identify the best funding mechanism. There are opportunities for public-private

partnership in this space and funding from international agencies could be explored. Here, the reinsurers will also play an important role by supporting the participating insurers in the Universal Health insurance schemes and in distribution of risk globally.

In India the proportion (per 1000) of population hospitalized is more in urban areas than rural areas (Table 3). This may be primarily because of availability of more hospital beds in the urban areas along with better and higher level of care. The population per hospital bed also differs across states. There are states like Gujarat and Maharashtra where the population per hospital bed is less than thousand, whereas there are states like Bihar and Orissa where the population per hospital bed it is more than three thousand. This clearly indicates that there is scarcity of hospital beds in India, especially in states where the

Table 3: Proportion (per 1000) of Persons Hospitalized in Rural and Urban Areas and Population per Bed in Selected States.

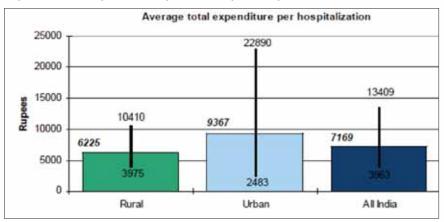
State	Rural	Urban	Population per Bed*
Andhra Pradesh	22	28	1057
Assam	11	16	1782
Bihar	10	10	3029
Gujarat	29	36	709
Karnataka	23	26	1319
Maharashtra	30	36	920
Orissa	23	30	3064
Tamil Nadu	37	37	1135
Uttar Pradesh	13	20	2647

^{*} Data relate to various dates: Andhra Pradesh (1998), Assam (1991), Bihar (1992), Gujarat (1995), Karnataka (1998), Orissa (2001), Maharashtra (2000), Tamil Nadu (1990) and Uttar Pradesh (1986) and are taken from Health Information of India (2003), Central Bureau of Health Intelligence, Directorate General of Health Services, Ministry of Health and Family We fare, Govt. of India. All beds should not be regarded as equivalent in terms of quality of care provided.

Source: NSS 60th Round, Morbidity, Health Care and Condition of the Aged. Report No. 507: p. 25, 2006.



Figure 2: Average total expenditure per hospitalization



Source: NSS 60th Round, Morbidity, Health Care and Condition of the Aged. Report No. 507: p. 56-61, 2006.

population per bed is more than thousand. Here, Health insurance can play a role by creating demand and by generating the capacity to pay, even for rural population.

The Figure 2 depicts the average total expenditure per hospitalization, which highlights the difference in average cost between the rural and urban areas. As could be seen, the average hospitalization cost is ₹6225 and ₹9367 for rural and urban areas respectively. At the higher end the cost difference is also higher, almost the double i.e. for rural areas it is ₹10,410 and for urban areas it is ₹22, 890. At an all India level the hospitalization cost ranges between ₹3,963 to ₹13,409, with an average of ₹7169. The average loss of income due to hospitalization could be seen in Figure 3. In the rural areas the loss of income due to hospitalization ranges between ₹480 to ₹716, with an average of ₹636. In the urban areas the loss of income due to hospitalization ranges between ₹350 to ₹1201, with an average of ₹745. Thus, while developing Health insurance scheme it would be important to keep the level of suminsured in a range that meets the hospitalization cost requirements.

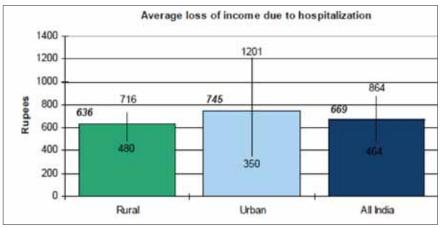
If the healthcare system promotes out of pocket expenditures then there would be a large percentage of population which would depend on private healthcare providers for their medical needs. This will lead to higher demands for the private care and thus the cost of care would increase much faster. A point will come when the healthcare cost would be so high that it would become difficult for an average

individual to afford healthcare cost. It will be then that the Health insurance companies would come into play and would try to apply the principle of risk pooling and principle of large numbers. There is growing evidence that the current health systems of nations around the world will be unsustainable if unchanged over the next 15 years. Globally, healthcare is threatened by a confluence of powerful trends - increasing demand, rising costs, uneven quality, misaligned incentives. If ignored, they will overwhelm health systems, creating massive financial burdens for individual countries and devastating health problems for the individuals who live in them4. Thus, Health insurance is increasingly being recognized as a preferred mechanism to finance health care provisions.

The Indian Health insurance industry

The Indian Health insurance industry was primarily dormant before the

Figure 3: Average loss of income due to hospitalization



Source: NSS 60th Round, Morbidity, Health Care and Condition of the Aged. Report No. 507: p. 56-61, 2006.



opening up of the market for private players. It is only after the privatization of the insurance market and introduction of the insurance regulator that one has seen rapid growth in this segment. The growth is also fueled by the complexities and challenges within the healthcare market. The health needs of the population are majorly funded through private means and different options are being explored for financing of healthcare in the Indian context. The social sector was deprived of the benefits of Health insurance and it is only recently that the Health insurance schemes for the population below poverty line had been launched by the government. In the last decade several incidents have occurred in the Indian Health insurance arena such as: growth in premium, detariffication, introduction of Third Party Administrators (TPA), introduction of cashless hospitalization benefits, increase in claim ratio, introduction of standalone Health insurance companies, launch of innovative products, increase in premium, increase in healthcare cost, minor improvements in the health indicators at the country level, increase in the number of cases going to insurance ombudsman and the implementation of mass schemes like Rashtriya Swasthya Bima Yojna (RSBY) across India (29 States).

Private Health insurance called "Mediclaim Policy" was introduced in 1986 in India by the government

owned insurance companies. However, its performance has not been very encouraging. By looking at the some of the earlier statistics on the growth of Health insurance premium, the story on Health insurance penetration becomes clearer. Though penetration of Health insurance has increased recently in India, the pace is very slow and much below the expectation (Rao 2004, Ahuja 2005). There have been some alternate ways to providing Health insurance like community based Health insurance schemes (CBHIs), but they serve a small local population with bare minimum financial benefits so as to keep the price contribution

IRDA is trying to bring in innovations that include allowing Life insurers to sell Health insurance; developing standard commission rates; review of capital requirements for setting up Health insurance companies, ensuring the involvement of service providers, extending insurance cover to the under privileged and assisting the states in developing options to provide insurance to the population. Another area of initiative is the creation and maintenance of database in the Health insurance industry. In the absence of data insurers, service providers and facilitators are handicapped in standardization of rates and services. IRDA is actively examining various ways and means for creation of such a database which would serve the dual purpose of both monitoring claims and help in pricing

of the products. The Working Group on Health insurance constituted by the IRDA with representatives drawn from various stakeholders looked into areas related to the promotion and development of Health insurance.

Health insurance model and potential stakeholders

Figure 4 depicts the Health insurance model. As could be seen there are different parties involved. The key members are the insured, the insurer, provider, regulator, intermediaries and the other stakeholders. Figure 5 depicts the different stakeholders involved in the Health insurance mechanism. To make any scheme successful it is important to understand the inter linkage between stakeholders keeping the customer at the center. The stakeholder's interaction network is depicted in Figure 6. As could be seen there are multiple interactions among stakeholders. For the growth and success of Health insurance in India it is important to manage the stakeholder's expectation, issues and interest.

On analyzing the contents published in one of the leading national news paper of India (Times of India) from 2007 to 2009, it was found that a total of 223 headlines were published in the area of Health insurance (Figure 7). These headlines contain words like health, insurance, insurer, insured, cashless and or mediclaim and were related



Figure 4: Health Insurance Model

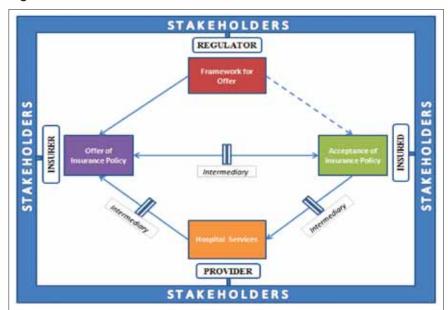


Figure 5: Potential Stakeholders in the Health Insurance Market



Source: Author's own creation

Source: Author's own creation

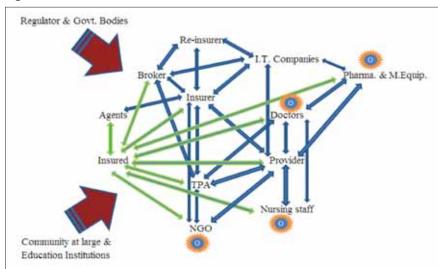
to the Health insurance domain⁵. The issues and interest of the stakeholders are depicted in Table4.

Strategies for implementation

The potential strategies that can help develop synergy among key stakeholders in the Indian Health insurance market could be categorized into different level i.e. at the industry level, at the firm level and at the insured level (Figure 8)⁶.

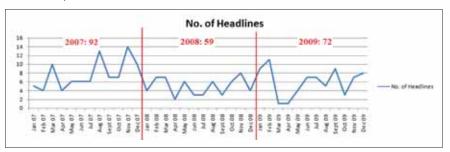
At the industry level four different strategies are being proposed. These are standardization; focus on technology and training; building trust and transparency; and regulatory and government interventions. At the firm level the strategies include - existing relationship between the insurers and providers; claims and cost; need for care and need for cover. At the insured and or customer level three

Figure 6: Stakeholder's Interaction Network



Source: Rohit Kumar, K. Rangarajan, "Health Insurance in India: Factors Affecting Synergy among Insurers and Healthcare Providers", Artha Vijnana, Vol. 53, Issue 4, pp.369-390, Pune, December 2011.

Figure 7: Number of Headlines on Health Insurance (TOI: 2007, 2008 and 2009)



Source: Content analysis undertaken by the Author



Table 4: Content analysis: stakeholder wise issues and interest

Stakeholders	Issues/ Interest
Community at large	Life insurance, Unique Cover, Insurance scam, Standalone health insurance, Affordability (high premium), Access, Differential rate, Lack of cover, New products, Growth potential, Role of doctors, Career prospects, Tax benefits, Commission paid to agents.
Government (Center and State)	FDI, Insurance for Poor, Need for cover, Tax savings, Coverage, Policy exclusions, Lack of Access and Awareness, RSBY, Aam Adami Bima Yojana, Cashless Facility, Divestment in PSU, Delay in processing claim and provider payment, Forcible sale of insurance policy.
IRDA	Training of Agents, Agent Commission, Definition of Pre- Existing disease, Cover for Sr. Citizen, De-tariff, Policy holder Interest, Mis-selling, Agents recruitment exams, Premium loading, Demand for skill set, Merger and Acquisition, Rising number of disputes, Norms for insurance IPO, Bancassurance.
GIC	Low penetration, Portability in mediclaim, Standardization, Common definition of Pre-Existing disease
Insured	Differential Premium, Poor claim processing, blacklisted hospitals, Insurance related fraud
Insurer	TPA services, Claims & Cost, Need for Cover, Product development, PED, lack of training and standardization, Fraud, Huge opportunity
Insurance industry	High Loss, Joint ventures, Brokerage and commission, Uniform hospital rates
Industry (general)	Competition, Investments, joint ventures
International Community	Outsourcing, Need for Care
Courts (High and Supreme)	Coverage, Health insurance Fraud
Consumer forum	Deficiency in service, Policy T&C, PED, Negligence
Teaching and Training Institution	Shortage of hospital, Lack of coordination between hospital and insurer, Career prospects in insurance, Cover for students

Source: Content analysis undertaken by the Author

different strategies are being proposed. These are awareness; access and ownership and value creation. The summary of different strategies at different levels, the proposed implementer of the specific strategy, the list of actions to be taken and the indicators are summarized in Table 5.

Conclusion

With the rising health care cost, increase in disposable income and high out-of pocket expenditure for funding healthcare, the only way forward for financing healthcare in a country like India is through Health insurance mechanism. There are multiple stakeholders involved in the Health insurance mechanism and have different issues and interest. There are different strategies at different level that may help bring in synergy among key stakeholders (e.g. insurers, healthcare providers, etc.) leading to growth of Health insurance business in India in the decades to come.

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Figure 8: Strategies for Successful Implementation

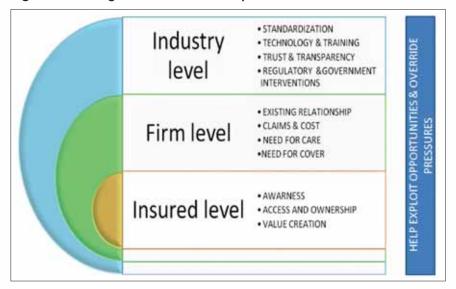


Table 5: Strategies at different level (Implementer, Actions and Indicators)

Level	Strategies	Implementer	Actions	Metrices/Indicators*
	Standardization	Industry Bodies	1. Selection of providers	Provider list and spread, Provider empanelment SOP
			2. Service level agreement (SLA)	Key performance indicators
			3. Standard Treatment Guidelines (STG)	No. of STGs documented and followed
			4. Standardize forms and format	Standardized cashless request form, etc.
	Technology and	Industry Bodies	1. Use of information technology	Paperless cashless transaction, etc.
	Training		2. Improve efficiency and effectiveness	Measuring error rate
Industry Trust and Transpared	STATE OF THE STATE		Specialized training institution and courses	No. of specialized training institutions
	Trust and	Industry Bodies	1. Honesty in dealings	No. of miss-selling cases (insurer)
	Transparency		2. Fairness in approach	Number of dual tariff cases (provider)
	Regulatory and	Regulator &	Develop policy framework	Policy document- with fixed periodicity
	Govt. Intervention Govt. bodies	Licensing of hospitals Develop health care infrastructure Regulation around quality and patient safety	No. of hospital registered Bed patient ratio, Doctor patient ratio Patient safety guidelines	
evel :	Strategies	Implementer	Actions	Metrices/Indicators*
	Existing Relationship	Incurer and provider	Provider Payment and frequency of tariff increase	Payment timelines, % increase in toriff
			Develop doctor-insurer relationship Develop relationship with intermediaties	Consultant empanelled with innurer No. of value added services
			4. Avail discounts for insured nationts	Claim ratio (cashless vs. reindurermen

Level	Strategies	Implementer	Actions	Metrices Indicators
	Existing Relationship	Incurer and provider	Provider Payment and frequency of tariff increase	Payment timelines, % increase in toriff
	550 C 100 C C C C C C		2. Develop doctor-inners relationship	Consultant empanelled with insurer
			Develop relationship with intermediaries	No. of value added services
	1		4. Avail discounts for insured patients	Claim ratio (cashless vs. reimbursement)
			5. Develop grievance handling mechanism	No. of grievance received from provider innurr
	Claim & Cost	Innerer and provides	Manage health insurance fisted	Fraud register (intimation, fraud proven and cost saving)
	1		2. Develop package rates	Package Vs non-package rates
Firm			Develop outcome based payment system	Morbidity and infection rate (provider)
			4. Use of co-payment and deductable	Under and over payment cases
	Need for Care	Provider	Develop, monitor and measure referral system	No. of non-referral case to tertiary care
			Develop and enhance existing infrastructure	No. of private players in rural areas
	Need for Cover	Innurer	Providing adequate cover and product innovation	No. of new product launched
			2. Prudent underwriting and correct encolment	Membership card re-issue cases
			3. Avoid over and under insurance	Policy benefit table

Level	Strategies	Implementer	Actions	Metrices Indicators*
	Awareness	Insurer	 Develop awareness about policy terms and conditions 	No. of advertisements
			2. Develop awareness about the cashless	No. of training conducted Awarness
			hospitalization process	sievey
Insured			Develop awareness about the preventive healthcare	No. of training camps
	Access and ownership	Provider	Provide access to insured.	Cashless Vs reimbursement cases
	THE STATE OF THE S		2. Take ownership of the insured	No. of complaints from instared patients
	Value Creation	Insurer and provider	Create value for the end customer	Customer satisfaction survey

^{*} Illustrations Only.

Faulkner, Edwin J. (1960). Health Insurance. New York: McGraw-Hill Insurance Series.

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- 6 This is based on the research study undertaken by the author that includes a closer look at the Indian Health insurance market and trends, stakeholder's analysis, value chain analysis and competitive diamond of Health insurance in India.

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ISSUE FOCUS

Healthcare Clearing House

- Shape of Things to Come?

Anil Khanna narrates the complexities associated with the processing of Health insurance claims and the advantages that a clearing house can bring for an easier and quicker processing.

he Health insurance sphere has been consistently showing upward progress and along with this growth; new product innovation and market expansion are becoming the key growth drivers. Along with these, processing of Health insurance claims and other associated processes are also emerging as focus areas.

Initiatives by IRDA

You may be aware that IRDA has issued a gazette notification dated 16th Feb 2013 called IRDA (Health Insurance) Regulations 2013 followed by 'Guidelines on Standardisation in Health Insurance' in which they have standardised pre-auth form and claim form to be followed commonly by the industry and directed the providers for sending the same electronically as per Annexure VIII of the guidelines.

Besides, IRDA regulations speak of seamless flow of data transfer for all claims and electronic transfer of claim payments. Emphasis is on moving to IT driven services and eliminating manual interventions for faster and hassle-free services to policy holders. Regulations further provide (12 d) - Settlement & Denial of Claims - "All documents submitted to TPA shall be electronically collected and forwarded to insurers for taking decision on settlement/rejection".

These are very wise steps in ensuring the orderly growth of the Health insurance sector. As we see it, we need to concentrate our efforts on developing a Health Claims Exchange, a brief synopsis of which is spelt out hereunder,

Emphasis is on moving to IT driven services and eliminating manual interventions for faster and hasslefree services to policy holders.

which is extremely critical in not only efficient and accurate claims settlement but also for data collection and data mining.

Health Care Clearing House

Health Care Clearinghouse is an entity that facilitates the processing of health care information between health care providers (hospital, doctors, labs etc) and payer (insurance companies) by:

Standardizing the health information (like bill processing, claims processing) from non-standard data formats to standard formats and vice versa.

Replacing a paper-based claims process with an automated, electronic solution that adjudicates claims, adjusts the coding to the IRDA's and insurance companies' standards, and provides physicians with real-time access to their claims processing.

A Clearing house works as an intermediary between providers and payers.



Provider ↔ Clearinghouse ↔ Payer

Clearing house - Luxury or Necessity?

Clearing houses in the US health care system are no longer just a commodity or "nice to have" entity, rather it has become a necessity and an indispensable part of the effective functioning of health care system.

The simplest way, to explain what a medical clearing house is and does, is to paint a picture of the problem they solve - their piece of the puzzle.

Imagine 3 to 4 million licensed healthcare professionals and facilities all using a different practice software, sending out claims to over 3000 different insurance carriers daily - across fifty different states -- each state having its own insurance regulations; and then each carrier having his own internal software infrastructure. In essence, what you have is the perfect recipe for an information super-disaster.

In this backdrop, please see for reference, the complex structure of India's healthcare processes today. On a market overview, there are multiple insurance companies, TPAs and hospitals catering to the requirements of customers/patients. There is a general agreement that a greater need is expected to increase IT driven processes to achieve cost

els

EDI is a critical part of electronic commerce because it enables computers to exchange data electronically, which is much faster, cheaper, and more accurate than paperbased systems.



effectiveness as well as greater transparency of operations by insurance companies/TPAs. On the other hand, hospitals too are driving IT driven processes. However, at both the ends there are multiple challenges in order to implement/adopt IT driven processes.

On the part of the insurance companies/TPAs, the challenges as understood are - non-availability of comprehensive data flow from current set ups; despite intentions for timely payments, there is a delay in releasing payments or reconciliation issues; over dependence on a few service providers; working with few comfort hospitals; cost out-flow, increase in customer queries for various preauth related issues/delays etc.

On the part of the hospitals - they have to use multiple platforms specific to insurance companies or TPAs on one hand and integrate their internal systems with multiple platforms on the other - which works out to be an expensive task and goes out of the core competency of hospitals. This has been resulting in hospitals still pressing for fax/mail based processes - from sending preauthorization to submission of bills and logging/resolving queries, higher deviation in TATs and many other related problems.

In addition; the corporate customers want to reduce the premium out-flow and at the same time not compromise on claim benefits.

Electronic Filing

Electronic filing is the real strength of clearinghouses which use a set of software and tools to process the claim electronically. The fundamental technology which clearing houses in USA use is EDI - Electronic Data Interchange technology to exchange information between various systems.

EDI is a critical part of electronic commerce because it enables computers to exchange data electronically, which is much faster, cheaper, and more accurate than paper-based systems.

Benefits of Clearinghouse

 On-line submission of health claim - eliminate the need to prepare claims manually and rekeying the data



- Avoid long hours of being on hold enquiring status from insurers/ TPAs
- Access flexibility provided to users with encrypted login credentials
- Manage TPAs, insurance companies, and hospitals (empanelled and nonempanelled)
- Captures patient profile, insurance details, treatment details
- Standardized treatment procedures ICD 10 and CPT codes
- Pre-auth submission response, query management and enhancements
- Attachment feature, thirteen formats can be uploaded including DICOM images
- Email and SMS feature on submission of claim and status change alerts
- Integration of SARAS, PPN and CGHS rates
- Rate Contract Management
 *Package, Structured and
 Unstructured Rates
- Billing module includes line item billing (payable and nonpayable)



Each claim can be tracked and seen through the entire processing cycle.



- Shorter billing cycle leads to more accurate revenue forecast
- Reduce or eliminate need for paper forms, envelopes and stamps
- Fraud management and control feature
- Compatible with any HIS and other claim adjudication system for B2B integration
- Various MIS analytical reports
- Plain and simple, using a clearing-house will greatly simplify your claims processing

An IT support provides for an endto-end claim processing solution on web-platforms. A few highlights of the system as it successfully works in the US/India are:

Pre-Auth On-Line Exchange: This is the starting point for processing of claim; it is an on-line window on the web where the hospitals can submit the claims. This is an ICD coded format hence the origin of claim proceedings also happens on standard codes/procedures. The

hospitals are enabled to use a single window for entering the patients' details for multiple payers - hence no switching of logins is done and also there is a single platform; the system directs the claim pre-auth to a respective payer.

The system is programmed and can be triggered to apprise the hospital the details of patient's policy - estimation of liability/ co-payment / policy exclusion etc. - this can take away the load of mundane queries from processing units.

Unique ID for all subsequent actions - the system allocates a unique ID to a pre-auth which enables the processing units to always refer the claim case through a single recognition ID; hence takes away the need to maintain the fax scans or emails for query/objection. Each claim can be tracked and seen through the entire processing cycle.

Rule-based processing which enables the users to have system driven results - these are programmed to manage multiple policy wordings and conditions; hence the retail or corporate customer can also see specific response. At the same time processing units can improve overall claim processing cycle resulting in better productivity and actually less number of doctors on the processing unit; and hence better cost controls.

On-line submission of claims by Hospitals which are programmed to



differentiate payable and nonpayable, which means a hospital gets to have the details of receivables at the time of submitting of bills. Hence, there are fewer reconciliation issues. There is also a payer's ability enhanced, to integrate the payment gateways to remit the payments to hospitals on time.

These are some of the highlights; the Healthcare Clearing House is designed for many more features which help in reducing the processing cycle; higher number of

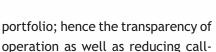
processing by individual; system based approval and timely payments etc.

The system also provides the rule based access to individual or corporate customer to view the status of their over-all health ZIS.

The system also provides the rule based access to individual or corporate customer to view the status of their over-all health portfolio; hence the transparency of operation as well as reducing call-flowstrends for queries etc can also be achieved.

be achieved. Service as visible to customer/patient at the time of need may also define the difference between a good or bad experience.

Insurance companies/TPAs can continue to use their own existing claim adjudication systems as we provide on-line input and pick-up company's system out-put for hospitals.



The author is Chief Executive Officer, HEALTHCARE INFOXCHANGE INDIA PVT LTD.

16TH GLOBAL CONFERENCE OF ACTUARIES

flows-trends for gueries etc can also

The 16th Global Conference of Actuaries (GCA) is being held by the Institute of Actuaries of India (IAI) between 17th and 18th February, 2014 at Mumbai. The theme of the conference would be "Evolving Frontiers - Exciting Prospects".

This year's conference would cover a wide range of topics which would be discussed and debated by eminent global personalities from the world of insurance, education and consulting. The inaugural Keynote Address would be delivered by Mr. T.S. Vijayan, Chairman, IRDA.

The conference would provide an effective platform for discussing the emerging global scenario and the role of the actuarial profession.

Venue:

Dates:

Hotel Renaissance Mumbai Convention Centre, Powai, Mumbai.

17th - 18th February, 2014.



ISSUE FOCUS

Understanding Obama-Care

- Lessons for India?

N M Behera explains the salient features of Obama-Care plan that was introduced in the United States recently to answer the problems related to healthcare.

bama-Care is a newly introduced American healthcare plan which has passed through much heat in the senate and country. Recently from 1st October 2013, this caused a 16day Government shutdown, the third longest in American history. The opposition resisted passing the debt bill and strongly wanted repeal or defunding Obama-Care. As per Standard & Poor's estimates, the shutdown took \$24 billion out of US economy and reduced projected 4th quarter GDP growth from 3% to 2.4%.

The U.S. healthcare system is the subject of largely polarized views. At one extreme are those who argue that Americans have the best healthcare system in the world, pointing to the freely available medical technology and state-ofthe-art facilities that have become so highly symbolic of the system. U.S, as per the OECD data 2012, spent \$8233 in 2010 per capita on healthcare which is two and a half times more than the OECD average. Similarly, spending in terms of GDP is 17.6% (in 2010) which is more than the OECD average. Nonetheless, at the other extreme are those who berate the American system as being fragmented, inefficient, and still suffering from massive un-insurance, uneven

quality, discrimination, high cost and administrative waste.

There are both private and public insurers in the U.S. What is unique in the U.S. system is the dominance of the private sector over the public sector. The population of U.S. is around 317 million. As per the U.S. Census Bureau Report, the percentage of population without any Health insurance cover in 2012 is 15.4% (15.7% in 2011).

Why Obama Care?

Obama-Care is the un-official name of "The Patient Protection and Affordable Care Act" (signed into law by President Obama on March 23, 2010) also called as Affordable Care Act (ACA) and Health Care Reform. The term Obama-Care was originally coined by opponents, notably Mitt Romney as a pejorative term.

What is unique in the U.S. system is the dominance of the private sector over the public sector.

There is a number of Health insurance programmes available in the U.S., developed at different points of time. Some such names are Medicare, Medicaid, S-CHIP, VA etc coexisting with employer sponsored Health insurance and private individual Health insurance. But not a single scheme is able to cater to the whole of issues related to the Health care needs of all the citizens. It is found that the cost of insurance and healthcare is comparatively very high in America. There is also discrimination among similar risks; and between male and female. Although rate of smoking persons has come down, the rate of obesity and alcohol consumption has gone up considerably. Primary care does not exist well in America. Healthcare is neither available nor adequate to a large number of people. Uninsured population is more than 20% (Florida, Alaska and Texas topping the ranks) due to high costs.

The existing plans either do not meet the requirements of all the sections of people or are deficient in some way or the other. The deficiencies in existing plans are said to be taken care as strong points in Obama-Care. Some of the important features can be read as below:

1. It does not replace or compete with any of the previous plans



like Medicaid or Medicare or private insurance. The choice lies with the citizens to choose any plan which is best suited to them in terms of affordability and coverage.

- 2. It regulates Health insurance spectrum and some of the worst practices of the for-profit healthcare industry.
- 3. It eliminates pre-existing conditions and gender discrimination, meaning no one can be charged more or be dropped from his Health insurance coverage for ill health, old age sickness, claims history, duration of coverage, occupation, small employer size or gender related reasons.
- 4. Obama-Care makes it illegal for Health insurance companies to terminate coverage for any reason other than customer fraud. Insurers will also need to offer a standard glossary that defines some commonly misunderstood health insurance terms,
- 5. One provision in the law is the mandate of coverage that applies to all employers and educational institutions except for religious organizations. These regulations concluded that access to contraception is medically necessary "to ensure women's health and well-being". In those instances, the insurers themselves will offer contraception coverage to enrollees directly, at no additional cost.
- It aims to improve the quality of care that Americans receive by providing better preventive and wellness services and raising the standards of basic health coverage. Preventive

Also.

It provides tens of millions of low and middle income
Americans access to quality healthcare by providing premium subsidies through Health insurance marketplace.



services including yearly checkups, immunizations, hospitalization, prescription drugs, maternity and new born baby care must be included on all non-grandfathered plans with no annual or lifetime dollar limit.

- 7. It provides tens of millions of low and middle income Americans access to quality healthcare by providing premium subsidies through Health insurance marketplace. Many Americans will be eligible for subsidized Health insurance, buying insurance at a cost anywhere from 0% to 9.5% of their taxable income. Many low income Americans will have an option for free Health insurance when applying throughmarketplace.
- It provides for the young adults up to the age of 26 to be covered under family plans with parents.
- It helps to ensure that healthcare coverage is available to any legal U.S. resident without any discrimination for acceptance by insurance

- companies. Access to healthcare is no longer in the hands of the insurance companies.
- 10. American employers, employing over 50 full time employees are left with two choices i.e. provide insurance that meets with the standards of Obama-Care or pay penalty equivalent to the cost of insurance.
- 11. Employers with less than or equivalent to 25 full-time employees will qualify for tax credits, tax breaks and other assistances for insuring employees through Health insurance marketplace.
- 12. It ensures the citizens get more strength and better legal standing in protection of their interests against possibility of being dropped from insurance while sick, denied care due to lifetime limits, declined insurance cover for pre-existing diseases etc. It also includes a rate review provision, where the insurance companies have to justify rate hikes above 10% to the state and post details online immediately.
- 13. Persons and families or small business with not over \$200 and \$250 per month respectively are exempt from almost every tax Obama-Care levies.
- 14. It requires that all Americans have Health insurance either through a private provider or through a state or federally assisted programme. Citizens without insurance will have to pay a tax equal to 1% of his income in 2014, 2015 and 2.5% 2016 onwards.
- 15. This has expanded Medicaid to over 15 million uninsured



Americans by re-setting and readjusting of income level yardstick.

- 16. It aims to reform the healthcare industry by cutting wastes, reallocating government funding, fixing what does not work.
- 17. Obama-Care aims to improve community healthcare centers, improving healthcare for those who cannot afford private healthcare.

Health Insurance Marketplace:

estimated that 6 in 10 uninsured eligible to receive federal subsidies coverage beginning January 1, 2014. starting October 1, 2013, with purchase private insurance plans administered by either federal or exchanges their plans and many will qualify for to help pay premium costs. It is plans via an exchange will be poverty level purchasing insurance Individuals with incomes between individuals and small business can Health insurance exchanges. insurance marketplace. free coverage through the Health Americans will pay \$100 or less for 100% and 400% of the federal The Act establishes state-based government, are regulated, where

The exchanges will take the form of websites where the private plans will be regulated and compared. Consumers will be able to visit these websites or ring a call center. The private insurance companies will quote their rates to the visiting consumer, who can compare the plans and rates. Then he is required to fill out a form to the government that will be used to determine the eligibility for subsidies, and then purchase the chosen insurance during limited periods. This is also equally applicable to the President



It is estimated that 6 in 10 uninsured Americans will pay \$100 or less for their plans and many will qualify for free coverage through the Health insurance marketplace.



of America and the Senators.

price comparisons will be more prices competitive, where plan and existing conditions. Subsidies will be guarantee to issue policies to exchanges, and insurers would community rating that prevents minimum, loss ratio and partial information. Price regulations will accessible for consumers with online prices through competition. It will Regulations intended to reduce consumers on the basis of Preallowed to be plans that meet the scheme will be for private insurance. Only approved method designed to create a market medical underwriting. be implemented, make plans more transparent and provided The insurance exchanges are a to those sold on the including a eligible.

Plans available in marketplace:

In addition, the law establishes four tiers of coverage: bronze, silver, gold, and platinum. All categories include the same set of basic/essential health benefits in addition to other benefits. Not every healthcare provider has to offer each tier of plan; however, all Health insurance companies must

offer at least one silver plan and one gold plan to consumers.

Bronze Plan: The bronze plan is the lowest cost plan under Obama-Care, in which 60% of medical costs are payable by insurance company, leaving the other 40% to be paid by the insured person.

Silver Plan: The Silver plan is the second lowest cost plan. This provides that 70% of medical costs are paid for by the insurance company, leaving the other 30% to be paid by the policyholder. The Silver plan is the standard choice for most reasonably healthy families who historically use medical services.

Gold Plan: The Gold plan is the second most expensive plan. 80% of medical costs are paid for by the insurance company, leaving the other 20% to be paid by the plan holder.

who frequently. coverage of costs will help those is more expensive upfront, the 90% the other 10% to be paid by the plan 90% of medical costs are paid for offered on the insurance exchange. comes with the highest premiums in poor health. Although coverage those with high incomes and those holder. This plan is suggested to by the insurance company, leaving Platinum Plan: The Platinum plan use medical services

High end plans carry a 40% excise tax which indirectly helps pay for the programme. The average nationwide price of a Bronze plan is \$249 a month before cost assistance. The total annual fee for not buying insurance cannot be more than the average price of a Bronze plan.

Bronze plans for individuals are expected to cost between \$4500



and \$5800 a year in 2016. But if one makes less than 4 times the Federal Poverty Line (about \$45000 for an individual in 2012), one will pay less by virtue of receiving tax credits. Someone making up to 133% of the federal poverty line, will get such credits so that his net payment will be only @2% of income; while those making 300% to 400% of federal poverty line will pay 9.5% of income.

Health Insurance Marketplace Catastrophic Plans

People under 30 and some people with limited incomes may buy what is called a 'catastrophic health plan'. It protects from very high medical costs. If one is under 30 and has a limited income he may qualify to purchase a catastrophic health plan. In the Health insurance exchange marketplace, catastrophic policies include 3 primary care visits per year as well as free preventive benefits at no additional out of pocket cost. Cost assistance is not available for catastrophic plans.

What does Obama-Care cost?

The healthcare spending percentage to GDP is 17.9% in 2012, maintaining almost the same ratio for last 3 years from 2009. This is among the highest healthcare spending across the globe.

Obama-Care can have a massive impact on healthcare costs. As per the official CBO (Congressional Budget Office) report, it is estimated that the net cost could be around \$1.36 trillion dollars by 2023. Although the costs are in trillions, it is said that the law actually reduces the growth in healthcare spending by tens of billions each year, reduces healthcare costs for Americans, helps insure tens of millions and is estimated to result in an overall net

decrease of the deficit. Obama-Care is projected to cut the national deficit by over \$200 billion during its first 10 years and over \$1 trillion over next two decades. This will help offset the upfront cost of Obama-Care.

Effects on insurance premiums

Several studies on insurance premiums expect that with the subsidies offered under the ACA, more people will pay less than they did prior to the reforms and that those premiums will be more stable and transparent. The Kiser Family Foundation has calculated that about half the people who currently buy insurance on their own today will be eligible for subsidies. The subsidies are projected to be worth an average of \$5,548 per household, which would effectively discount the projected price of insurance by twothirds, on average.

For the effect on Health insurance premiums, the CBO forecast that by 2016 the individual policy would comprise 17% of the market, and that premiums per person would increase by 10% to 13% but over half of these individuals would receive subsidies that would effectively decrease the premium paid to well

The federal government compensates the states by a minimum of 50% of state expense. It covers low income and disabled persons, very poor women, children and elderly parents.

below than the premiums charged under current law. It also forecast that for the small groups which comprise around 13% of the market, premiums would be impacted by 1% to -3% without subsidy group and -8% to -11% for those receiving subsidies. For the large groups comprising 70% of the market, premiums would be impacted by 0% to -3%, with those under high premium plans subject to excise taxes being charged at -9% to -12% less.

The 10 Essential Health Benefits Required for All Plans Sold on the Exchange

Regardless of what tier of plan, it is mandatory that all plans must cover:

- 1. Ambulatory patient services
- 2. Emergency services
- 3. Hospitalization
- 4. Maternity and newborn care
- 5. Mental health and substance use disorder services, including behavioral health treatment
- 6. Prescription drugs
- 7. Rehabilitative, related services and devices
- 8. Laboratory services
- Preventive, wellness services and chronic disease management
- Pediatric services, including oral and vision care

A small explanation on some of the other existing plans may help understand the system better. 'Medicare' 'Medicaid', 'S-CHI', 'VA' are public Health insurance plans. Medicare is meant for senior citizens and the disabled, financed and administered by the Federal Government. Similarly 'Medicaid' is



administered by states but financed by both federal and states. The federal government compensates the states by a minimum of 50% of state expense. It covers low income and disabled persons, very poor women, children and elderly parents. The states have power to expand eligibility criteria for enrollment. It has comprehensive benefits of including prescription drugs. However, it is complained that enrollees have difficulties finding providers that accept Medicaid due to its low reimbursement rates. 'S-CHIP' (State Children's Health Insurance Programme) is also a Public Health Insurance scheme with similar administrative, financing and benefit provisions as in 'Medicaid'. This is meant for children of families rich enough to qualify for Medicaid but make too little to purchase private Health insurance, VA (Veteran's Administration) cover is meant for veterans of military. It is federally administered and financed public Health insurance programme. Healthcare is delivered in government owned VA hospitals and clinics.

There are private Health insurance covers, mostly purchased by employers and the employees and administered by the Health insurance companies. Benefits vary widely as per the covers chosen. In individual insurance (private Health insurance) individuals, mostly who is self-employed or retired cover for themselves by paying their own premium. Benefits vary widely depending on the choice of cover or limitations made by the insurance cos. However, lot of discrimination is applied in this segment including denial of cover.



The most important thing is that money designated to fund Obama-Care has already been appropriated, and can't be removed unless the law is totally repealed.

Who will remain uninsured:

- Illegal immigrant population of United States as estimated at around 8 million will not be eligible for insurance subsidies and Medicaid. They will also be exempt from the health insurance mandate but will remain eligible for emergency services under provisions in the 1986 Emergency Medical Treatment and Active Labour Act (EMTALA).
- Citizens not enrolled in Medicaid despite being eligible.
- Citizens not otherwise covered and opting to pay the annual penalty instead of purchasing insurance, mostly younger and single Americans.
- Citizens whose insurance coverage would cost more than 8% of household income.
- Citizens who live in state rejections of medicaid expansion and who qualify for neither existing Medicaid coverage nor subsidized coverage through the states' new insurance exchanges.

Journey of Obama-Care

The U.S. House of Representatives has discussed to dismantle the law many times, but hasn't succeeded once. The Act was signed into law on March 23, 2010. Opponents to this law take all efforts to repeal and defund the plan. The democratic-controlled senate won't agree to get rid of the law in its entirety. The most important thing is that money designated to fund Obama-Care has already been appropriated, and can't be removed unless the law is totally repealed. Obama-Care has also survived a Supreme Court appeal. The matter which was in the Supreme Court was upheld with few changes relating to Medicaid.

President Obama and congressional allies succeeded in winning a virtually condition-free increase in the debt ceiling, along with funding to end the partial government shutdown. Now the enrolment is already in process, although initially there were some IT related website problems which are being attended to. As per the national news in the USA as on 21.10.2013, the Administrative Officials say that more than 476000 Health insurance applications have been received at federal and state exchanges.

The author is Deputy Director (Health), IRDA; and the article was written during the period of his deputation to NAIC in Oct-Nov 2013. The views expressed in the article are his own.





FOLLOW THROUGH

Evaluation of Asset Liability Model for a Pension Fund

- Through Stochastic Modeling

Ms. D. Vijayalakshmi and Dr. Steward Doss discuss the various models for capital fund and their efficiencies; as also the importance of the age at which the customer enters the scheme for obvious reasons.

(... contd. from previous issue)

6. Estimation of accumulated Capital Fund value for the Life Cycle Based Auto Choice Model:

The following Life Cycle Model is built with the assumption that the customer enters the scheme at the age of 18 years with a monthly contribution of ₹1000. This model is an auto choice model where the customer does not need to specify his investment choices. The model has an inbuilt option where the contribution of the customer is invested in certain specified percentage in G Class Assets (Govt. Securities), E Class Assets (Equity) and C Class Assets which are mainly short term securities like cash deposits and treasury bills, etc. Initially when the customer is young (below 35 years) maximum amount of his contribution is invested in Equity (Maximum 50%) while 20% in G Class Assets and remaining 30% in C Class Securities. As the age progresses the equity exposure decreases and investment in G Class increases while balancing the C class securities with other short-term securities. Ultimately when the customer reaches 55 years, nearly 80% of his contribution is kept in govt securities while just a

AUTO-CHOICE MODEL: AGE-RISK ADJUSTED (LIFE CYCLE) PORTFOLIO (Accumulated Fund Value up to Age 55 Years)

Monthly Contribution = Rs.

(Average Return: SGL = 9%, Equity 12.9% & Others

Annual compounded value =

12,533

AGE GROUPS*	ASS	ASSET DISTRIBUTION					
The state of the s	SGL	EQUITY	OTHERS	Fund Value			
Annual Contribution	2507	6266	3760	1253			
18 - 35 YRS*	101019	341321	137048	57938			
(The Fund is invested for 17 Yrs)	(Th	e Fund value	e at the end of	17 Years)			
(Accumulated value + Contribution)	136142	284122	171667	69192			
Value at the end of 36 YRS*	148468	316323	185686	65047			
(Accumulated value + Contribution)	172382	304984	185643	66301			
Value at the end of 37 YRS	188047	378849	196807	76370			
(Accumulated value + Contribution)	225109	341544	209584	77623			
Value at the end of 38 YRS	243016	314370	222159	77954			
(Accumulated value + Contribution)	253466	332672	205940	79207			
Value at the end of 39 YRS	274824	394858	219326	88900			
(Accumulated value + Contribution)	315539	360616	225385	90154			
Value at the end of 40 YRS	338804	443708	237451	101996			
(Accumulated value + Contribution)	392349	392349	247799	103249			
Value at the end of 41 YRS	422888	428364	260513	111176			
(Accumulated value + Contribution)	460962	404747	258588	112429			
Value at the end of 42 YRS	494343	379365	274296	114800			
(Accumulated value + Contribution)	510636	394583	265318	116053			
Value at the end of 43 YRS	550089	440896	273493	126438			
(Accumulated value + Contribution)	600153	408615	268154	127692			
Value at the end of 44 YRS	653368	514612	289981	145796			
(Accumulated value + Contribution)	735247	441148	294099	147049			
Value at the end of 45 YRS	800458	413090	318003	153155			
(Accumulated value + Contribution)	818364	432343	293376	154408			
Value at the end of 46 YRS	894777	500892	314249	170991			
(Accumulated value + Contribution)	964573	447837	310041	172246			
Value at the end of 47 YRS	1064677	402110	335155	180194			
(Accumulated value + Contribution)	1070540	435474	304199	181021			



Value at the end of 48 YRS	1179033	520977	325843	2025853
(Accumulated value + Contribution)	1263799	448445	322131	2034375
Value at the end of 49 YRS	1391383	507377	346197	2244958
(Accumulated value + Contribution)	1467369	451498	338624	2257491
Value at the end of 50 YRS	1629888	424390	359551	2413830
(Accumulated value + Contribution)	1649927	436745	339691	2426363
Value at the end of 51 YRS	1817104	498739	361481	2677325
(Accumulated value + Contribution)	1909799	430377	349681	2689858
Value at the end of 52 YRS	2088983	517282	368162	2974427
(Accumulated value + Contribution)	2210351	418174	358435	2986960
Value at the end of 53 YRS	2414552	513421	373473	3301445
(Accumulated value + Contribution)	2551763	397677	364538	3313978
Value at the end of 54 YRS	2791179	454119	383803	3629101
(Accumulated value + Contribution)	2913307	364163	364163	3641634
Value at the end of 55 YRS	3159144	410691	384904	3954739
Customers Age at Investment				

minimum of 10% in equity and 10% other short-term securities. Vesting age for annuity is 55 Years. The accumulated fund value has been estimated only with the simulated return values of all those above discussed assets (govt. securities, bank deposits, stocks, etc.). The capital fund value does not consider the liabilities like expenses, lapsation or surrender rate, future annuity payouts, etc.

The projected values accumulated fund at end of various life cycle periods: 18-35 years, 36-45 years, 46-55 years, and 56 to 60 years, when every model is compared to the other 3 models individually, indicates that the model with greater equity exposure perform better. It is seen that the Equity Fund Model (4) produces an accumulated fund value of ₹45 lakhs at the end of life cycle stage of 55 years, followed by Auto Choice Model (1) with ₹39.54 lakhs, Balanced fund model (2) with ₹35.84

lakhs and Secured (Debt) Fund model (3) with ₹36.9 lakhs. Though the accumulation under the Equity Fund model is higher than the other three funds, when we consider the Risk-Return trade off and the fact that 100% Equity Fund is not permitted under Pension Funds as per regulatory norms the best option available under Auunity is the Auto Choice Model. This is true if the person starts pension fund contribution, say, at a younger age - for example 20 to 25 years.

However, the critical evaluation of any model should consider not only the cash inflows but more importantly, the cash outflows: Annuity Payouts, Annuity Withdrawals, Lapsation / Surrenders, Expenses and Mortality Strain, etc. All these models were further validated by taking into account the various annuity payouts and liabilities mentioned in the assumptions.

6.1 Projected Liability Cash Flows:

This analysis highlights the summary of the projected liability outgoes, including commission, administration expenses, fund management charges, annuity payouts, etc. in accordance with the assumptions specified in the previous section. The possible liabilities are the fund management charges, transaction cost, dematization charges, and expected withdrawals of the annuitants midway either through lapsation or surrenders, annuity payouts, return of the accumulated capital fund either on death or after 15 years of annuity payments. All these liabilities need to be deducted from

AUTO-CHOICE MODEL: AGE-RISK ADJUSTED (LIFE CYCLE) PORTFOLIO (Accumulated Fund Value after adjusting all liabilities including annuity payouts)

Monthly Contribution = Rs. (Average Return: SGL = 9%, Equity 12.9% & Others 7%)

Annual compounded value = 10,879 10,879

AGE GROUPS	ASS	Cumulative		
	SGL	EQUITY	OTHERS	Fund Value
Annual Contribution	2176	5439	3264	-10879
18 - 35 YRS	87684	296266	118958	394793
(The Fund is invested for 17 Yrs)	(Th	e Fund value	e at the end of	17 Years)
(Accumulated value + Contribution)	93304	194722	117645	405672
	404700	240704	127259	100000
Value at the end of 36 YRS	101752	216791	121200	445803



Value at the end of 37 YRS	129527	260951	135561	526039
(Accumulated value +				
Contribution)	155706	236244	144968	536918
Value at the end of 38 YRS	168093	217448	153666	539206
(Accumulated value + Contribution)	176027	231036	143022	550085
Value at the end of 39 YRS	190861	274223	152319	617402
(Accumulated value +	10000	2. 1000		
Contribution)	219898	251312	157070	628281
Value at the end of 40 YRS	236112	309219	165479	710809
(Accumulated value +	274244	274244	173205	204000
Value at the end of 41 YRS	274241 295587	274241 299415	182092	721688 777094
(Accumulated value +	200001	200910	102002	211999
Contribution)	323069	283670	181234	787973
Value at the end of 42 YRS	346464	265881	192242	804588
(Accumulated value +			******	- ALTEVAN
Contribution)	358805	277259	179403	815466
Value at the end of 43 YRS (Accumulated value +	386527	309738	192174	888439
Contribution)	422679	287782	188857	899318
Value at the end of 44 YRS	460158	362434	204230	1026822
(Accumulated value +	- Corre	Succession	Description of the last of the	1000000000
Contribution)	518850	311310	207540	1037701
Value at the end of 45 YRS	564868	291510	224409	1080787
(Accumulated value + Contribution)	578583	305666	207416	1091666
Value at the end of 46 YRS	632607	354130	222174	1208911
(Accumulated value +				
Contribution)	683082	317145	219562	1219789
Value at the end of 47 YRS	753973	284763	237347	1276082
(Accumulated value + Contribution)	759307	308871	215085	1283262
Value at the end of 48 YRS	836258	369516	230388	1436162
(Accumulated value +	930200	.000010	200000	1400102
Contribution)	897165	318349	228045	1443559
Value at the end of 49 YRS	987736	360185	245082	1593003
(Accumulated value +	1042523	320776	240582	1603882
Value at the end of 50 YRS	1157989	301517	255451	1714957
(Accumulated value +	1107300	001011	200401	11 14001
Contribution)	1173568	310650	241617	1725835
Value at the end of 51 YRS	1292479	354746	257116	1904341
(Accumulated value +	Notes and	MENDANCE		a service
Contribution)	1359806	306435	248979	1915220
Value at the end of 52 YRS	1487388	368313	262137	2117838
(Accumulated value + Contribution)	1575250	298020	255446	2128716
Value at the end of 53 YRS	1720778	365899	266163	2352840
(Accumulated value +		230022		222010
Contribution)	1820064	283646	260009	2363719
Value at the end of 54 YRS	1990829	323904	273751	2588483
(Accumulated value +		000000	000000	
Contribution) Residual Value of the fund	2079489	259936	259936	2599361
(Accumulated value – Liability				
including annuity payments)	2254965	293147	274741	482853*
The second secon			11	

the accumulated capital fund and the rest would indicate the surplus or buffer value of the selected Annuity model.

The model given below indicates the accumulated capital fund value after considering the above liabilities.

V. Determination of Annuity Payouts in case of 40% of Accumulated (Retirement) Fund Value is used for purchasing an annuity:

This analysis deals with determining the annuity payment if 40% of the retirement funds value is used to buy an annuity under Auto Choice and Balanced Fund model. Since the customer has the choice of withdrawing 60 of his fund value and the models mentioned above give a reasonable fund value even after the withdrawal, the residual amounts under the two funds are being used for calculating the annuity payable for 15 years.

We know that the total accumulated fund values of the proposed models at the end of 30 years is ₹32,52,921 (model-1I) and ₹44,80,120 (model-1). The 40% of these values are ₹17,92,048 and ₹13,01,168 respectively for model-I, and II. The table enclosed below provides the annuity payments for the models.

For instance, for the 40% fund value of ₹13,01,168, the model provides an annuity payment of ₹1,91,648 per annum. This amounts to a monthly annuity benefit of ₹16,000 approximately. While the Life Cycle



MODEL-I		Cumulative				
AUTO CHOICE MODEL	SGL	EQUITY	OTHERS	TOTAL	Fund Value	
Accumulated Fund value at the end of 30 Yrs	848511	3401300	230308	4480119	4480120	
40% of the Fund Value	339404	1360520	92123	1792048	1792048	
Overall Mean return	0.1013	0.1608	0.0880	-		
Annual Annuity Payment (for term of 20 years)	40221	230451	9948	280620	280620	
Annual Annuity Payment (for term of 20 years)	3352	19204	829	23385	23388	
MODEL-II		Cumulative				
BALANCED FUND MODEL	SGL	EQUITY	OTHERS	TOTAL	Fund Value	
Accumulated Fund value at the end of 30 Yrs	1168868	1882045	202011	3252921	3252921	
40% of the Fund Value	467546	752818	80804	1301168	1301168	
Overall Mean return	0.913	0.1208	0.0680	2		
Annual Annuity Payment (for term of 20 years)	55406	127516	8726	191548	191648	
Monthly Annuity Payment (for term of 20 years)	4617	10526	727	18971	15971	

Auto Choice model provides relatively higher annuity benefits with an annual annuity value of ₹2,80,620 with a monthly payment of ₹23385 for the same parameters.

It can be seen from the above analysis that out of the two selected models, the Life Cycle based Auto Choice Model outperforms the other model as it provides higher surplus after meeting all the assumed liabilities and other charges.

Conclusion:

The main objective of this paper was evaluation of the performance of selected ALM Model for pension Fund using a reasonably large number of dynamic stochastic simulation rather than using the fixed rate deterministic model. Out of the four selected models considered for evaluation namely 1. Life Cycle Based Auto Choice Model, 2. Balanced Fund Model, 3. Secured (Debt) Model and 4. Equity Fund Model, the Life Cycle Based Auto Choice model outperformed well both in terms of higher accumulated fund value as well as generating greater surplus. The main reason for better performance of the model is that the model uses market specific

dynamic returns rather than the deterministic fixed rate of returns for the various asset classes used. The simulated values of the returns of the various selected assets reflect the market reality well in general at different periods of time. Further, the random variations captured by the stochastic model minimize the uncertainties or the volatility of the interest rates better than the deterministic model. One of the major risks to which the pension fund investments are exposed is market risk and the usage of stochastic model helps in reducing the market risks considerably.

In addition, the higher returns generated by the Age-Risk adjusted Auto Choice model could help in reducing the risk of rebalancing of deficiencies or negative impact of the Asset Liability mismatch or the future uncertainty of the financial market as well as the increasing longevity of the annuitants.

Further uncertainties and risks associated with short-term variations of the securities were better handled by the random variations assumed by the stochastic model.

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प्रकाशक का संदेश

कई वर्षों से भारत में स्वास्थ्य बीमे की प्रगति व्यावसायिक आंकड़ों के तौर पर शानदार रही है। यद्यपि इसने विभिन्न अन्य श्रेणियों की तुलना में इस क्षेत्र में विलंब से प्रवेश किया है, तथापि यह ऐसे विकास बिन्दु पर पहुँच चुका है जहाँ तक पहुँचकर इसके साथ बराबरी करना पुरानी श्रेणियों के लिए लगभग असंभव होगा। यह वृद्धि लगातार जारी है, हालाँकि ऐसा समय भी था जब इस निरंतरता में ठहराव आया था जो ज्यादातर अन्य आर्थिक कारणों से था और इस श्रेणी के अपनी छवि खो देने की वजह से कम। एक ऐसे देश के लिए जो स्वास्थान स्था वक एक से बहुत कुँचे प्रविपत्नों को लेकर



लिए जो स्वास्थ्य-रक्षा तक पहुँच के बहुत ऊँचे प्रतिमानों को लेकर गर्व नहीं कर सकता, स्वास्थ्य बीमे में की गई यह तीव्र वृद्धि उस महत्व के विस्तार को प्रकट करती है जो अच्छे स्वास्थ्य के मूल्यों एवं वृद्धिशील उच्च चिकित्सा व्ययों के साथ निपटने की समस्याओं को दिया जा रहा है।

इस सुस्पष्ट प्रगित पर एक सरसरी नजर डालने से संभवत: यह संकेत मिलता है कि वह सबकुछ साथ लिया गया है जो वांछनीया है। फिर भी, यह उन श्रेणियें में से एक है जो समूचे उद्योग में उच्चतम दावा अनुपातों को दर्ज करने के अतिरिक्त सर्वाधिक संख्या में पॉलिसीधारकों से संबंधित विवादों का साक्षात्कार कर रही है। सबसे बढ़कर, उच्च दावा अनुपातों के बावजूद स्वास्थ्य बीमे के पॉलिसीधारकों के बीच संतोष के स्तर अपेक्षा से काफी पीछे है। इसके लिए सभी हितधारकों द्वारा विभिन्न कारकों की सूक्ष्म छानबीन करना आवश्यक हो जाता है जिसे कम विवादयुक्त प्रतिष्ठा के साथ भारी वृद्धि तुल्य हो सके।

एक विशिष्ट रूप से महत्वपूर्ण कारक जो स्वास्थ्य बीमे की अनेक बुराइयों के लिए उत्तरदायी है, यह है कि कई पॉलिसीधारक यह धारणा रखते हैं कि कुछ प्रीमियमों का भुगतान करने के बाद दावा करना तो अपना एक अधिकार बन जाता है। यह प्रवृत्ति इस बात का संकेत करती है कि भावी पॉलिसीधारक को संविदा की शर्तों के बारे में उचित रूप से शिक्षित नहीं किया गया है। जबिक संविदागत दायित्वों की कम समझ सामान्य तौर पर एक लंबे समय से भारतीय बीमा उद्योग की विपत्ति का कारण रही है, स्वास्थ्य बीमे के लिए संभावित ग्राहकों को सूक्ष्म अर्थातर स्पष्ट करने में वितरकों मे से एक होने के नाते, जबिक दूसरा संकेतक शिक्षा है, स्वास्थ्य एक ऐसा विषय है जिसके साथ व्यावसायिक वृद्धि और लाभप्रदता के लौकिक पहलुओं से परे व्यवहार करना होगा। यह आशा की जाती है कि सभी हितधारक समय पर अपनी जागरूकता दिखाएँगे और यह सुनिश्चित करेंगे कि इस श्रेणी से संबद्ध विवादों को शीघ्र ही पूर्णत: निपटा दिया जाएगा।

'स्वास्थ्य बीमा' पत्रिका के इस अंक को केन्द्र बिन्दु है। इसके व्यापक महत्व और दायरे को ध्यान में रखते हुए अगले अंक का फोकस भी 'स्वास्थ्य बीमा' पर होगा।

> टी.एस. विजयन अध्यक्ष

दृष्टि कोण



संघ (आईए आईएस) पर्यवेक्षी सहयोग और सूचना के आदान-प्रदान कर फोकस करने की स्थिति से बढ़कर वैश्विक बीमा मानक निर्धारक होने एवं वैश्विक वित्तीय स्थिरता के मामलों में नेतृत्व प्रदान करने की स्थिति तक पहुँच गया है।

श्री योशिहिरो कावाई

अंतरराष्ट्रीय बीमा पर्यवेक्षक संघ (आईएआईए) के महासचिव।

एसीए (वहीनय संरक्षण अधिनियम) स्वास्थ्य बीमा विपणन-स्थान के रूप-परिवर्तन का निरूपण करता है तथा जैसे ही उपबंध कार्यान्वित किये गये है, विनियमनकर्ता उपभोक्ताओं के संरक्षण के लिए सभी उपलब्ध साधनों का प्रयोग कर रहे है।

सीनेटर बेन नेल्सन

एनएआईसी के मुख्य कार्यकारी अधिकारी।

प्रौद्योगिकी जोखिमों को प्रस्तुत करती है, केवल इस कारण से इसका अर्थ यह नहीं होता कि हमें इसके उपयोग को सीमित कर देना चाहिए। वह तो आत्म-पराजय होगी। एक अधिक सार्थक दृष्टिकोण यह होगा कि हम जोखिमों को कम करने के लिए सक्रिय उपाय करें ताकि प्रौद्योगिकी लगातार वित्तीय क्षेत्र के विकास को सहायता और शक्ति प्रदान करती रहे।

श्री वोंग नाय सेंग

सहायक प्रबंध निदेशक, मौद्रिक प्राधिकरण, सिंगापुर।

पिछले कुछ वर्षों में वैश्विक रूप से विनियमनकर्ताओं द्वारा अधिवर्षिता (अथवा पेंशनों) सहित वित्तीय क्षेत्र के सभी अंगों के अभिशासन और वित्तीय सुदृढ़ता को मजबूत करने पर बहुत कुछ व्यापक फोकस रहा है।

सुश्री हेलेन रोवेल

सदस्य, आस्ट्रेलियन प्रुडेन्शियल रेगुलेशन अथॉरिटी।

ग्राहकों की सुविधा में सुधार लाने तथा दोनों-बीमा एजेंटों और बीमाकर्ताओं को परिचालनगत कुशलता में वृद्धि करने के लिए हम बीमे की अपेक्षा करने संबंधी प्रशासनिक प्रक्रियाओं और ग्राहकों द्वारा भरे जाने के लिए आवश्यक आवेदनपत्रों सहित नियमों और फार्मों के संगतीकरण और मानकीकरण पर कार्य कर रहे है।

श्री मसाया फुतामीया

अध्यक्ष, साधारण बीमा संघ, जापान।

लंबे समुद्रतटों और विश्व के कुछ भूकंपीय दृष्टि से सर्वाधिक सक्रिय क्षेत्रों के होते हुए कई एशियाई देश बाढ़, चक्रवात और भूकंपों जैसी प्राकृतिक विपत्तियों के संबंध में असुरक्षित है।

श्री टी.एस. विजयन

अध्यक्ष, बीमा विनियमक और विकास प्राधिकरण, भारत।





चिंतन शीर्ष

संक्षोभ के विरुद्ध चेतावनी

- बीमा पद्धति

अविनाश सिंगराजू यह तर्क प्रस्तुत करते हैं कि राष्ट्र के समग्र विकास में बीमे की एक बृहत्तर भूमिका है; तथा उसकी यह भूमिका पूरी करने के लिए उद्योग में निरंतर नवीनता की आवश्यकता है।

(... पिछले अंक से आगे)

मोटर यान अधिनियम 1988, सार्वजनिक देयता बीमा अधिनियम 1991, कर्मकार प्रतिकर अधिनियम 1923 तथा ऐसे अन्य सभी अधिनियमों ने अपने परवर्ती संशोधनों के साथ बीमे के प्रयोजन को संबद्ध किया है जिससे यह सुनिश्चित किया जा सके कि व्यथित पक्षकार अपने द्वारा उठाई गई हानि के लिए क्षतिपूर्त प्राप्त करें। बीमा कंपनियाँ उत्पाद की विशेषताओं के अनुसार प्रीमियम वसूल करती हैतथा कानूनी विर्णयों के अनुरूप दावों के संबंध में सेवा प्रदान करती है। हानि के लिए जिम्मेदार पक्षकार को इस प्रकार नुकसान की क्षतिपूर्ति करने के लिए बाध्य किया जाता है। इसके साथ ही, राज्य सरकारों द्वारा संचालित कुछ स्वास्थ्य योजनाओं को भी विपुल मात्रा में दावों की आवश्यकताएँ पूरी करने के लिए अभिकल्पित बीमा कार्यक्रमों द्वारा सहायता उपलब्ध कराई जाती है। तथापि, दंगों और नागरिक उपद्रवों के कारण पीडित व्यक्तियों के लिए इस प्रकार की कोई सहायता सरकार द्वारा मुहैया नहीं कराई जाती।

दंगों और उपद्रवों की घटनाओं में सामान्य रूप से वाणिज्यिक स्थापनाओं और सरकारी संपत्तियों को लक्ष्य बनाया जाता है जिससे व्यक्तियों की जान और भौतिक परिसंपत्तियाँ प्रभावित हो जाती है। प्रत्यक्ष हानियों को व्यक्तियों की प्राणहानि और/या संपत्ति को नुकसान के रूप में बताया जा सकता है। इसके परिणामस्वरूप होनेवाली हानियाँ जैसे अशक्तता, राजस्व/आय की हानि प्रभावित व्यक्तियों की कभी समाप्त न होनेवाली घोर व्यथा का भाग बन जाती है। यद्यपि सभी जोखिम बीमायोग्य नहीं होते, तथापि कुछ शारीरिक जोखिमों का बीमा जीवनेतर क्षेत्र के अंतर्गत किया जा सकता है ताकि हानियों को यथोचित सीमा तक कम किया जा सके।

प्रत्यक्ष हानियों को व्यक्तियों की प्राणहानि और/या संपत्ति को नुकसान के रूप में बताया जा सकता है। भारत के संदर्भ में पूर्व के अखिल भारतीय अग्नि प्रशुल्क (फायर टैरिफ) ने आरएसएमडी (दंगा, हड़ताल और दुर्भावपूर्ण क्षति) से संबंधित जोखिमों के कारण होनेवाली हानियों को निम्नानुसार परिभाषित किया है।

बीमाकृत संपत्ति के लिए निम्नलिखित को छोड़कर प्रत्यक्ष रूप से कारणभूत बाहरी हिंसात्मक साधनों द्वारा हानि अथवा दृष्टिगोचर भौतिक क्षति अथवा विनाश:

- कार्य की कुल या आंशिक समाप्ति अथवा किसी प्रक्रिया अथवा परिचालनों का विलंबन या क्रमभंग या अंत अथवा किसी प्रकार की चूक
- सरकार अथवा किसी विधित: गठित प्राधिकरण के आदेशानुसार जब्ती, अधिग्रहण, अपेक्षा अथवा विनाश के कारण स्थायी अथवा अस्थायी तौर पर होनेवाली बेदखली
- किसी व्यक्ति द्वारा किसी भवन अथवा संयंत्र
 अथवा यूनिट अथवा मशीनरी के अवैध



कब्जे के कारण ऐसे किसी भवन अथवा संयंत्र अथवा यूनिट अथवा मशीनरी की स्थायी अथवा अस्थायी तौर पर होनेवाली बेदखली अथवा उसमें प्रवेश करने पर रोक

- किसी दुर्भावपूर्ण कृत्य में किसी व्यक्ति द्वारा सेंधमारी (बॅग्लरी), गृह-भंजन (हाउसब्रेकिंग), चोरी (थेफ्ट), वैयक्तिक संपत्ति की चोरी (लार्सिनी) अथवा ऐसा कोई प्रयास अथवा किसी प्रकार की चूक (चाहे ऐसा कार्य सार्वजनिक शांति भंग करने के दौरान किया गया हो अथवा नहीं)

एसआरसीसी (हड़ताल, दंगा, नागरिक संक्षोभ) रक्षा जो सामान्यत: विशिष्ट मरीन पॉलिसियों के अंतर्गत एक अतिरिक्त (ऐड-ऑन) रक्षा के रूप में प्रदान की जाती है, निम्नलिखित के कारण बीमाकृत विषय-वस्तु को होनेवाली हानि अथवा क्षति के लिए रक्षा प्रदान करती है

- हड़ताली, तालाबंदी से संबंधित श्रमिक,
 अथवा मजदूरों से संबंधित उपद्रवो, दंगों
 अथवा नागरिक संक्षोभ में भाग लेनेवाले
 व्यक्ति
- किसी सरकार को। बलप्रयोग अथवा हिंसा के द्वारा गिराने या प्रभावित करने की दिशा में संचालित कार्यकलाप करनेवाले किसी संगठन की ओर से अथवा उसके संबंध में कार्यकरनेवाले किसी व्यक्ति के कार्य के रूप में आतंकवाद का कोई भी कृत्य चाहे उसका गठन कानूनी तौर पर हुआ हो अथवा नहीं।

चूँकि बारंबार ऐसी बड़ी हानियों को संभालने के लिए आधारभूत निधियाँ बनाये रखना सरकारों के लिए व्यावहारिक नही है, अत: बीमाकर्ताओं की भूमिका महत्वपूर्ण हो जाती है जिसके द्वारा दावों का निपटान बीमाकर्ताओं द्वारा उन प्रीमियमों के आधार पर किया जाता है जिसका भुगतान या तो संबंधित सरकारों द्वारा किया जाता है या जो कानूनी तौर पर नागरिकों से अधिदेशात्मक रूप से वसुल किये जाते है।

 किसी राजनैतिक, सैद्धांतिक अथवा धार्मिक उद्देश्य से कार्य करनेवाला कोई व्यक्ति

यहाँ इस बात पर ध्यान दिया जा सकता है कि व्याप्ति की गुंजाइश मोटे तौर पर गैर-कानूनी मानवीय हस्तक्षेप तक सीमित है जो जनसाधारण के एक बड़े समूह को प्रतिकूल रूप से प्रभावित करता है।

ऐसी घटनाओं में जो वृद्धि हो रही है उसको देखते हुए यह उपयुक्त समय है कि सरकारें और बीमाकर्ता एकसाथ मिलकर इन जोखिमों से उत्पन्न होनेवाली हानियों को कम करने के लिए उपयुक्त युक्ति निकाले। चूँकि बारंबार ऐसी बड़ी हानियों को संभालने के लिए आधारभूत निधियाँ बनाये रखना सरकारों के लिए व्यावहारिक नही है, अत: बीमाकर्ताओं की भूमिका महत्वपूर्ण हो जाती है जिसके द्वारा दावों का निपटान बीमाकर्ताओं द्वारा उन प्रीमियमों के आधार पर किया जाता है जिसका भुगतान या तो संबंधित सरकारों द्वारा किया जाता है या जो कानूनी तौर पर नागरिकों से अधिदेशात्मक रूप से वसूल किये जाते है। एसआरसीसी जोखिमों के विरुद्ध रक्षा बानये रखने की आवश्यकता को सम्मिलित करने के लिए मौजूदर कानूनों में उपयुक्त संशोधन करना अपेक्षित होगा।

मोटर अन्य पक्षकार देयता पॉलिसी की ही तरह, बीमाकर्ताओं द्वारा एकल (स्टैंडअलोन) एसआरसीसी बीमा उत्पाद विकसित किया जा सकता है जो मूलभूत अपेक्षाएँ पूरी करे। पॉलिसी का विक्रय करनेवाले बीमाकर्ता का विचार किये बिना उत्पाद की विशेताओं और प्रीमियम गणना की क्रियाविधि को मानकीकृत किया जाना चाहिए। इसके साथ ही, प्रीमियम को प्रभावित करने वाले जोखिम के लक्षणों को वस्तुनिष्ठ रूप में स्पष्ट करना होगा तथा कीमत-निर्धारण उसके अनुसार करना होगा। इसे यह सुनिश्चित किया जा सकेगा कि अंतिम ग्राहक ऐसे किसी भी अतिरिक्त लाभ से वंचित नहीं किये जाएँगे जो एक बीमाकर्ता द्वारा प्रदान किया जाता हो और अन्य बीमाकर्ता द्वारा नहीं दिया जाता हो। इसके अतिरिक्त, शर्तों के एकसमान होते हुए कपटपूर्ण प्रथाओं की संभावनाओं को न्यूनतम किया जा सकेगा और इसके साथ ही यह सुनिश्चित किया जा सकेगा कि दावों के निपटान की प्रक्रिया एक



बीमाकर्ता से दूसरे बीमाकर्ता की भिन्न न हो। इस प्रकार ग्राहक जिस बीमाकर्ता के साथ व्यवसाय का चयन करता है, इस बात पर विचार किये बिना बीमाकृत जोखिमों द्वारा प्रभावित ग्राहक एकसमान सेवा मानकों का उपयोग करने का लाभ प्राप्त कर सकेगा।

एक अधिदेशात्मक अपेक्षा के रूप में एसआरसीसी बीमा रक्षा का आवश्यकता को सम्मिलित करने के लिए दुकान और स्थापना अधिनियम तथा फैक्टरी अधिनियम जैसे विधायी अधिनियमनों का उपयुक्त रूप से संशोधन करना होगा जिनका अनिवार्यत: पालन करना किसी भी वाणिज्यिक संगठन की स्थापना के लिए जरूरी है। प्रारंभिक अवधि के दौरान सख्त कार्यान्वयन अपेक्षित है जिससे यह सुनिश्चित किया जा सके कि विषय संबंधी जोखिमों के लिए अधिकतम संख्या में स्थापनाएँ सम्मिलिति की जाएँ। जनसाधारण द्वारा स्वैच्छिक स्वीकृति केवल एक ऐसी विपत्ति के घटित होने तथा बीमा संबंधी दावे के निपटान के माध्यम से बीमाकृत ग्राहकों द्वारा उठाई गई हानि के न्यूनीकरण के बाद ही परिकल्पित की जा सकती है।

एक ही उत्पाद के होते हुए बीमाकर्ता वर्तमान आतंकवाद समूह की ही पद्धित से कार्य करने के लिए एक एसआरसीसी समूह की स्थापना करने पर विचार कर सकते है जिससे एक सामूहिक पुनर्बीमा कार्यक्रम विद्यामन हो सके तथा दावों का निष्पक्ष आर त्वरित समाधान भी सुनिश्चित किया जा सके। यद्यपि मौजूदा बीमा परिदृश्य इन जोखिमों से उत्पन्न होनेवाले दावों के संबंध में एक अनुकूल जोखिम पृष्ठभूमि प्रस्तुत करता है, तथापि बड़े पैमाने पर एकल उत्पाद का प्रवर्तन नकारात्मक निष्पादन में परिणत हो सकता है, जब तक कि बड़ी संख्याओं के नियम के मूलभूत सिद्धांत का अनुसरण नहीं किया जाता । कई प्रांतों में देखे गए दंगों की हाल की प्रवृत्ति को ध्यान में रखते हुए यह धारणा कि ऐसी घटनाएँ कुछ असुरक्षित स्थानों पर होती है, अब पूर्णत: तर्कसंगत नहीं है।

जोखिम लक्ष्यों को निरंतर बदलते रहते हैं। वे परिस्थितियों के अनुसार परिवर्तित होते रहते है अथवा नये सिरे से उभरते रहते है। इससे उनकी पहचान करना और उनका परिमाण निर्धारित करना कठिन हो जाता है। बीमाकर्ता जितनी जल्दी उभरते जोखिमों का आकलन करेंगे और उन्हें अनुकूल बनाने लगेंगे; आनेवाली चुनौतियों को संभालने के लिए उनकी स्थिति उतनी ही

बीमा क्षेत्र की प्रासंगिकता नवपरिवर्तन लाने में उसकी असमर्थता के कारण विशेष रूप से भारत जैसे उभरते बाजारों में कम नहीं होनी चाहिए। इस उद्योग का यह दायित्व है कि यह दूसरों के जोखिमों को कम करने और समाज को आग और उन्नति करने के लिए समर्थ बनाने की अपनी भूमिका का विस्तार करें। बेहतर होगी। उभरते जोखिमों के प्रबंधन के लिए दक्षता और सतर्कता अपेक्षित है तथा इससे अंतत: सुव्यवस्थित परिवर्तन प्रबंध सुगम हो जाता है। बीमा क्षेत्र की प्रासंगिकता नवपरिवर्तन लाने में उसकी असमर्थता के कारण विशेष रूप से भारत जैसे उभरते बाजारों में कम नहीं होनी चाहिए। इस उद्योग का यह दायित्व है कि यह दूसरों के जोखिमों को कम करने और समाज को आग और उन्नति करने के लिए समर्थ बनाने की अपनी भूमिका का विस्तार करें।

सरल शब्दों में, नये विकसित हो रहे जोखिमों की पहचान करना और नवोन्मेष समाधान उपलब्ध करना बीमा उद्योग के लिए अत्यंत आवश्यक है जिससे यह कल की चुनौतियों को पार करने के लिए अपने आपको सुसज्जित कर सके और साथ ही साथ नये अवसरों का निर्माण कर सके। इस प्रकिया में राष्ट्रीय समृद्धि का विकास उस गौरव को ही बढ़ाता है जिसके लिए भारतीय बीमा उद्योग योग्य है।

लेखक एसबीआई जनरल इन्श्यूरेंस कंपनी लिमिटेड, हैदराबाद में जोखिम अंकन प्रबंधक (कारपोरेट एवं एसएमई) हैं।





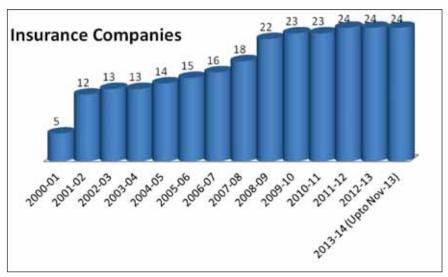
चुनौती

चुनौती मांग में नहीं बल्कि आपूर्ति में है

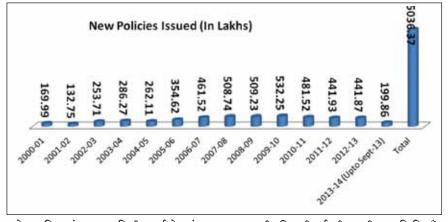
डॉ. अजय कुमार मिश्रा का कहना है कि प्राधिकरण ने जो भी कदम उठाये है उससे बीमा उद्योग को और मजबूती मिली है और यह लंबी अवधि में और भी प्रभावशाली प्रदर्शन को सुनिश्चित कर देगा।

वर्ष 2000 के पूर्व जीवन बीमा व्यवसाय पर भारतीय जीवन बीमा निगम का एकाधिकार स्थापित था। विभिन्न कमेटियों के सुझाओं एवं भारत सरकार के पहल से जीवन बीमा व्यवसाय का निजीकरण कर उसकी बागडोर बीमा विनियामक एवं विकास प्राधिकरण के हाथ में सौंप दी गयी । जीवन बीमा के निजीकरण के पश्चात से यदि देखा जाय तो कुल 23 नई निजी कंपनिया इस क्षेत्र में कार्य करने के लिए प्राधिकरण से अनुमति के पश्चात कार्य कर रही है, ज्यादातर कंपनिया विदेशी साझेदार के साथ सयुंक्त रूप से कार्यरत है। सरकारी क्षे िकी एकलौती कंपनी भारतीय जीवन बीमा निगम भी इस व्यवसाय में कार्यरत है। जीवन बीमा उद्योग ने अपने एक दशक से भी अधिक के समय में कई उतार-चढाव देखे है। इन विषम स्थिति में उत्पन्न प्रत्येक कठिन से कठिन समस्या का समाधान कर प्राधिकरण ने अपनी उपस्थिति का भरपूर एहसास भी समय-समय पर दिलाया है एवं प्रत्येक छोटी बडी जरुरतों एवं नियमों को निर्धारित कर प्रचलन में लाकर न केवल पालिसीधारकों का बल्कि भावी ग्राहकों के हितों को और भी सुदुण कर बीमा के प्रति लोगों के विश्वास को मजबूत किया है। प्राधिकरण ने जो भी कदम उठाये है उससे बीमा उद्योग को और मजबूती मिली है और यह लंबी अवधि में और भी प्रभावशाली प्रदर्शन को सुनिश्चित कर देगा ऐसा हम सभी को पूरा विश्वास है।

जीवन बीमा व्यवसाय के अब तक के सफर को और भारत में जीवन बीमा के क्षेरिको देखते हुये



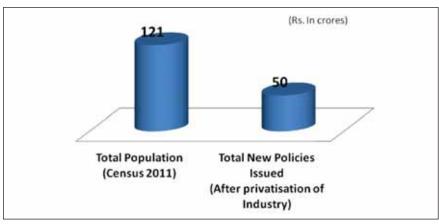
लेखा-चित्र संख्या-1 वित्तीय वर्ष के अंत में कुल जीवन बीमा कम्पनियाँ



लेखा-चित्र संख्या-2, वित्तीय वर्ष के अंत तक कुल जारी की गयी नई जीवन बीमा पालिसियाँ

यह कहा जा सकता है कि जीवन बीमा व्यवसाय की भारत में अपार सम्भावनाये विद्यमान है। जीवन बीमा के निजीकरण के पश्चात से लेकर उपलब्ध नवीनतम डेटा को देखा जाय तो यह ज्ञात होता है कि 50.36 करोड़ नई जीवन बीमा पॉलिसी उद्योग स्तर पर जारी कि गयी है। यदि प्रस्तुत लेखा-चित्र को देखे तो यह स्पष्ट तौर से इंगित होता है कि जीवन बीमा उद्योग निजीकरण





लेखा-चित्र संख्या-3, जनसंख्या एवं जारी की गयी कुल पालिसियाँ

के पश्चात 1.6 करोड़ नई पॉलिसी से लेकर 5.32 करोड़ नई पॉलिसी के मध्य ही गोते लगा रहा है, और यदि एक वित्तीय वर्ष से दूसरे वित्तीय वर्ष से तुलना करें तो कई वित्तीय वर्षों में नकारात्मक ग्रोथ भी दिखी हुई है।

यदि निजीकरण के पश्चात अब तक बेची गयी कुल पालिसियों के आधार पर बात करें तो, यह दिखता है की कुल आबादी का मात्र 40 प्रतिशत लोगों के पास जीवन बीमा, निजीकरण के पश्चात पहुँच पाया है। वास्तव में यह प्रतिशत 4 से 8 के मध्य है क्योंकि बहुत से ऐसे लोग है जिन्होंने एक से अधिक पॉलिसी ले रखी है, कई-कई लोगों ने तो दस से बीम पॉलिसीयां भी स्वयं के लिये ले रखी है। निचे दिया गया लेखा-चित्र यह स्वत: ही स्पष्ट कर देता है कि जीवन बीमा व्यवसाय कि अपार सखंभावनाए भारत देश में विद्यमान है। भारत की जनसंख्या 121 करोड (जनगणना 2011 के अनुसार) है अगर इस आधार पर बीमा की पहुँच को देखा जाय तो कितनी सम्भावना बीमा क्षेत्र में विद्यमान है वो स्वतः ही स्पष्ट है।

बीमा उद्योग के वर्तमान सेट-अप की तुलना जनसंख्या (2011) के आधार पर करें तो यह निष्कर्ष निकालता है कि प्रति बीमा अभिकर्ता तकरीबन 569 व्यक्ति आ रहे है, और यदि यह ब्रांच के साथ तुलना करें तो ज्ञात होता है कि 1.18 लाख कि आबादी पर 1 ब्रांच आफिस मौजूद है। प्रत्येक व्यक्ति तक यदि बीमा सुरक्षा पहुचाना है तो निसंदेह बीमा विक्री के माध्यमों में वृद्धि करनी होगी। वर्तमान में उपलब्ध समस्त विक्री माध्यमों में बीमा सलाहकार सबसे प्रभावी एवं सफल दिखे है। भारतीय जीवन बीमा निगम की तो नीव ही बीमा सलाहकारों पर विद्यमान है।

बीमा सुरक्षा आम लोगों के बीच पहूँचाने में क्या वास्तव में समस्याएं है- पिछले कुछ समय से कई समाचार पत्रों में, समाचार चैनलों में यह बात सार्वजनिक की जा रही है कि बीमा उद्योग अब आकर्षक नही रहा और इसके लिये कई तर्क भी दिये जा रहे है। कई विदेशी कंपनियों के यहाँ से चले जाने और कई कंपनियों के जाने कि संभावना से इस बात पर बल मिला है कि अब बीमा उद्योग आकर्षक नहीं रहा है। कई ऐसे लेखों का उदहारण भी मिल जायेंगे जिसमे प्रत्यक्ष एवं अप्रत्यक्ष तौर पर बीमा विनियामक एवं विकास प्रादिखरण को भी इसका जिम्मेदार बनाया जा

रहा है, उनका मानना है कि प्राधिकरण कि कुछ नीतिया ऐसी रही है जिससे बीमा उद्योग का विकास अपेक्षित नहीं हो रहा है। पर यदि पूरे जीवन बीमा उद्योग का बारीकी से अध्ययन किया जाय तो वास्तविकता कुछ और बयाँ करती है, आएये पता लगाते है वास्तिवकता क्या है।

अ - अब तक के समस्त वित्तीय वर्षों में, वित्तीय वर्ष 2009-10 के दौरान सबसे अधिक 5.32 करोड जीवन बीमा पालिसिया बिक्रय की गयी उसके पश्चात से पालिसियों के विक्रय मे गिरावट दर्ज हई है हालांकि वित्तीय वर्ष 2011-12 में एवं वित्तीय वर्ष 2012-13 में लगभग सामान जीवन बीमा पालिसियों का विक्रय हुआ है। अप्रैल 2010 में सेबी के द्वारा यूलिप पालिसियों पर सार्वजनिक विवाद का बहुत गहरा प्रभाव जीवन बीमा उद्योग पर पडा है। यदि इसके पश्चात देखा जाय तो ट्रडिशनल पालिसियों के विक्रय में जबरदस्त उछाल देखने को मिला है जबकि यूलिप पालिसियों के विक्रय में तेजी से गिरावट आयी है। हालाकि बीमा विनियामक एवं विकास प्राधिकरण के त्वरित कार्यवाही से यह मामला बहुत जल्द ही हल कर लिया गया था। पर इस पूरे मामले ने यूलिप पॉलिसी धारकों के मन में अस्थिरता ला दी जिसकी वजह से लोगों ने युलिप पालिसियों में प्रीमियम देना बंद कर दिया और पालिसिया लैप्स होने लगी जिसके कई पालिसीधारकों को नके द्वारा जमा किये गये प्रीमियम का नाममात्र भाग ही वापस मिल पाया। कहते है दूध का जला आदमी छांछ भी फुक कर पीता है, कुछ ऐसे ही पालिसीधारकों की बजह से लोगों का विश्वास जीवन बीमा को लेकर कमजोर हुआ है। पर ऐसे माहौल में भी जिन पालिसीधारकों ने धैर्य एवं समझदारी से काम लिया और अपनी यूलिप पालिसियों का प्रीमियम देना जारी रखा ऐसे पालिसीधारक को अब यह निश्चित तौर पर विश्वास हो गया है कि लंबी अवधि

Financia l Year	Total Population (Census 2011)	Insurance Companies	Total Agents	Per Agent Population	Total Branch Offices	Per Branch Population	Commission Paid (in Lakh)	Comm. Per Agent (in Lakh)
2012-13	1210193422	24	2125758	569	10253	118033	1883900	0.89



में यूलिप में निधवडेज्ञश से सुरक्षा के साथ-साथ अच्छा रिर्टन प्राप्त होगा। साथ ही प्राधिकरण ने यूलिप के उत्पाद में परिवर्तन लाकर सोने पे सुहागे जैसा किया है जिसमें यूलिप पालिसियाँ पहले से अधिक लाभदायक एवं आकर्षक पालिसीधारकों के लिये हुई है।

यूलिप में प्राप्त प्रीमियम का मुख्य भाग जीवन बीमा कंपनिया शेयर मार्केट में लगाती है ज्ञान के आभाय में कई लोगों को लगता है कि शेयर में निवेश करना पहुत ही खतरनाक है जबिक वास्तव में ऐसा नहीं है शेयर मार्केट में निवेश से कम समय में लाभ होभी सकता है नहीं भी पर नुकसान होने कि सम्भावनाये अधिक रहते है। पर इसके ठीक विपरीत लंबी अवधि में नियमित निवेश करने पर नुकसान कि संभावना लगभग शून्य हो जाती है और लाभ कि सम्भावनाये निश्चित, तभी तो भारतीय शेयर मार्केट से जीवन बीमा के साथ साथ म्यूच्युअल फंड, बैंक, बडे बडे कारपोरेट घराने अच्छा लाभ प्राप्त कर रहे है।

यहाँ शेयर बाजार के बारे में कुछ तथ्य जानना बहुत जरुरी है:-

Bombay Stock Exchange (BSE)

	(<i>i</i>
Market Capitalization of BSE Listed Co.	66,39,136
No.of Listed Companies	5,282
No.of Suspended Companies	1,253
No.of Companies Eligible for Trading	4,029
No. of Scrips Traded	2,597
Advances	1,146
Declines	1,288
Unchanged	163
Total No. of Orders	9,74,58,855
No.of Trades	13,84,598
Total No.of Shares Traded (Lacs)	1,664.64
Total Turnover (Rs.Cr.)	1,721.73

यह 31 दिसंबर 2012 तक शेयर बाजार में, बाजार पूँजीकरण के आधार पर विश्व में 11 स्थान रखता है। लिस्टेड कंपनियों के आधार पर यह विश्व में पहला स्थान रखता है। (5000 से अधिक कंपनिया लिस्टेड है)। यानि कि यदि पालिसीधारक लंबी अविध में यूलिप में नियमित प्रीमियम के माध्यम से निवेश करता रहता है तो उसे अच्छी रिटर्न प्राप्त होगा। आज भी कुल आबादी का बड़े हिस्से के लोंगों को यूलिप जीवन बीमा उत्पाद के बारे में स्पष्ट जानकारी का आभाव है और उन्हें यूलिप एक रहस्य जैसा लगता है। यह हाल सिर्फ पालिसीधारकों एवं आम जनता का नहीं है बल्कि बीमा मध्यस्थ भी अभी तक यूलिप कि बारीकियों को नहीं समझ पाये है। कई कारणों में से यह एक प्रमुक कारण है जिसकी वजह से जीवन बीमा कि पहुच आब लोगां तक नहीं हो पा रही है।

B - बीमा की आवश्यकता को न समझापना -जीवन बीमा लोगों को वित्तीय जोखिम से स्वतंत्रता प्रदान करता है जिससे उनकी आश्रितों को बीमित व्यक्ति कि आकस्मिक मृत्यु पर वित्तीय समस्याओं का सामना न करना पड़े। इसके साथ ही साथ आकस्मिक मृत्यु न होने पर, पालिसि अवधि पूर्ण होने पर कर रहित पूर्णावधि भुगतान प्रदना करता है। यानि कि दोनों स्थिति में ग्राहक को लाभ पहचाना होता है। पर आम जनता आज भी बीमा को मृत्यु के पश्चात ही लाभ देने वाला समझ रही है। साथ ही साथ लोग बीमा कि तुलना निवेश के अन्य संसाधनों से करते है। यह हो सकता है कि कही अन्य निवेश से रिटर्न तो अच्छा प्राप्त होजाये पर जो निश्चितता बीमा के माध्यम से प्राप्त हो सकती है वो किसी और निवेश से नहीं। इसीलिए जीवन बीमा उपलब्ध विनियोग के समस्त साधनों से अलग ही नहीं बल्कि श्रेष्ठ है। बीमा का प्रचार-प्रसार नितांत नितांत आवश्यक है और यह तभी संभव है जब बीमा विक्रय करने वाले लोगों को नियमित प्रशिक्षण दिया जाय एवं आम जनता के मध्य जीवन बीमा जागरुकता अभियान चलाकर उन्हे जागरुक बनाया जाय। स्कुल और कालेजो में बीमा विषय अनिवार्य रूप से शिक्षा में शालिम किया जाय। भारत कि कुल आबादी का शिक्षा का स्तर भी पहले से सुधरा हआ है जो यह इंगित करता है कि यदि थोड़ा सा प्रयास बीमा जागरुकता में किया जाय तो लोगों का विश्वास बीमा के प्रति मजबूत होगा कुल आबादी में 74.04% लोग शिक्षित है जबकि पुरुष 82.14% आर महिलाये 65.46% शिक्षित है। जिससे लोग स्वयं में प्रेरित होकर बीमा क्रय करेंगे।

C - बीमा उत्पाद जनसंख्या में उपस्थित लिंगवार और आयुवार को आधार बनाकर निर्मित एवं विक्रय लक्ष्य केंद्रित किया जाय -कल आबादी में 48.46% हिस्सेदारी महिलाओं कि है पर अधिकांश बीमा कंपनिया इस समूह को लक्ष्य बनाकर उत्पाद नहीं बनाती और न ही इन तक बीमा कंपनियों इस समृह को लक्ष्य बनाकर उत्पाद नहीं बनाती और न ही इन तक बीमा सुरक्षा पहुचाने में दिलचस्पी लेती है। पढ़ी-लिखी और राजगार में लगी महिलाओं का बीमा करने में कंपनिया प्राथमिकता देती है पर अन्य श्रेणी की महिलओं का बीमा साधारणत: या तो स्वीकार नहीं किया जाता या किया जाता है तो अतिरिक्त प्रीमियम शुल्क पे। कई बार देखने में आता है कि महिलाओं को बीमा उनके पति के पास उपलब्ध बीमा सुरक्षा के आधार पर ही दिया जाता है। यदि हर श्रेणी महिलाओं के लिये एक कामन बीमा पॉलिसी निर्मित कर उन तक बीमा पहचाया जाय तो निसंदेह बीमा कि पहच बढ़ेगी। यदि आयु वार देखा जाय तो कुल आबादी का 31.1% लोग 0 से 14 वर्ष आयु के मध्य है, 63.6% लोग 15 से 64 वर्ष आयु के मध्य है एवं 5.3% लोग 65% वर्ष आयु के ऊपर के है, बीमाकर्ता आयु वार लक्ष्य करके उत्पद निर्माण करके उस समृह में अपनी उपस्थिति दर्ज करा सकते है। इन सब में सबसे महत्वपूर्ण यह होगा कि बीमाकर्ता यह सुनिश्चित करें कि उनके बिक्रय प्रतिनिधि ग्राहकों को नकी आवश्यकताओं के अनुरुप ही बीमा पॉलिसी का विक्रय करे। लिंगवार जनसंख्या विवरण निम्न है।

शेष अगले अंक में....

लेखक वरिष्ठ कार्यकर्ता, (मार्केटिंग विभाग) सहारा इंडिया जीवन बीमा कंपनी लिमिटेड, (हेड आफिस लखनऊ) में कार्यरत है। इस लेख में लेखक के व्यक्तिगत विचार है तथा किसी भी प्रकार से इन्हें सहारा इंडिया जीवन बीमा कंपनी लिमिटेड अथवा उसकी किसी सहयोगी कंपनी के विचार नहीं समझे जाने चाहिये।



ROUND UP

7th Health Insurance Summit 2013

"Future of Health Insurance in India: Vision for Development and Better Delivery"

Confederation of Indian Industry (CII) organized the 7th Health Insurance Summit on 9th December, 2013 at New Delhi. The theme of the summit was "Future of Health Insurance in India: Vision for Development and Better Delivery". A report by the CII Working Group on Health Insurance titled "Moving Towards Universal Health Coverage in India" was released during the summit.

Seen in the photograph taken after the release of the report (L to R) are: Dr. Nishant Jain, Deputy Programme Director, Indo-German Social Security Programme GIZ; Mr. Krishnan Ramachandran, Chief Operating Officer, Apollo Munich Health Insurance Co. Ltd.; Mr. Annaswamy Vaidheesh, Chairman, CII Sub-Committee on Accessibility, Health Insurance, and Vice-President, Govt affairs, Johnson & Johnson USA; Mr. M. Ramaprasad, Member (Non-Life), IRDA; and Ms. Indrani Kar, Deputy Director General, CII.





Mr. M. Ramaprasad delivering the inaugural address.



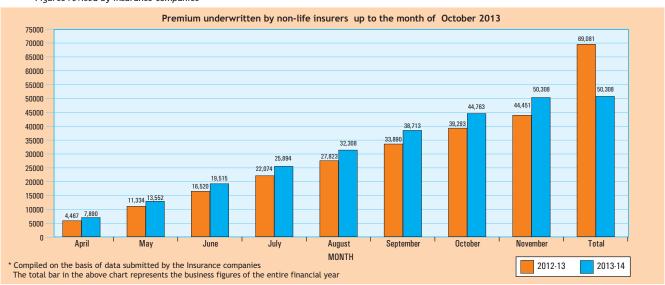
STATISTICS NON-LIFE INSURANCE

Report Card: General
Gross Premium underwritten for and up to the month of November 2013

			(₹in Crores) (%				
INSURER	NOVI	EMBER	APRIL-N	OVEMBER	GROWTH OVER THE CORRESPONDENCE		
	2013-14	2012-13*	2013-14	2012-13*	PREVIOUS YEAR		
Royal Sundaram	117.35	130.41	973.95	1,012.91	-3.85		
Tata-AIG	174.21	150.68	1,578.92	1,353.92	16.62		
Reliance General	195.70	162.99	1,668.57	1,372.84	21.54		
IFFCO-Tokio	169.51	180.78	1,912.59	1,664.50	14.90		
ICICI-lombard	538.23	546.81	4,530.21	3,967.67	14.18		
Bajaj Allianz	327.85	294.75	2,928.39	2,505.62	16.87		
HDFC ERGO General	179.85	176.80	1,868.50	1,601.18	16.70		
Cholamandalam	135.02	130.45	1,170.57	1,057.15	10.73		
Future Generali	93.01	84.30	802.85	722.62	11.10		
Universal Sompo	35.35	36.98	347.34	331.24	4.86		
Shriram General	120.20	125.61	986.69	954.46	3.38		
Bharti AXA General	118.17	98.75	934.72	772.87	20.94		
Raheja QBE	1.63	2.31	15.76	13.95	12.98		
SBI General	90.02	66.58	727.26	425.47	70.93		
L&T General	18.12	11.35	159.63	104.78	52.34		
Magma HDI	33.44	10.54	235.55	16.05	1367.16		
Liberty	10.75	NA	61.77	NA	NA		
Star Health & Allied Insurance	82.40	58.45	638.05	512.78	24.43		
Apollo MUNICH	44.18	54.64	318.11	318.04	0.02		
Max BUPA	21.90	13.45	176.82	104.68	68.91		
Religare	9.42	1.63	96.47	16.58	481.87		
New India	790.03	680.33	7,419.81	6,507.05	14.03		
National	711.69	686.57	6,272.44	5,719.58	9.67		
United India	737.58	721.44	6,635.55	6,228.93	6.53		
Oriental	492.58	477.98	4,723.86	4,266.06	10.73		
ECGC	118.88	92.99	816.70	727.38	12.28		
AIC	177.77	160.65	2,306.50	2,172.95	6.15		
PRIVATE TOTAL	2,516.30	2,338.25	22,132.70	18,829.31	17.54		
PUBLIC TOTAL	3,028.52	2,819.96	28,174.85	25,621.95	9.96		
GRAND TOTAL	5,544.82	5,158.21	50,307.56	44,451.27	13.17		

Note: Compiled on the basis of data submitted by the Insurance companies

^{*} Figures revised by insurance companies



Statistical Supplement

(Monthly - October, 2013)

Name of the Insurer: Bajaj Allianz General Insurance Company Limited

BUSINESS FIGURES:

LINE OF BUSINESS	Total Pre	mium u/w		No. of Issued	Accretior the month		Sum A	ssured
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month
Fire	2397.33	20481.12	32401.00	241537.00	-540.76	180.80	18430142.00	185316437.00
Previous year	2938.08	20300.31	34264.00	237684.00	1075.29	4621.02	66453683.00	426443447.00
Marine Cargo	1294.43	6774.08	13695.00	95772.00	591.33	1338.95	2623612.00	26604681.00
Previous year	703.10	5435.13	13598.00	93631.00	19.29	278.04	12121921.00	73552987.00
Marine Hull (Including Onshore & Offshore oil energy)	0.00	435.90	0.00	28.00	-0.17	420.61	0.00	5413426.00
Previous year	0.17	15.29	3.00	9.00	-7.18	149.58	3888149.00	7791182.00
Marine (Total)	1294.43	7209.98	13695	95800	591.16	1759.55	2623612.00	32018107.00
Previous year (Total)	703.27	5450.42	13601	93640	12.11	427.62	16010070.00	81344169.00
Aviation	43.23	423.97	12.00	140.00	8.66	-98.50	32191.00	3058169.00
Previous year	34.57	522.47	24.00	99.00	-375.81	-1043.17	1367369.00	9243155.00
Engineering	1259.55	7359.83	1130.00	9640.00	230.31	-574.39	503001.00	6135103.00
Previous year	1029.24	7934.22	1210.00	9800.00	413.26	1980.02	18645698.00	131896313.00
Motor Own Damage	17795.20	104736.28	401051.00	2557532.00	2489.54	11956.45	940470.00	5703144.00
Previous year	15305.65	92779.83	365662.00	2297003.00	2133.06	12852.25	1027655.00	6287291.00
Motor Third party	7376.42	45996.58	407790.00	2603376.00	1577.72	8406.36		
Previous year	5798.70	37590.22	371859.00	2363568.00	1353.32	7890.52		
Motor (Total)	25171.62	150732.87	407790	2603376	4067.26	20362.81	940470.00	5703144.00
Previous year (Total)	21104.36	130370.05	371859	2363568	3486.37	20742.77	1027655.00	6287291.00
Workmen's compensation / Employer's liability	277.24	2043.23	1832.00	13057.00	29.85	165.47	31610.00	281079.00
Previous year	247.39	1877.76	1771.00	12007.00	42.09	108.05	72302.00	482863.00
Public Liability	4.69	60.34	15.00	150.00	-1.47	17.42	10820.00	140251.00
Previous year	6.16	42.91	4.00	106.00	0.21	-1.51	4800.00	167091.00
Product Liability	315.14	1630.08	101.00	540.00	236.67	289.32	56701.00	885293.00
Previous year	78.47	1340.77	69.00	491.00	12.28	356.78	138715.00	800672.00
Other Liability Covers	616.89	7145.36	354.00	2647.00	131.35	1053.02	197797.00	2165031.00
Previous year	485.54	6092.33	326.00	2253.00	240.33	980.91	793632.00	3600812.00
Liability (Total)	1213.96	10879.01	2302	16394	396.39	1525.23	296928.00	3471654.00
Previous year (Total)	817.57	9353.78	2170	14857	294.90	1444.23	1009449.00	5051438.00
Personal Accident	345.22	2892.74	6266.00	44880.00	33.54	-628.14	628119.00	4229533.00
Previous year	311.69	3520.88	7271.00	47292.00	-76.10	431.23	3508747.00	21842418.00
Medical Insurance	5295.30	43345.27	73534.00	510978.00	1459.49	15717.16	370644.00	2946937.00
Previous year	3835.81	27628.11	72059.00	455154.00	1659.97	7594.30	3374747.00	22157561.00
Overseas Medical Insurance	520.09	5689.28	45547.00	356977.00	61.41	617.39	85889.00	2932722.00
Previous year	458.68	5071.89	41349.00	328672.00	-66.39	811.56	269493.00	4883388.00
Health (Total)	5815.40	49034.55	119081	867955	1520.90	16334.56	456533.00	5879659.00
Previous year (Total)	4294.50	32700.00	113408	783826	1593.58	8405.86	3644240.00	27040949.00
Crop Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Credit Guarantee	188.39	542.25	19.00	70.00	52.01	195.48	84545.00	496431.00
Previous year	136.38	346.77	9.00	52.00	21.29	-313.57	932847.00	4269536.00
All Other Miscellaneous	1404.28	10497.29	46649.00	415363.00	42.94	-90.74	926921.00	13815321.00
Previous year	1361.34	10588.03	51530.00	347306.00	14.53	511.95	2710388.00	18571456.00
Grand Total	39133.40	260053.61	629345	4295155	6402.42	38966.68	24922462.00	260123558.00
	55100.70	221086.93	595346	50.00	V-102.72	23000.00	0000	

189268	150208	219104	71761	87.29	17.8	331612	20032	27.71271	89.0822
279128	102492	511236	38521	97.46	28.91	323095	67989	23.784er	27.886.72
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2781572	102492	0	0	00.0	00.0	7270 <i>þ</i>	9179	3422.70	14.988
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00.489268	150208.00	00.0	00.0	00.0	00.0	15831.00	2067.00	10.5952	156.00
821672.00	102492.00	00.0	00.0	00.0	00.0	00.87812	3362.00	11.8462	291.44
		219104.00	00.71791	87.39	17.8	30547.00	00.4274	320.36	17.88
		211539.00	38521.00	97.46	28.91	26842.00	00.1162	252.32	28.25
0	0	0	0	00.0	00.0	9161	282	15.225	⊅ Δ.6 ⊅
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		00.0	00.0	00.0	00.0	00.8261	246.00	20.692	29.82
0	0	0	0	00.0	00.0	213717	69978	£7.10901	26.6891
0	0	0	0	00.0	00.0	799767	38232	£8.£7911	82.8001
		00.0	00.0	00.0	00.0	213717.00	00.69928	3457.10	96.364
		00.0	00.0	00.0	00.0	234664.00	38232.00	71.4304	20.063
		00.0	00.0	00.0	00.0	00.3837	00.7811	59.4447	96.5911
		00.0	00.0	00.0	00.0	3816.00	735.00	99.9197	13.8121
		00.0	00.0	00.0	00.0	1428.00	255.00	39.009	90.011
		00.0	00.0	00.0	00.0	1152.00	105.00	97.184	96.99
		00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
		00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
0	0	0	0	00.0	00.0	1699	888	89.052	48.82
0	0	0	0	00.0	00.0	1499	834	61.132	31.45
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		00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
		00.0	00.0	00.0	00.0	00.1693	00.888	89.082	18.84
		00.0	00.0	00.0	00.0	00.1793	00.488	1197	31.15
		00.0	00.0	00.0	00.0	00.10871	2194.00	1130.04	13.97
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Name of the Insurer: Bharti AXA General Insurance Company Limited

BUSINESS FIGURES:

LINE OF BUONIESS	Total Pre	mium u/w	Total Policies	No. of Issued		ns during (premium)	Sum A	ssured
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month
Fire	469.25	5657.77	1324.00	8572.00	469.25	5188.53	4061949.70	23072847.57
Previous year	319.61	3758.88	1518.00	10707.00	319.61	3202.03	572117.45	8152415.83
Marine Cargo	188.26	2011.47	249.00	2098.00	188.26	1823.21	3245594.79	8502665.92
Previous year	158.16	1446.87	296.00	1872.00	158.16	1206.40	272237.72	3027084.77
Marine Hull (Including Onshore & Offshore oil energy)								
Previous year								
Marine (Total)	188.26	2011.47	249	2098	188.26	1823.21	3245594.79	8502665.92
Previous year (Total)	158.16	1446.87	296	1872	158.16	1206.40	272237.72	3027084.77
Aviation								
Previous year								
Engineering	538.09	2388.83	286.00	2559.00	538.09	1850.74	723449.30	2645023.85
Previous year	474.46	1649.36	218.00	1429.00	474.46	958.17	206935.79	839257.95
Motor Own Damage	6379.32	39594.75	147366.00	895475.00	6379.32	33215.42	620927.99	3836281.59
Previous year	5387.04	32840.94	91446.00	501265.00	5387.04	22579.39	280027.39	1776774.64
Motor Third party	2729.27	18274.31	147366.00	895475.00	2729.27	15545.04		
Previous year	1848.20	11420.96	91446.00	501265.00	1848.20	7935.98		
Motor (Total)	9108.60	57869.06	147366	895475	9108.60	48760.46	620927.99	3836281.59
Previous year (Total)	7235.23	44261.90	91446	501265	7235.23	30515.37	280027.39	1776774.64
Workmen's compensation / Employer's liability	56.39	417.36	197	1532	56.39	360.97	11918	90145
Previous year	47.53	260	127	773	47.53	159.87	22249	59753
Public Liability	0	6	0	20	0.00	5.95		
Previous year	0	4.65	2	12.00				3145.00
Product Liability					0.00	0.00	0	0
Previous year							15	15
Other Liability Covers	90	521	43	295	89.69	431.07	34138	244793
Previous year	47	286	20	146	46.51	219.62	9839	82957
Liability (Total)	146.08	944.06	240	1847	146.08	797.98	46055.86	334938.13
Previous year (Total)	94.09	551.13	149	931	94.04	379.50	32103.65	145869.45
Personal Accident	148.24	1549.53	792.00	7199.00	148.24	1401.29	4376712.79	22182668.09
Previous year	282.20	1833.41	746.00	6655.00	282.20	1312.09	637858.95	4322701.73
Medical Insurance	753.55	10216.81	1121.00	10554.00	753.55	9463.26	11775.30	91614.13
Previous year	1499.83	13134.42	994.00	10231.00	1499.83	10367.64	5040.59	78712.03
Overseas Medical Insurance								
Previous year								
Health (Total)	753.55	10216.81	1121	10554	753.55	9463.26	11775.30	91614.13
Previous year (Total)	1499.83	13134.42	994	10231	1499.83	10367.64	5040.59	78712.03
Crop Insurance	1 100100	10101112		10201	1 100100	10007101		707.12.00
Previous year								
Credit Guarantee	40	92	0	1	39.88	52.33	0	0
Previous year	16	79	0	0	30.00	52.00	0	353
All Other Miscellaneous	116.08	925.92	1122.00	7029.00	116.08	809.84	243398.07	1703853.97
Previous year	111.47	698.20	1162.00	9704.00	111.47	489.97	80119.69	1053098.08
Grand Total	11508.04	81655.67	152500	935334	11508.04	70147.63	13329863.80	62369893.25
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						146.00	30.00	96.74	13.3
						00.623	00.49	320.11	06.29
						426.00	00.13	£8.1£1	68.61
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						8	00.0	£8.£	00.0
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					00.0	00.0		48.918	90.981
						00.0		1243.19	161.55
						39374.00	00.4793	2084.31	99.482
						00.78584	00.68£8	90.6722	329.98
						00.67	00.61	22.63	33.1
						00.982	38.00	17.91	60.9
0	0	0	0	00.0	00.0	81	7	2,19	14.0
0	0	0	0	00.0	00.0	39		17.121	2.14
						00.81	2.00	2.19	14.0
						39.00	00.7	17.121	2.14
						00.8118	00.8801	90.921	96.91
						00.0894	00.128	86.381	27.02
ot qU the month	For the month	ot qU the month	For the month	ot qU dtnom edt	For the hrom	the month	For the month	of qU the month	For the month
vered *	ON Do sevid	l Sector	No. of Live sisos ni	ial Sector	to trnomA sos ni w\u	Areas	No. of P in Rural		uЯ ni w/u

Name of the Insurer: Cholamandalam Ms General Insurance Company Limited

BUSINESS FIGURES: Total No. of Accretions during Sum Assured Total Premium u/w Policies Issued the month (premium) LINE OF BUSINESS Up to For the Up to Up to For the Up to For the For the the month the month month the month month month month the month 559.7 6,657.7 104,519 6.7 976.2 16,991,669 Fire 8.900 980.025 Previous year 553.0 5,681.5 15,024 90,167 153.5 1,204.1 1,658,088 18,035,288 Marine Cargo 518.5 3,999.9 398 3,211 (44.0)946.7 1,005,777 14,067,070 Previous year 562.5 3,053.2 506 3,784 85.5 178.1 2,399,766 21,979,977 Marine Hull (Including Onshore & Offshore oil energy) 2 1.0 107 Previous year 2 107 1.0 1.0 Marine (Total) 518.5 4.000.9 398 3.213 (44.0)946.7 1,005,777 14,067,177 Previous year (Total) 562.5 3,054.2 506 3,786 85.5 179.1 2,399,766 21,980,084 Aviation Previous year Engineering 185.0 1,463.1 994 6,302 (86.5)(181.2)202,124 1,579,363 1,644.3 5,956 163.2 Previous year 271.5 895 38.4 317,558 3,231,966 Motor Own Damage 5,205.4 36.898.9 71,076 487,288 3.814.4 2,597,280 70.7 370,840 66,678 440,356 1,291.7 Previous year 5,134.7 33,084.6 3,199.6 346,208 2,252,613 Motor Third party 4.932.2 34.079.9 73,711 498.557 959.5 7.924.1 Previous year 3,972.8 26,155.8 67,155 443,639 751.0 6,562.3 Motor (Total) 10,137.6 70,978.8 73,711 498,557 1,030.2 11,738.5 370,840 2,597,280 Previous year (Total) 9,107.4 59,240.3 67,155 443,639 2,042.7 9,761.9 346,208 2,252,613 Workmen's compensation / Employer's liability 2928 23.673 31.9 163 1.310 (15.2)(138.4)72.490 Previous year 47.0 431.2 197 1,895 46.1 292.0 7,488 83,348 Public Liability 32.5 381.9 54 446 22.5 (47.9)9.233 106.963 Previous year 10.0 429.8 68 532 (111.0)(393.2)14,176 97,792 Product Liability Previous year ----Other Liability Covers _ _ Previous year Liability (Total) 64.4 674.7 217 1,756 7.3 (186.3)32,906 179,453 Previous year (Total) 57.0 861.0 265 2,427 (64.8)(101.1)21,664 181,140 Personal Accident 504.2 3,438.0 2,037 16,536 86.5 530.3 294,466 2,092,111 Previous year 417.7 2,907.8 1,027 9,296 49.0 277.0 275,960 2,693,029 Medical Insurance 6,269 47,566 (4,494.2)588,115 723.6 12,874.0 (2,190.3)32.867 2,499.1 17,368.2 39,607 Previous vear 2,913.8 5,404 31,086 (67.9)560,561 Overseas Medical Insurance 39.2 416.2 1,671 11,318 37.0 4,986 21,846 2.6 Previous year 379.2 1,179 11,186 36.6 379.2 2,064 18,310 36.6 Health (Total) 762.8 13,290.2 7,940 58,884 (2,187.7)(4,457.3)37,854 609,961 Previous year (Total) 2,950.5 6,583 42,272 41,671 17,747.4 (31.2)2,878.4 578,871 Crop Insurance 100.4 2,351.0 28 100.4 1,471.9 890 28,849 10 305 Previous year 879.1 879.1 8,855 --Credit Guarantee _ _ Previous year All Other Miscellaneous 2.565 24.761 179,168 2.031.572 76.3 700.0 1.1 46.0 Previous year 75.3 654.0 2,962 25,981 (58.0)(816.4)120,373 2,515,019 Grand Total 12,908.9 103,554.5 96,772 714,556 (1,086.0)10,884.8 3,104,051 40,177,434 Previous year (Total) 13.994.9 92.669.7 94.417 623.829 2,215.0 14.425.3 5.181.288 51.476.865

(Premium in ₹ Lakhs)

-	-	094'618'9	2,645,073] -	-	111,08	12,230	0.037,71	1.531,5
-	-	3,960,446	-	-	-	216,701	345,345	8.407,81	3.882,1
		1-	-	-	-	₽87,01	1,280	2.472	33.0
		-	-	-	-	985,01	381,1	6.762	7.78
		-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-
		1-	-	-	-	305	-	1.978	-
		-	-	1-	-	82	01	0.135,2	4.001
		097'618'9	2,645,073	-	-	81	-	0.618,11	2,939.2
		944,096,8	-	-	1-	061	-	6.526.3	-
		-	-	-	-	-	-	-	-
		-	-	-	1-	-	-	-	-
		097'618'9	2,645,073	-	-	81	-	0.618,11	2.9339.2
		944,096,8	-	-	-	061	-	6.626,3	-
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		1-	-	-	-	816,88	756,01	£.277,4	₽.08 7
		-	-	-	-	802,79	961,31	3.113,7	8.741,1
		1-	-	1 -	-	816,83	786,01	8.199,1	9.672
		-	-	-	-	802,76	961,31	2,812.3	9.814
		-	-	-	-	689'89	926,01	3.011,5	8.003
		-	-	-	-	288,89	15,068	2.699,4	2.627
		-	-	-	-	Z1	7	2.4	1.0
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overed *	Lives co	1 Sector	lsioo2 ni	ial Sector	ioo2 ni w\u	l Areas	in Rural	ıral Areas	มЯ ni w\ม
to .oM		s covered	No. of Lives	Premium	to truomA		P io .oN		to innomA

Name of the Insurer: Future Generali India Insurance Company Limited

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LINE OF BUOINESS	Total Pre	mium u/w	Total Policies	No. of Issued	Accretion the month	ns during (premium)	Sum A	ssured
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month
Fire	605.01	7398	3248	22324	27.91	974.13	2000992.35	20582101.49
Previous year	577.11	6424.07	2568	18514	168.75	1214.48	1139195.73	12781946.61
Marine Cargo	363.00	3338.98	1000	7146	-216.30	-131.35	603770.21	9963984.83
Previous year	579.30	3470.32	972	6701	223.11	1058.83	713770.20	9540786.98
Marine Hull (Including Onshore & Offshore oil energy)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Marine (Total)	363.00	3338.98	1000	7146	-216.30	-131.35	603770.21	9963984.83
Previous year (Total)	579.30	3470.32	972	6701	223.11	1058.83	713770.20	9540786.98
Aviation								
Previous year	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Engineering	269.66	2307.08	476	4287	41.08	238.75	328124.61	1631435.44
Previous year	228.58	2068.33	499	3787	25.89	542.50	148465.71	1034876.36
Motor Own Damage	4486.04	27030.59	59980	355345	669.98	3391.04	247245.00	1502378.17
Previous year	3816.06	23639.55	54020	336913	665.75	4319.39	218228.29	1387151.06
Motor Third party	1728.06	11247.89	120	764	194.72	-29.28		
Previous year	1533.34	11277.16	86	466	-5.09	1197.57		
Motor (Total)	6214.10	38278.48	59980.00	355345.00	864.70	3361.77	247245.00	1502378.17
Previous year (Total)	5349.40	34916.71	54020.00	336913.00	660.67	5516.96	218228.29	1387151.06
Workmen's compensation / Employer's liability	123.02	1246.46	909	6703	0.44	316.95	16995.75	209720.99
Previous year	122.58	929.51	738	4775	42	228	17649.15	148857.90
Public Liability	1.64	15.09	6	84	1.64	15.09	3000.00	23430.64
Previous year	0.00	0.00	0	0	0		0.00	0.00
Product Liability	143.63	918.62	126	1053	55.89	124.85	32758.48	307029.60
Previous year	87.74	793.77	147	1020	17	179	28246.38	235901.01
Other Liability Covers					0.00	0.00		
Previous year	0.00	0.00	0	0			0.00	0.00
Liability (Total)	268.29	2180.17	1041	7840	57.97	456.89	52754.23	540181.23
Previous year (Total)	210.32	1723.28	885	5795	59.51	406.77	45895.53	384758.91
Personal Accident	315.45	3046.24	5885	54714	11.06	-1212.16	8698467.03	30317495.58
Previous year	304.39	4258.40	7011	46542	116.38	1439.37	428635.70	12595131.32
Medical Insurance	923.22	6224.97	2128	14373	180.74	-513.12	21628.10	252446.13
Previous year	742.48	6738.10	2049	12612	358.70	192.23	24492.50	249748.53
Overseas Medical Insurance	78.66	751.17	4322	36061	8.81	55.33	78517.59	674855.86
Previous year	69.85	695.84	4270	38422	4.92	47.33	44056.00	217146.98
Health (Total)	1001.88	6976.15	6450	50434	189.55	-457.79	100145.69	927301.99
Previous year (Total)	812.32	7433.93	6319	51034	363.62	239.56	68548.50	466895.51
Crop Insurance	-40.06	3348.23	3	796	-40.06	3348.23	950.72	35126.78
Previous year	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Credit Guarantee	3.53	0.00			0.00	0.00	3.30	3.30
Previous year	0.00	0.00	0	0	0.00	0.00	0.00	0.00
All Other Miscellaneous	672.86	4110.62	5628	34522	115.26	574.08	1155843.29	5537216.14
Previous year	557.60	3536.54	5311	31353	322.82	1690.50	356364.52	4390624.03
Grand Total	9670.19	70984.14	83711	537408	1051.17	7152.55	13188293.14	71037221.63
Previous year (Total)	8619.02	63831.59	77585	500639	1940.74	12108.99	3119104.19	42582170.78

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						∠99 7	864	45.884	(87.28)
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						0961	161	18.95	3.5
						†0L	121	35.87	07.3
918971	13740					987	611	17.921	82.01
070027	07207					6197	977	76.88	25.83
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						28429	1634	21.099.12	94.628
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-						372	98	06.931	47.84
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						867	88	262.93	06.78
						1739	524	99.35.66	£4.14
						1121	273	18.838	80.84
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ÎO	.oN	s covered	No. of Live	Premium	No. of Policies Amount of		muimer of Premium		

Name of the Insurer: HDFC ERGO General Insurance Company Limited

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	Total Pre	mium u/w	Total Policies	No. of	Accretion the month	ns during (premium)	Sum A	ssured	
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	
e	3,097.68	19,385.80	6,167	38,764	377.90	881.73	10,788,787.47	46,348,186.14	
evious year	2,719.78	18,504.08	4,508	29,980	1,298.80	1,505.62	9,279,640.46	46,101,294.24	
arine Cargo	365.55	4,573.80	355	2,548	62.90	674.72	1,313,017.10	17,518,447.45	П
evious year	302.66	3,899.09	268	1,883	(137.05)	1,284.20	939,024.28	11,763,617.20	
arine Hull (Including nshore & Offshore oil energy)	54.86	1,014.05	8	126	(57.19)	38.49	10,833.49	349,932.45	
evious year	112.04	975.55	31	263	40.85	(65.50)	83,655.10	447,632.91	
arine (Total)	420.41	5,587.85	363	2,674	5.71	713.21	1,323,850.59	17,868,379.91	
evious year (Total)	414.70	4,874.64	299	2,146	(96.20)	1,218.71	1,022,679.38	12,211,250.11	
iation	549.49	1,638.81	4	47	37.96	(109.44)	112,817.64	2,626,346.90	
evious year	511.53	1,748.26	5	30	13.53	129.97	168,491.20	1,853,887.31	
gineering	588.97	4,338.23	359	2,677	157.27	(316.48)	119,289.28	1,493,192.46	
evious year	431.70	4,654.71	475	2,882	10.52	535.44	110,048.12	1,313,904.76	
otor Own Damage	5.757.64	33,386.46	79,154	443.752	916.69	5,680.91	398,343.25	2,256,150.04	
evious year	4,840.95	27,705.55	66,527	382,066	969.68	5,297.43	315,083.91	1,793,398.23	
otor Third party	3,338.21	18,846.37	144,722	835,107	1,160.90	5,079.33	-	,,	
evious year	2,177.31	13,767.04	113,279	718,078	300.95	1,964.03			
otor (Total)	9,095.85	52,232.83	144,722	835,107	2,077.59	10,760.24	398,343.25	2,256,150.04	
evious year (Total)	7,018.26	41,472.58	113,279	718,078	1,270.63	7,261.46	315,083.91	1,793,398.23	
orkmen's compensation /	67.51	528.22	94	716	19.90	101.15	44,871.56	202,801.90	
evious year	47.61	427.07	71	547	26.15	140.56	17,327.55	123,274.10	
blic Liability	8.18	180.11	17	114	(3.87)	17.81	7,974.00	85,726.44	
evious year	12.05	162.30	15	132	7.05	49.93	8,354.15	106,619.77	
oduct Liability	4.96	37.39	2	15	(29.04)	(32.92)	2,870.00	12,010.30	
evious year	34.00	70.31	2	20	(6.31)	(138.51)	2,870.00	14,890.00	
her Liability Covers	523.31	6,227.66	120	861	59.85	566.84	141,022.31	2,008,919.20	
evious year	463.46	5,660.82	107	799	(22.03)	374.98	139,311.00	1,513,014.30	
ability (Total)	603.95	6,973.38	233	1,706	46.83	652.88	196,737.87	2,309,457.83	
evious year (Total)	557.12	6,320.50	195	1,498	4.87	426.96	167,862.70	1,757,798.18	
rsonal Accident	2,543.81	15,677.68	124,276	810,684	464.69	1,559.37	565,117.01	17,010,731.93	
evious year	2,079.12	14,118.31	130,633	796,110	530.17	4,005.57	1,244,627.56	33,751,672.77	
edical Insurance	3,818.04	38,293.51	36,481	231,652	162.24	9,417.09	33,208.80	1,346,080.09	
evious year	3,655.80	28,876.43	40,408	268,384	1,132.30	6,172.38	164,356.03	1,130,454.80	
verseas Medical Insurance	372.82	2,170.36	2,020	13,104	180.94	426.30	1,725,302.60	15,016,126.33	
evious year	191.88	1,744.06	1,211	8,331	(5.96)	741.53	268,490.69	13,727,821.62	
ealth (Total)	4,190.86	40,463.87	38,501	244,756	343.18	9,843.38	1,758,511.40	16,362,206.42	
evious year (Total)	3,847.68	30,620.49	41,619	276,715	1,126.34	6,913.91	432,846.72	14,858,276.42	
op Insurance	331.84	2,114.91	41,010	15	257.05	1,503.07	9,444.97	61,858.72	
evious year	74.79		1	2	74.79	611.84	1,453.99	-	
edit Guarantee	14.19	611.84		2	14.19	011.04	1,400.89	11,407.97	
evious year	-		-		-	-	_		
Other Miscellaneous	227 20	20,452.42	- 238	1 020	(90.64)	940.11	245,118.66	3 756 624 02	
evious year	237.38	-	238	1,928	(82.61)			3,756,631.03	
and Total	319.99	19,512.31	344	3,849	184.73	17,687.25	139,041.76	2,987,401.09	
	21,660.23	168,865.78	314,863	1,938,358	3,685.56	26,428.07		110,093,141.38	
evious year (Total)	17,974.66	142,437.71	291,358	1,831,290	4,418.17	40,296.75	12,881,775.80	116,640,291.0	8

2,303,753	221,042	908,27	199'98	69.09	70.72	189,832	32,612	28,246.05	2,094.00
2,764,265	589,536	269'0Z	£4£,7	18.42	9.54	242,842	0 7 4,6£	20,374.43	2,084.20
		1-	-	-	-	502	12	39.688,81	19.254
		-	-	-	-	128	11	35.375,8	(12.50)
		-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-
		Í-	-	-	-	-	-	264.93	27.632
		-	-	-	-	-	-	339.92	96.3
2,303,753	221,042	-	-	-	-	096'†↓	262,2	2,157.83	76.052
2,764,265	589,536	-	-	-	-	14,055	9 7 6'l	00.888,1	97.47E
ZE0'689	≯06'001	1-	-	-	-	EZI	98	3.99	87.0
974,738	Z94,8S1	-	-	-	-	398	67	68.8	86.0
917,417,1	120,138	-	-	-	-	787,41	2,256	2,153.85	61.082
06Z'906'l	₹20,181	-	-	-	-	13,700	968,1	11.778,1	87.575
		908,27	155,25	69.09	70.72	940'69	866,11	1,062.24	9E.E81
		269'0Z	£4£,7	24.81	₽ 9'9	828,77	199'11	09.831,1	£7.£91
-	-	-	-	-	-	89	8	130.39	18.34
-	-	-	-	-	-	28	9	£6.031	62.8
		-	-	-	-	33	7	7E.301	04.81
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			_			917	2	54.22	02.0
-	-	-	-	-	-	102,884	168,71	80.153,4	73.138
-	-	-	-	-	-	060,741	204,82	75.549,a	26.035,1
		-	-	-	-	102,884	168,71	2,057.25	342.92
		-	-	-	-	060,74r	204,82	15.025,5	91.439
		1-	-	-	-	312,38	292,7	28,674,2	99.813
		1-	-	-	-	518,53	386,01	3,623.06	24.30T
		-	-	-	-	403	18	247.93	71.03
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-	-	-	-	-	-	702	81	17.411	61.4
-	-	-	-	-	-	912	38	27.053	10.01
		-	-	-	-	8	-	28.7	-
		-	-	-	-	7	-	18.34	-
		-	-	-	-	661	81	68.301	61.4
		-	-	-	-	717	38	484.90	10.01
		-	-	-	-	2,039	312	94.788	53.03
		-	-	-	-	750,5	097	37.E00,1	GT.78
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Name of the Insurer: ICICI Lombard General Insurance Company Limited

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LINE OF BUOMESS	Total Pre	mium u/w	Total Policies	No. of Issued	Accretion the month	ns during (premium)	Sum A	ssured
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month
Fire	4,923.99	38,167.67	2,339	16,470	1,409.85	8,991.32	7,925,586	60,314,463
Previous year	3,514.13	29,176.34	2,504	15,939	2,367.82	5,016.43	5,544,598	42,957,957
Marine Cargo	1,301.73	13,107.83	1,759	10,990	259.12	3,177.94	6,086,830	50,185,912
Previous year	1,042.61	9,929.90	1,156	7,149	285.33	1,959.23	4,377,570	36,042,405
Marine Hull (Including Onshore & Offshore oil energy)	237.13	3,240.97	17	93	(382.36)	(431.54)	389,773	1,184,801
Previous year	619.49	3,672.51	17	94	(53.41)	(821.59)	353,924	1,035,567
Marine (Total)	1538.86	16348.81	1776	11083	-123.24	2746.40	6476603.75	51370712.83
Previous year (Total)	1662.10	13602.41	1173	7243	231.92	1137.64	4731493.94	37077971.83
Aviation	685.55	2,952.46	6	94	(126.00)	(2,901.77)	291,779	3,319,265
Previous year	811.55	5,854.22	14	107	(1,094.35)	(2,887.64)	138,931	3,413,345
Engineering	1,200.83	10,461.05	790	5,313	(183.12)	(559.21)	560,141	5,923,334
Previous year	1,383.95	11,020.25	682	4,135	312.45	250.19	561,811	6,666,286
Motor Own Damage	20,653.09	118,863.97	878,390	4,840,679	4,506.47	19,735.89	2,868,304	15,766,944
Previous year	16,146.62	99,128.07	630,210	3,761,326	2,386.04	20,851.37	2,114,134	12,614,398
Motor Third party	11,302.37	65,296.00	891,107	4,908,037	3,089.84	20,216.08		
Previous year	8,212.53	45,079.92	641,749	3,823,802	2,532.23	12,205.51		
Motor (Total)	31955.46	184159.96	891107	4908037	7596.31	39951.97	2868303.99	15766944.00
Previous year (Total)	24359.15	144207.99	641749	3823802	4918.27	33056.88	2114133.59	12614397.51
Workmen's compensation / Employer's liability	332.78	2,376.06	1,017	6,840	(9.49)	340.74	49,098	515,386
Previous year	342.27	2,035.33	779	5,161	49.31	372.27	56,306	387,172
Public Liability	2.51	44.03	6	119	(0.02)	1.79	3,000	56,858
Previous year	2.53	42.24	9	109	1.22	9.45	5,100	62,226
Product Liability	4.12	162.02	4	39	(8.45)	17.03	591	38,945
Previous year	12.58	145.00	4	38	11.40	(4.87)	14,128	37,778
Other Liability Covers	668.86	6,987.05	198	1,487	124.19	421.61	176,879	1,986,525
Previous year	544.67	6,565.45	216	1,402	282.98	1,122.81	132,865	1,452,715
Liability (Total)	1008.28	9569.17	1225	8485	106.23	781.16	229567.10	2597714.51
Previous year (Total)	902.05	8788.01	1008	6710	344.91	1499.66	208398.49	1939891.36
Personal Accident	1,428.94	11,600.13	41,639	296,873	200.43	1,704.00	1,643,744	19,665,935
Previous year	1,228.51	9,896.13	50,767	354,302	212.12	1,955.43	1,103,544	15,138,781
Medical Insurance	15,027.74	83,824.57	50,496	345,510	(1,114.48)	3,280.82	6,962,700	10,254,282
Previous year	16,142.22	80,543.76	34,158	232,925	2,186.17	(6,331.75)	658,898	3,060,050
Overseas Medical Insurance	575.34	5,865.77	75,004	568,289	109.29	1,005.92	1,454,236	10,677,700
Previous year	466.05	4,859.85	67,194	491,680	63.42	552.92	2,041,891.17	14,693,580
Health (Total)	15603.09	89690.34	125500	913799	-1005.19	4286.73	8416935.13	20931981.58
Previous year (Total)	16608.28	85403.61	101352	724605	2249.59	-5778.83	2700789.06	17753630.06
Crop Insurance	-	0.00	-	-	-	0.00	-	-
Previous year	0.00	0.00	-	_	0.00	0.00		_
Credit Guarantee	252.52	1,623.41	6	47	59.21	455.57	6,317	42,379
Previous year	193.31	1,167.83	5	38	(48.96)	135.28	6,501	54,903
All Other Miscellaneous	167.94	34,624.56	10,675	69,442	(5,217.83)	1,655.47	9,086,662	24,178,221
Previous year	5,385.77	32,969.09	6,635	49,928	3,341.29	12,234.86	9,320,893	22,051,064
Grand Total	58765.44	399197.55	1075063	6229643	2716.65	57111.65	37505638.67	204110950.27
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Name of the Insurer: IFFCO Tokio General Insurance Company Limited

BUSINESS FIGURES:

	Total Pre	mium u/w	Total Policies		Accretion the month	ns during (premium)	Sum A	ssured	
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	
Fire	486.56	15241.30	5473.00	40361.00	-189.76	486.56	465923.85	25221458.78	
Previous year	482.96	13297.07	3681.00	34262.00	-435.97	482.96	956535.05	24586140.48	
Marine Cargo	1174.53	6919.80	1447.00	6788.00	418.23	1174.53	5667264.68	22793585.30	_
Previous year	773.44	5304.77	703.00	5367.00	127.19	773.44	2248119.42	16687928.55	
Marine Hull (Including Onshore & Offshore oil energy)	65.27	1037.14	49.00	266.00	-118.65	65.27	16516.26	590459.77	
Previous year	67.55	1152.27	29.00	250.00	-16.66	67.55	10805.70	841530.96	
Marine (Total)	1239.80	7956.94	1496	7054	299.58	1239.80	5683780.94	23384045.07	_
Previous year (Total)	840.99	6457.04	732	5617	110.53	840.99	2258925.13	17529459.51	
Aviation	7.37	248.37	0.00	16.00	4.30	7.37	0.00	521841.46	
Previous year	15.63	263.11	4.00	101.00	-31.97	15.63	16273.88	524923.98	
Engineering	348.07	6056.08	584.00	3160.00	-284.27	348.07	262451.47	4557270.35	
Previous year	271.37	3811.28	263.00	2797.00	-250.17	271.37	56697.40	1453172.63	
Motor Own Damage	9595.39	58736.65	328833.00	2121211.00	2083.86	9595.39	570353.49	3300342.03	
Previous year	8769.08	51283.05	477800.00	2169715.00	1332.65	8769.08	576061.47	3829284.92	
Motor Third party	6073.84	40452.31	5097.00	38570.00	792.56	6073.84			
Previous year	5273.23	30469.25	4846.00	19837.00	572.38	5273.23			
Motor (Total)	15669.23	99188.96	328833	2121211	2876.42	15669.23	570353.49	3300342.03	
Previous year (Total)	14042.31	81752.31	477800	2169715	1905.03	14042.31	576061.47	3829284.92	
Workmen's compensation / Employer's liability	139.17	946.58	892.00	6252.00	6.06	139.17	17335.31	133486.54	
Previous year	94	765	784	5826	-17	93.87	1725	14852	
Public Liability	40.61	575.40	50.00	445.00	-13.18	40.61	9716.60	167895.35	
Previous year	23	372	9	82	-6	22.77	2516	41410	
Product Liability	19.79	205.61	5.00	55.00	-47.74	19.79	7950.00	85852.50	
Previous year	19	134	3	47	-10	18.58	1625	11743	
Other Liability Covers	48.66	1318.57	55.00	407.00	-46.59	48.66	26997.88	627462.83	
Previous year	49	1411	19	222	-17	49.25	3203	91828	
Liability (Total)	248.23	3046.15	1002	7159	-101.45	248.23	61999.79	1014697.22	
Previous year (Total)	184.47	2682.97	815	6177	-51.44	184.47	9069.14	159833.19	
Personal Accident	316.95	1924.20	9900.00	84344.00	46.03	316.95	1085610.37	5740716.60	
Previous year	186.75	1652.90	1666	13720	-29.48	186.75	44465.35	400129.84	
Medical Insurance	2402.98	14981.74	7405.00	40705.00	583.03	2402.98	145232.58	2056403.01	
Previous year	1933.90	9577.54	1869	12855	548.47	1933.90	67805.09	336734.92	
Overseas Medical Insurance	15.25	183.05	914.00	19241.00	-4.51	15.25	2043.10	27666.20	
Previous year	19.00	171.83	2438	21961	-3.32	19.00	2427.79	21956.99	
Health (Total)	2418.23	15164.78	8319	59946	578.52	2418.23	147275.68	2084069.21	
Previous year (Total)	1952.90	9749.37	4307	34816	545.14	1952.90	70232.88	358691.91	
Crop Insurance	1002.00	07 10.07	1007	0.010	0 10.111	1002.00	70202.00	000001.01	
Previous year									
Credit Guarantee	823	3017	2	42	-1372	823	487	359057	
Previous year	020	3017		74	1072	020	707	000001	
All Other Miscellaneous	5558.20	22463.61	27032.00	171457.00	-2179.11	5558.20	3705466.67	16726176.22	
Previous year	5198.17	28706.90	44021	220686	-5543.26	5198.17	4081095.42	22561858.69	
Grand Total	27115.25	174307.50	382641	2494750	-3343.26	27115.25	11983349.25	82909673.86	
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						4154.00	757	158.26	49.61
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Name of the Insurer: L&T General Insurance Company Limited

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LINE OF BUOMESS	Total Premium u/w			No. of Issued	Accretion the month	ns during (premium)	Sum A	ssured
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month
Fire	348.65	2,156.06	416	2,594	176.58	678.94	476,812	4,680,277
Previous year	172.07	1,477.13	200	1,399	120.85	627.16	510,336	7,179,696
Marine Cargo	55.13	493.93	452	2,636	10.41	71.21	316,599	2,666,260
Previous year	44.71	422.72	367	2,439	(26.02)	83.30	360,787	2,842,514
Marine Hull (Including Onshore & Offshore oil energy)	-	-	-	-	-	-	-	-
Previous year	-	-	-	-	-[-	-	<u>-</u>]
Marine (Total)	55.13	493.93	452	2,636	10.41	71.21	316,599	2,666,260
Previous year (Total)	44.71	422.72	367.00	2,439.00	(26.02)	83.30	360,786.81	2,842,513.96
Aviation	-		-	- 1	-	-	-	-
Previous year	-	-	-	-	-	-	-	-
Engineering	130.09	867.96	248	1,653	22.78	87.39	98,758	879,182
Previous year	107.31	780.57	211.00	1,938.00	13.66	213.36	124,110.49	1,056,160.29
Motor Own Damage	1,051.07	5,525.79	15,909	72,057	565.65	2,256.67	63,852	367,679
Previous year	485.42	3,269.11	5,525.00	36,485.00	(25.61)	435.95	39,304.87	353,155.74
Motor Third party	13.90	1,815.70	-	200	(245.74)	(88.05)	6,393	33,519
Previous year	259.65	1,903.75	74.00	1,014.00	(18.16)	412.15	-	-
Motor (Total)	1,064.97	7,341.49	15,909	72,057	319.90	2,168.62	70,245	401,198
Previous year (Total)	745.07	5,172.87	5,525	36,485	(43.77)	848.10	39,304.87	353,155.74
Workmen's compensation / Employer's liability	34.20	255.33	209	1,565	5.08	31.50	5,876	47,798
Previous year	29.12	223.84	226.00	1,669.00	11.60	76.66	3,546.42	41,043.92
Public Liability								
Previous year								
Product Liability	-	- 1	-	-	-	-	-	-
Previous year	-	-	-	-	-	-	-	-
Other Liability Covers	13.37	63.43	22	132	(2.64)	1.18	3,657	66,760
Previous year	16.01	62.25	10.00	75.00	(4.11)	(41.85)	14,175.34	90,476.46
Liability (Total)	47.57	318.77	231	1,697	2.44	32.67	9,533	150,925
Previous year (Total)	45.13	286.09	236.00	1,744.00	7.49	34.81	17,721.76	131,520.37
Personal Accident	14.57	242.75	282	2,899	5.46	(24.36)	15,116	992,385
Previous year	9.11	267.11	348.00	2,784.00	9.37	99.04	24,093.30	1,022,257.09
Medical Insurance	434.51	2,608.43	2,230	10,053	168.27	1,849.90	15,229	256,891
Previous year	266.24	758.53	601.00	2,565.00	55.51	345.27	4,276.79	31,684.25
Overseas Medical Insurance	-	-	-	-	-	-	-	-
Previous year	-	-	-	-	-	-	-	
Health (Total)	434.51	2,608.43	2,230	10,053	168.27	1,849.90	15,229	256,891
Previous year (Total)	266.24	758.53	601.00	2,565.00	55.51	345.27	4,276.79	31,684.25
Crop Insurance	-	-	-	-	-	-	-	-
Previous year	-	-]	-	-	-	-	-	-
Credit Guarantee	-	-	-	-	-	-	-	-
Previous year	-		-	-	-	-	-	
All Other Miscellaneous	11.64	121.56	402	1,459	11.64	121.56	33,794	410,591
Previous year	28.32	177.96	127.00	761.00	19.82	(229.19)	141,151.45	592,231.04
Grand Total	2,107.14	14,150.94	20,170	95,048	717.49	4,985.92	1,036,085.00	10,437,708.61
Previous year (Total)	1,417.97	9,342.98	7,615	50,115	156.91	2,021.85	1,221,781.75	13,209,218.69

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2,502.00	1,582.00	1,642.00	00.381	31.9	85.0	-	-	-	-
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2,502.00	1,582.00	1,642.00	00.381	61.9	85.0	-	-	-	-
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-	-	-	-	-	-	5113	869	££.169	16.86
-	-	-	-	-	-	698,7	204,1	74.428	22.9£1
-	-	-	-	-	-	-	-	14.042	34.02
-	-	-	-	-	-	814,1	204,1	82.718	30.65
-	-	-	-	-	-	5,113.00	00.869	Z6.034	68.49
-	-	-	-	-	-	698'Ł	78E,1	61.708	81.001
-	-	-	-	-	-	130.00	00.8	£1.8£	24.1
-	-	-	-	-	-	218	34	£4.84	15.3
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-	-	-	-	-	-	206.00	39.00	73.11	96.0
-	-	-	-	-	-	997	£Þ	38.81	91.1
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-	-	-	-	-	-	500	68	73.11	96.0
-	-	-	-	-	-	997	643	38.81	91.1
-	-	-	-	-	-	76	11	67.73	72.21
-	-	-	-	-	-	961	38	70.4a	13.52
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Name of the Insurer: Liberty Videocon General Insurance Company Limited

BUSINESS FIGURES:

LINE OF BUODIESS	Total Pre	mium u/w		No. of Issued	Accretion the month		Sum As	ssured
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month
Fire	122.70	465.33	105.00	612.00	0.00	0.00	257212.31	1301507.73
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Marine Cargo	8.63	30.30	10.00	35.00	0.00	0.00	17094.97	166956.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Marine Hull (Including Onshore & Offshore oil energy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Marine (Total)	8.63	30.30	10	35	0.00	0.00	17094.97	166956.00
Previous year (Total)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Aviation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Engineering	23.62	243.55	29.00	162.00	0.00	0.00	32099.44	247688.61
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Motor Own Damage	801.31	3444.11	4217.00	19440.00	0.00	0.00	37977.61	166115.51
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Motor Third party	131.04	549.34	4392.00	19985.00	0.00	0.00		
Previous year	0.00	0.00	0.00	0.00	0.00	0.00		
Motor (Total)	932.35	3993.45	4392	19985	0.00	0.00	37977.61	166115.51
Previous year (Total)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Workmen's compensation / Employer's liability	6.06	42.72	29.00	124.00	0.00	0.00	637.46	7837.54
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Public Liability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Product Liability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Liability Covers	0.40	2.69	4.00	19.00	0.00	0.00	427.50	1447.25
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Liability (Total)	6.46	45.41	33	143	0.00	0.00	1064.96	9284.79
Previous year (Total)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Personal Accident	64.20	228.25	29.00	107.00	0.00	0.00	176522.11	669899.85
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overseas Medical Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health (Total)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year (Total)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Crop Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Credit Guarantee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
All Other Miscellaneous	18.78	95.78	84.00	508.00	0.00	0.00	98946.87	559514.15
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Total	1176.74	5102.08	4682	21552	0.00	0.00	620918.27	3120966.65
Previous year (Total)	0.00	0.00	0	0	0.00	0.00	0.00	0.00

(Premium in ₹ Lakhs)

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Name of the Insurer: Magma HDI General Insurance Company Limited

BUSINESS FIGURES:

LINE OF BUODIESS	Total Premium u/w			Total No. of Policies Issued		ns during (premium)	Sum A	ssured
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month
Fire	90.80	325.75	95.00	381.00	87.54	310.94	67056.19	788448.67
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Marine Cargo	48.06	147.85	10.00	64.00	47.61	126.95	39899.52	484009.32
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Marine Hull (Including Onshore & Offshore oil energy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Marine (Total)	48.06	147.85	10	64	47.61	126.95	39899.52	484009.32
Previous year (Total)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Aviation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Engineering	11.84	83.23	50.00	238.00	12.88	85.22	5399.49	33101.41
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Motor Own Damage	1760.84	10179.48	22616.00	125683.00	1797.93	10362.09	185645.45	1046489.61
Previous year	324.87	324.87	5359.00	5359.00	324.87	324.87	28978.21	28978.21
Motor Third party	1635.70	9369.70	24197.00	138916.00	1669.01	9513.75		
Previous year	226.43	226.43	5361.00	5361.00	226.43	226.43		
Motor (Total)	3396.54	19549.18	24197	138916	3466.94	19875.84	185645.45	1046489.61
Previous year (Total)	551.31	551.31	5361	5361	551.31	551.31	28978.21	28978.21
Workmen's compensation / Employer's liability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Public Liability	80.41	90.78	11.00	16.00	80.41	90.78	20220.55	27205.75
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Product Liability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Liability Covers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Liability (Total)	80.41	90.78	11	16	80.41	90.78	20220.55	27205.75
Previous year (Total)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Personal Accident	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overseas Medical Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health (Total)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year (Total)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Crop Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Credit Guarantee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
All Other Miscellaneous	8.59	13.67	24.00	172.00	8.62	13.68	16262.28	36429.29
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Total	3636.23	20210.47	24387	139787	3704.00	20503.41	334483.48	2415684.05
Previous year (Total)	551.31	551.31	5361	5361	551.31	551.31	28978.21	28978.21



(Premium in ₹ Lakhs)

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		00.0	00.0	00.0	00.0	83292.00	13435.00	5872.53	70.276
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Name of the Insurer: National Insurance Company Limited

BUSINESS FIGURES:

LINE OF BUSINESS	Total Pre	mium u/w		No. of Issued	Accretion the month	ns during (premium)	Sum As	ssured
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month
Fire	6484.87	55042.36	44722	317405	1401.23	4344.14	385174019	984342862
Previous year	5083.64	50698.22	39489	308315	-104.76	9208.74	51949066	439185129
Marine Cargo	1478.00	11489.45	12371	84335	-169.72	-812.80	3938655	52405532
Previous year	1647.72	12302.25	8068	60730	249.46	1785.53	9788359	51075559
Marine Hull (Including Onshore & Offshore oil energy)	638.22	8111.86	269	1824	-230.91	256.99	530087	30196525
Previous year	869.13	7854.87	294	1940	395.01	109.27	4317298	17577265
Marine (Total)	2116.22	19601.31	12640	86159	-400.62	-555.79	4468742	82602058
Previous year (Total)	2516.84	20157.10	8362	62670	644.48	1894.79	14105657	68652824
Aviation	626.07	5772.86	8	68	331.26	2156.35	119089	6400906
Previous year	294.81	3616.51	10	80	-292.81	906.06	120389	5270912
Engineering	2532.99	16873.09	2378	18104	881.91	140.45	4904884	1234002267
Previous year	1651.09	16732.65	2966	19762	-533.95	1703.78	11621171	34026345
Motor Own Damage	11662.04	133698.59	556101	3248796	682.53	18718.94	819785	5280528
Previous year	10979.51	114979.65	487278	3048825	842.31	7613.88	694456	4707800
Motor Third party	15866.53	140169.06	767300	4727053	3540.88	25916.44	818084	5270400
Previous year	12325.65	114252.62	697530	4696120	2215.92	17630.49	693246	7298700
Motor (Total)	27528.57	273867.65	767300	4727053	4223.42	44635.39	1637869	10550928
Previous year (Total)	23305.16	229232.27	697530	4696120	3058.23	25244.37	1387702	12006500
Workmen's compensation / Employer's liability	482.18	4000.01	4808	31903	-45.89	-134.42	37756	429832
Previous year	528.07	4134.43	4616	31986	82.78	417.29	43690	500839
Public Liability	7.98	57.41	125	741	0.68	1.87	10136	48230
Previous year	7.30	55.54	76	747	0.52	1.69	6003	26874
Product Liability	9.00	352.14	13	81	-15.85	104.33	44705	183811
Previous year	24.85	247.81	13	81	1.87	20.37	32034	132903
Other Liability Covers	218.39	1302.50	1035	5557	46.52	-7.73	136558	964045
Previous year	171.87	1310.23	781	4640	41.42	168.12	162088	1005534
Liability (Total)	717.56	5712.09	5981	38282	-14.54	-35.92	229155	1625917
Previous year (Total)	732.10	5748.01	5486	37454	126.61	607.46	243814	1666150
Personal Accident	1013.25	7923.82	31392	213565	66.71	-284.11	1457631	30840233
Previous year	946.54	8207.93	29559	214619	164.65	243.12	1848247	23134700
Medical Insurance	32824.90	142870.39	130797	883632	5543.64	10652.40	1885014	127036879
Previous year	27281.26	132217.99	112041	837614	14210.98	24212.29	2788405	41143391
Overseas Medical Insurance	164.51	1329.86	1477	12002	108.03	22.76	17815	20464
Previous year	56.48	1307.10	1342	12619	22.55	877.23	597	19518
Health (Total)	32989.40	144200.26	132274	895634	5651.66	10675.16	1902829	127057343
Previous year (Total)	27337.74	133525.10	113383	850233	14233.53	25089.53	2789001	41162909
Crop Insurance								
Previous year								
Credit Guarantee	0.00	16.61	1	2	0.00	16.61	240	480
Previous year	0.00	0.00	0	0	0.00	0.00	0	0
All Other Miscellaneous	4196.06	27064.94	68232	470462	-1739.04	-8318.29	10462941	255824638
Previous year	5935.10	35383.23	68198	504655	3059.92	9351.04	69478618	137028949
Grand Total	78205.00	556075.00	1064928	6766734	10401.99	52773.99	410357398	2733247632
Previous year (Total)	67803.00	503301.00	964983	6693908	20355.89	74248.88	153543666	762134418

2080201	295223	2269092	22972	40395.77	65.0628	1073953	962991	35044.16	4845.38
2424621	648294	2736663	20586	34703.86	86.7813	1141637	184210	65.689es	12.7162
779882	12394	67878	1654	93.1562	19.80£	00.260711	99121	4304.03	61.294
265775	27296	18968	7 609	264.59	08.892	00.491601	74871	3042.70	86.694
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0	0	0	0	00.0	00.0	00.0	0	00.0	00.0
3281246	434100	2112676	01884	16548.73	62.2115	00.197£8	1 066	3033.43	75.554
t114814	372959	2523635	11676	90.10901	99.1991	00.81139	10323	58.1116	48.784
13332	1369	9201	98	15.35	76.1	283.00	38	86.7	7 9.0
†9611	1275	688	4 6	32.78	3.55	265.00	18	3 9.8	88.0
3568214	187284	2111600	48725	16513.43	5113.32	00.87489	9986	3025.43	432.83
4172150	189178	2672232	37214	18.63201	11.8231	00.83849	10292	5103.20	18.984
1215278	145729	118537	8917	24.42	90.94	00.86872	160t	75.955	04.36.40
287479	63624	123447	1889	494.02	69 [.] 87	28299.00	7997	346.58	70.27
0	0	0	0	60.878	49.8 6	6325.00	<i>1</i> 87	458.30	66.99
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0	0	0	0	30.711	69 [.] 91	242.00	99	82.81	70.8
0	0	0	0	97.28	44.8	00.874	64	23.44	26.8
0	0	0	0	33.62	07.02	3.00	ı	22.63	07.91
0	0	0	0	14.8	00.0	00.3	ı	88.11	20.0
0	0	0	0	72.2	80.0	00.04	2	98.1	60.0
0	0	0	0	18.8	07.0	00.62	2	2.46	40.0
0	0	0	0	425.16	16.83	00.0402	914	33.714	Δ1.7 4
0	0	0	0	28.838	09.63	00.8903	929	97.144	86.33
0	0	0	0	12.81711	27.80er	974318	128904	21295.69	94.35.76
0	0	0	0	32.07041	89.8122	611988	187441	96.87232	86.0424
0	0	0	0	£7.3£39	1022.66	00.974918	128904	12925.74	2003.83
0	0	0	0	18.0228	71.6321	00.611988	187441	16216.93	2558.30
0	0	0	0	84.0813	90.488	524220.00	97288	96.6998	1431.93
0	0	0	0	46.6483	19.426	00.218210	106403	£0.73001	88.2881
0	0	0	0	2420.96	12.702	00.7991	263	1063.14	££.72
0	0	0	0	2137.80	98.888	2230.00	797	82.779	46.611
0	0	0	0	00.0	00.0	00.0	0	00.0	00.0
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0	0	0	0	1069.93	204.12	00.6292	420	18.292	18.43
0	0	0	0	£6.038	£4.7£1	3674.00	438	77.893	71.38
0	0	0	0	81.541	16.31	00.965	32	91.701	60.41
0	0	0	0	99.791	42.89	323.00	23	71.46	20.93
0	0	0	0	37.319	18.771	2263.00	388	99'897	27.03
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0	0	0	0	4625.87	26.904	39044.00	2564	86.7888	318.58
0	0	0	0	3521.22	426.20	41253.00	8909	30.4916	99.97£
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Name of the Insurer: Raheja QBE General Insurance Company Limited

LINE OF BUODIESS	Total Pre	mium u/w		No. of Issued	Accretion the month	ns during (premium)	Sum Assured		
LINE OF BUSINESS -	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	
Fire	0.63	22.81	4.00	49.00	0.63	22.81	912.47	25981.73	
Previous year	0.70	39.73	2.00	58.00	0.70	39.73	1073.52	69025.87	
Marine Cargo	0.00	0.69	0.00	3.00	0.00	0.69	0.00	670.31	
Previous year	0.02	0.09	0.00	2.00	0.02	0.09	200.00	926.88	
Marine Hull (Including Onshore & Offshore oil energy)	0.00	0.00	0	0	0.00	0.00	0.00	0.00	
Previous year	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00	
Marine (Total)	0.00	0.69	0	3	0.00	0.69	0.00	670.31	
Previous year (Total)	0.02	0.09	0	2	0.02	0.09	200.00	926.88	
Aviation	0.00	0.00	0	0.00	0.00	0.00	0.00	0.00	
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Engineering	0.79	23.33	1.00	12.00	0.79	23.33	83.60	1109.82	
Previous year	0.92	20.61	0.00	19.00	0.92	20.61	60.00	11297.85	
Motor Own Damage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Previous year	1.80	8.54	16.00	90.00	1.80	8.54	249.85	1255.68	
Motor Third party	6.51	50.20	236.00	1022.00	6.51	50.20	0.00	0.00	
Previous year	0.89	3.59	42.00	168.00	0.89	3.59	0.00	0.00	
Motor (Total)	6.51	50.20	236	1022	6.51	50.20	0.00	0.00	
Previous year (Total)	2.69	12.13	42	168	2.69	12.13	249.85	1255.68	
Workmen's compensation / Employer's liability	0.41	12.27	3.00	21.00	0.41	12.27	117.62	2611.31	
Previous year	0.00	8.31	0.00	21.00	0.00	8.31	0.00	4322.27	
Public Liability	0.00	13.22	0.00	21.00	0.00	13.22	0.00	8872.95	
Previous year	2.19	12.97	3.00	14.00	2.19	12.97	3200.00	8226.20	
Product Liability	0.00	0.00	0.00		0.00	0.00	0.00	0.00	
Previous year	0.00	0.00	0.00		0.00	0.00	0.00	0.00	
Other Liability Covers	144.63	1202.29	39.00	303.00	144.63	1202.29	76111.63	381905.27	
Previous year	84.84	779.20	31.00	187.00	84.84	779.20	28283.25	263549.70	
Liability (Total)	145.04	1227.79	42	345	145.04	1227.79	76229.24	393389.53	
Previous year (Total)	87.04	800.48	34	222	87.04	800.48	31483.25	276098.17	
Personal Accident	0.27	11.39	2.00	18.00	0.27	11.39	-28289.35	30584.69	
Previous year	1.89	18.53	14.00	78.00	1.89	18.53	4661.35	81483.25	
Medical Insurance	0.12	0.50	12.00	23.00	0.12	0.50	70.00	110.00	
Previous year	0.00	0.08	0.00	2.00	0.00	0.08	20.00	20.00	
Overseas Medical Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Health (Total)	0.12	0.50	12	23	0.12	0.50	70.00	110.00	
Previous year (Total)	0.00	0.08	0	2	0.00	0.08	20.00	20.00	
Crop Insurance	0.00	0.00	0	0	0.00	0.00	0	0	
Previous year	0.00	0.00	0	0	0.00	0.00	0	0	
Credit Guarantee	0.00	33.19	0.00	6.00	0.00	33.19	0.00	2694.33	
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
All Other Miscellaneous	0.00	42.83	3.00	31.00	0.90	42.83	1879.70	20440.91	
Previous year	52.22	272.21	8.00	46.00	52.22	272.21	5604.54	73646.59	
Grand Total	154.26	1412.73	300	1509	154.26	1412.73	50885.66	474981.32	
Previous year (Total)	145.48	1163.85	100	595	145.48	1163.85	43352.51	513754.31	

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overed *			No. of Live in Socia	ial Sector	to trnomA soe ni w\u	See Areas	No. of F in Rura	muimer¶ î reas	

Name of the Insurer: Reliance General Insurance Company Limited

	Total Pre	mium u/w	Total Policies		Accretion the month	ns during (premium)	Sum A	ssured	
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	
Fire	963.39	13407.52	2986.00	23800.00	90.07	1972.41	1157520.71	24114856.24	
Previous year	873.31	11435.11	2340.00	20509.00	-35.65	3974.08	1296274.54	22351636.25	
Marine Cargo	208.43	2411.75	1506.00	10279.00	10.66	394.97	576660.85	7887019.22	
Previous year	197.77	2016.78	1334.00	14588.00	69.87	-678.70	710080.21	6717374.11	
Marine Hull (Including Onshore & Offshore oil energy)	12.46	140.89	2.00	7.00	10.64	95.70	10218.62	88949.35	
Previous year	1.82	45.18	1.00	6.00	1.82	-10.68	140.00	1336.95	
Marine (Total)	220.89	2552.63	1508	10286	21.30	490.67	586879.47	7975968.57	
Previous year (Total)	199.59	2061.96	1335	14594	71.69	-689.38	710220.21	6718711.06	
Aviation	52.07	191.67	4.00	17.00	3.57	-81.38	185332.00	256463.20	
Previous year	48.50	273.05	2.00	22.00	-1.81	77.23	290758.00	364544.68	
Engineering	512.17	5076.40	364.00	2658.00	-126.05	-977.62	331751.62	2445786.68	
Previous year	638.22	6054.02	302.00	2451.00	-215.79	-17.22	517996.20	2240879.90	
Motor Own Damage	6875.86	44525.68	166387.00	1111374.00	-9.99	1462.66	429370.95	2778065.37	
Previous year	6885.85	43063.03	143628.00	921462.00	1907.12	2528.03	436885.66	2835039.17	
Motor Third party	5705.67	37270.29	203187.00	1312261.00	1003.05	4546.37			
Previous year	4702.62	32723.93	157128.00	986403.00	1628.93	8178.82			
Motor (Total)	12581.53	81795.98	203187	1312261	993.06	6009.02	429370.95	2778065.37	
Previous year (Total)	11588.47	75786.95	157128	986403	3536.05	10706.85	436885.66	2835039.17	
Workmen's compensation / Employer's liability	67.42	491.91	287.00	1931.00	14.79	10.43	13330.58	76830.77	
Previous year	52.63	481.48	199.00	1619.00	16.89	145.83	8141.79	77950.75	
Public Liability	10.53	107.51	44.00	379.00	7.14	10.93	7998.80	119257.22	
Previous year	3.39	96.58	47.00	381.00	1.15	23.67	3629.23	76172.26	
Product Liability	0.00	27.29	0.00	6.00	-0.95	22.09	0.00	4679.73	
Previous year	0.95	5.20	1.00	7.00	0.00	-2.30	1000.00	2780.00	
Other Liability Covers	132.26	2360.93	410.00	4764.00	7.16	-131.87	65333.61	747048.21	
Previous year	125.10	2492.80	343.00	4266.00	-77.02	1392.19	62108.55	715251.58	
Liability (Total)	210.21	2987.64	741	7080	28.14	-88.41	86662.99	947815.92	
Previous year (Total)	182.08	3076.06	590	6273	-58.97	1559.39	74879.57	872154.60	
Personal Accident	65.16	1154.75	6438.00	28968.00	-170.88	-511.98	370063.75	2650889.33	
Previous year	236.03	1666.73	1143.00	9326.00	-120.07	-161.86	1656409.10	4367778.78	
Medical Insurance	3880.66	32083.61	24989.00	197866.00	1305.34	17917.33	6266396.65	53276752.46	
Previous year	2575.32	14166.28	8937.00	58974.00	1455.55	2259.93	744133.08	3697316.70	
Overseas Medical Insurance	267.87	2165.75	59570.00	434835.00	37.06	40.61	1942639.61	17935568.87	
Previous year	230.81	2125.14	54429.00	415453.00	-54.44	-82.66	1604972.64	14998732.13	
Health (Total)	4148.53	34249.36	84559	632701	1342.40	17957.94	8209036.26	71212321.33	
Previous year (Total)	2806.12	16291.42	63366	474427	1401.10	2177.26	2349105.73	18696048.84	
Crop Insurance	-75.74	514.49	-1.00	184.00	-75.74	502.33	-3029.34	14221.60	
Previous year	0.00			9.00	0.00	12.17	0.00	202.48	
Credit Guarantee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
All Other Miscellaneous	1192.42		3422.00	29319.00	924.85	1029.26		4026561.02	
Previous year	267.57	5356.38	3223.00				205250.53 2780001.17		
Grand Total		4327.11		31019.00	-5.15	1650.99		6545417.49	
	19870.62	147286.83	303208	2047274	3030.72	26302.25	11558838.94	116422949.26	
Previous year (Total)	16839.89	120984.58	229429	1545033	4571.40	19289.51	10112530.19	64992413.25	

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		00.871191	13538.00	142.36	71.81	4031.00	324.00	267.34	₽0.01
		245542.00	14275.00	32.271	21.05	4472.00	00.369	242.19	29.47
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4297826	242399	0	0	00.0	00.0	۷969 ٤	9874	98.7291	385.18
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949711	68999	00.0	00.0	00.0	00.0	35407.00	4529.00	98.76	12.55
2910220	127246	00.0	00.0	00.0	00.0	00.3691	00.891	27.6002	09.69
4183250	£87809	00.0	00.0	00.0	00.0	1560.00	206.00	1830.00	89.278
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		00.0	00.0	00.0	00.0	00.071	29.00	91.811	02.9
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Name of the Insurer: Royal Sundaram Alliance Insurance Company Limited

BUSINESS FIGURES: Accretions during Total No. of Sum Assured Total Premium u/w Policies Issued the month (premium) LINE OF BUSINESS Up to Up to Up to Up to For the For the For the For the the month the month month the month month month month the month 4760.24 19845.00 -145.90 -2278.07 705164.98 8389791.57 Fire 300.03 2273.00 Previous year 445.93 7038.31 2982.00 17674.00 126.52 3705.24 550942.06 6690081.14 Marine Cargo 149.92 1589.50 4713.00 31006.00 11.63 -46.12 341361.80 3952036.50 Previous year 138.30 1635.62 3050.00 23667.00 -101.16 226.54 493918.01 4140208.28 Marine Hull (Including Onshore & Offshore oil energy) 0.00 121.60 8.00 0.00 121.89 0.00 18823.57 5.00 Previous year 0.00 0.00 -0.29 0.00 0.00 -0.29 0.00 0.00 1711.10 31014 Marine (Total) 149.92 4718 341361.80 3970860.08 11.63 75.77 Previous year (Total) 138.30 1635.33 3050 23667 -101.16 226.25 493918.01 4140208.28 Aviation 0.00 Previous year 0.00 Engineering 425.72 2153.27 140.00 805.00 9.26 -0.93133641.79 781629.43 Previous year 416.46 2154.20 118.00 674.00 152.70 -13.62 98442.41 628435.83 Motor Own Damage 6796.19 41564.41 553783.00 -569.88 -2850.98 2044008.25 91882 00 333217.56 44415.39 584016.00 357027.48 Previous year 7366.07 97614.00 25.37 1598.19 2144332.91 Motor Third party 2696.61 17555.16 1562.00 10884.00 187.51 2431.79 Previous year 2509.10 15123.37 631.00 4703.00 92.08 601.25 Motor (Total) 9492.80 59119.57 91882 553783 -382.37 -419.19 333217.56 2044008.25 Previous year (Total) 9875.16 59538.76 97614 584016 117.45 2199.44 357027.48 2144332.91 Workmen's compensation / Employer's liability 238 04 96 00 718.00 46960 92 32 20 -19 28 35 20 9386 00 Previous year 51.48 202.75 75.00 459.00 28.38 52.67 12787.97 34457.80 Public Liability 387.33 781.21 53.00 290.00 -125.81 -156.96 52753.33 170353.22 Previous year 513.14 938.17 48.00 270.00 221.40 267.11 44822.74 154230.81 Product Liability 18.68 86.50 7.00 33.00 -61.77 -48.31 11930.27 32821.26 Previous year 80.45 134.81 17.00 36.00 -55.42 -37.0420235.65 38599.97 Other Liability Covers Previous year Liability (Total) 438.20 1105.76 1041 -206.86 -169.98 74069.60 250135.40 156 Previous year (Total) 645.06 1275.74 140 765 194.37 282.75 77846.36 227288.59 Personal Accident 311.92 2563.62 13057.00 97247.00 -55.78 -605.96 1964332.31 15577820.30 Previous year 367.69 3169.58 11624.00 101218.00 89.80 1051.16 4031165.17 15197119.04 Medical Insurance 440.52 1016.96 1559.53 13321.52 25710.00 152250.00 225230.39 1848168.00 Previous vear 1119.02 12304.56 20670.00 143251.00 -175.12 -2360.95 235647.69 3728155.93 Overseas Medical Insurance Previous year Health (Total) 1559.53 13321.52 25710 152250 440.52 1016.96 225230.39 1848168.00 143251 -175.12 -2360.95 Previous year (Total) 1119.02 12304.56 20670 235647.69 3728155.93 Crop Insurance Previous year Credit Guarantee

Previous year

All Other Miscellaneous

Previous vear

Grand Total

123.22

117.89

12801.34

13125.51

924.49

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-208.77

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2404268	353255	201044	1250	74.0381	24.01	125703	19191	8325.04	86.488
873578	28092	1270433	2995	02.0362	86.39	78096	1635	£8.11E01	97.181
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		00.0	00.0	00.0	00.0	19558.00	00.418	78.0841	69.84
2404268	323292	604099	1620	38.0381	10.42	30360	1162	14.7502	13.38
873578	98099	12996221	9	86.345.38	24.42	16538	271	59.1288	23.1
2404268.00	323292.00	00.607033	1520.00	38.0381	10.42	00.03505	2911.00	14.7502	13.38
02.723573	26085.00	1259562.00	00.8	86.3462	24.42	16538.00	172.00	89.1288	23.1
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						1328.00	00.781	23.49	2.70
						1103.00	00.4	21.62	10.0
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Name of the Insurer: SBI General Insurance Company Limited

LINE OF BUSINESS	Total Pre	mium u/w	Total Policies	No. of Issued	Accretion the month	ns during (premium)	Sum A	ssured
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month
Fire	3832.27	25300.52	25243.00	177973.00	1217.16	9514.81	2788535.29	22904929.10
Previous year	2615.11	15785.71	19495.00	141538.00	1286.48	8286.78	1282979.78	12761408.47
Marine Cargo	84.83	636.15	255.00	1576.00	45.74	214.64	276612.00	2177758.96
Previous year	39.09	421.52	94.00	627.00	21.12	349.94	119524.91	849791.62
Marine Hull (Including Onshore & Offshore oil energy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Marine (Total)	84.83	636.15	255	1576	45.74	214.64	276612.00	2177758.96
Previous year (Total)	39.09	421.52	94	627	21.12	349.94	119524.91	849791.62
Aviation	111.65	361.56	19.00	51.00	-84.59	-1010.32	0.00	120382.01
Previous year	196.24	1371.88	12.00	88.00	-421.68	-228.75	0.00	205697.61
Engineering	78.63	1203.42	254.00	1905.00	-0.69	-73.04	35407.49	863097.73
Previous year	79.32	1276.46	357.00	1501.00	45.58	894.40	64598.61	1035369.55
Motor Own Damage	2116.11	13456.23	36606.00	225559.00	729.48	6593.66	389454.56	2357837.64
Previous year	1386.63	6862.57	21627.00	113777.00	1185.80	6208.73	104128.07	497856.16
Motor Third party	1707.14	10906.15	276.00	1425.00	912.75	6887.64		
Previous year	794.39	4018.51	63.00	332.00	759.51	759.51		
Motor (Total)	3823.25	24362.39	36606	225559	1642.23	13481.31	389454.56	2357837.64
Previous year (Total)	2181.02	10881.08	21627	113777	1945.31	6968.24	104128.07	497856.16
Workmen's compensation / Employer's liability	10.36	114.42	56.00	317.00	-4.71	50.28	773.94	16783.12
Previous year	15.07	64.14	30.00	120.00	15.07	64.14	1726.17	7246.72
Public Liability	0.00	2.07	0.00	5.00	0.00	1.11	0.00	3826.18
Previous year	0.00	0.96	0.00	5.00	0.00	0.96	0.00	3480.00
Product Liability	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Liability Covers	2.89	73.10	16.00	131.00	-15.98	18.89	762.25	34098.66
Previous year	18.87	54.20	6.00	55.00	18.87	54.20	5453.75	52763.75
Liability (Total)	13.25	189.59	72	453	-20.69	70.28	1536.19	54707.97
Previous year (Total)	33.94	119.31	36	180	33.94	119.31	7179.92	63490.47
Personal Accident	1338.55	8913.27	407.00	1755.00	424.95	4978.24	2151446.76	28489360.28
Previous year	913.60	3935.04	101.00	265.00	913.60	3368.65	15759.11	3608261.36
Medical Insurance	89.52	663.58	1915	6100	22.30	187.72	5709.88	33991.19
Previous year	67.22	475.86	67	668	35.14	227.65	260.00	11531.45
Overseas Medical Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Health (Total)	89.52	663.58	1915	6100	22.30	187.72	5709.88	33991.19
Previous year (Total)	67.22	475.86	67	668	35.14	227.65	260.00	11531.45
Crop Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Credit Guarantee	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
All Other Miscellaneous	259.38	2093.80	23681.00	173375.00	80.94	471.29	731140.47	20095398.00
Previous year	178.44	1622.51	13983.00	62743.00	134.49	1056.26	497440.24	15155438.73
Grand Total	9631.33	63724.28	88452	588747	3327.35	27834.92	6379842.63	77097462.89
Previous year (Total)	6303.98	35889.36	55772	321387	3993.97	21042.48	2091870.63	34188845.42

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31929	4934	0	0	00.0	00.0	210703	25760	10.60481	2427.90
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31959	4934	0	0	00.0	00.0	1988	989	124.57	89.61
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00.78681	124.00	00.0	00.0	00.0	00.0	24.00	24.00	69.0	69.0
31929.00	4934.00	00.0	00.0	00.0	00.0	00.1888	00.868	124.57	89.61
		00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
		00.0	00.0	00.0	00.0	00.11	00.1	73.71	21.0
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		00.0	00.0	00.0	00.0	3.00	00.0	44.1	00.0
		00.0	00.0	00.0	00.0	00.71	00.1	27.2	90.0
		00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
		00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
		00.0	00.0	00.0	00.0	2.00	00.0	19.0	00.0
		00.0	00.0	00.0	00.0	2.00	00.0	69.0	00.0
		00.0	00.0	00.0	00.0	27.00	00.9	12.88	97.0
		00.0	00.0	00.0	00.0	00.84	00.4	13.90	98.0
		0	0	00.0	00.0	14742	3494	2097.33	312.04
		0	0	00.0	00.0	83222	14291	27.8E38	1492.34
		00.0	00.0	00.0	00.0	2.00	00.0	6Z.83T	24.38
		00.0	00.0	00.0	00.0	319.00	00.78	4025.75	20.117
		00.0	00.0	00.0	00.0	00.14742	3494.00	1338.54	226.62
		00.0	00.0	00.0	00.0	00.3358	14291.00	4513.00	2E.18T
		00.0	00.0	00.0	00.0	431.00	103.00	204.04	02.72
		00.0	00.0	00.0	00.0	00.217	00.38	321.34	25.75
		00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
		00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
		0	0	00.0	00.0	0	0	00.0	00.0
		0	0	00.0	00.0	138	0	71.14	00.0
		00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
		00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
		00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
		00.0	00.0	00.0	00.0	138.00	00.0	71.14	00.0
		00.0	00.0	00.0	00.0	00.29085	00.8787	4525.82	27.267
		00.0	00.0	00.0	00.0	79280.00	00.75001	ZE.E369	71.988
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Name of the Insurer: Shriram General Insurance Company Limited

LINE OF BUSINESS	Total Pre	mium u/w	Total Policies	No. of Issued		ns during (premium)	Sum A	ssured
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month
Fire	87.67	590.03	587	3462	-117.02	2.33	89361.64	837662.21
Previous year	204.68	587.70	180	1202	172.45	163.66	898087.54	1588236.98
Marine Cargo	1.57	59.35	76	414	-0.56	-80.38	2315.96	74821.32
Previous year	2.12	139.73	185	1047	0.85	31.10	2121.04	294289.22
Marine Hull (Including Onshore & Offshore oil energy)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Marine (Total)	1.57	59.35	76	414	-0.56	-80.38	2315.96	74821.32
Previous year (Total)	2.12	139.73	185	1047	0.85	31.10	2121.04	294289.22
Aviation	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Engineering	59.22	336.21	144	841	33.98	104.21	22277.42	176993.15
Previous year	25.23	232.00	36	305	-11.94	31.59	61020.21	221362.95
Motor Own Damage	4295.72	29489.64	127208	812404	-702.61	-1860.75	437264.82	2971538.82
Previous year	4998.33	31350.38	130644	876216	386.89	4471.15	499051.78	3061206.97
Motor Third party	8000.98	55786.41	132314	843815	55.47	5764.91		
Previous year	7945.51	50021.51	135354	901565	1569.03	14669.82	0.00	0.00
Motor (Total)	12296.70	85276.05	132314	843815	-647.13	3904.16	437264.82	2971538.82
Previous year (Total)	12943.83	81371.89	135354	901565	1955.92	19140.97	499051.78	3061206.97
Workmen's compensation / Employer's liability	8.30	63.19	110	548	6.09	45.27	261.10	1327.55
Previous year	2.21	17.92	28	141	0.61	-1.51	79.50	461.06
Public Liability	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Product Liability	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Other Liability Covers	0.99	22.80	11	80	0.01	4.77	261.50	24700.00
Previous year	0.98	18.03	10	53	-10.11	-2.59	273.50	24447.50
Liability (Total)	9.30	85.99	121	628	6.10	50.04	522.60	26027.55
Previous year (Total)	3.20	35.95	38	194	-9.50	-4.10	353.00	24908.56
Personal Accident	12.87	110.90	606	4993	-167.80	-116.24	9937.52	102831.57
Previous year	180.67	227.14	434	5831	57.93	65.42	248340.69	282740.44
Medical Insurance	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Overseas Medical Insurance	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Health (Total)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year (Total)	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Crop Insurance	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Credit Guarantee	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0	0	0.00	0.00	0.00	0.00
All Other Miscellaneous	14.78	191.27	366	2667	-219.20	-99.15	12766.05	102452.73
Previous year	233.98	290.42	158	1000	216.93	80.11	910683.69	1482105.43
Grand Total	12482.10	86649.80	134214	856820	-1111.63	3764.97	574446.00	4292327.35
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Name of the Insurer: TATA AIG General Insurance Company Limited

LINE OF BUSINESS	Total Pre	mium u/w	Total Policies	No. of Issued	Accretion the month		Sum Assured		
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	
Fire	1,848	23,032	9,498	69,512		-	23,732,466	156,314,166	
Previous year	1,504	17,916	4,082	31,767	-	-	15,779,197	99,496,620	
Marine Cargo	2,176	14,046	3,511	21,203		-	559,536	3,839,396	
Previous year	1,983	13,212	3,068	26,976	-	-	482,742	4,325,801	
Marine Hull (Including Onshore & Offshore oil energy)	-	-	_	-		-	-	_	
Previous year	-	-	-	-	-	-	-	-	
Marine (Total)	2,176	14,046	3,511	21,203	-	-	559,536	3,839,396	
Previous year (Total)	1,983	13,212	3,068	26,976	-	-	482,742	4,325,801	
Aviation	18	163	-	4		-	-	560,930	
Previous year	25	84	-	7	-	-	560,200	1,450,549	
Engineering	277	4,832	127	745		-	3,283,466	25,203,999	
Previous year	334	4,056	98	647	-	-	4,076,962	14,319,545	
Motor Own Damage	6,236	39,569	113,380	810,351		-	362,040	2,488,243	
Previous year	6,326	39,695	149,804	995,565	-	-	346,369	2,237,450	
Motor Third party	2,944	20,568	113,380	810,351		-		-	
Previous year	2,564	14,705	149,804	995,565	-	-	-	-	
Motor (Total)	9,179	60,137	113,380	810,351	-	-	362,040	2,488,243	
Previous year (Total)	8,889	54,400	149,804	995,565	-	-	346,369	2,237,450	
Workmen's compensation / Employer's liability	200	1,280	48	388		-	36,090	615,602	
Previous year	136	1,129	42	256	-	-	39,395	381,387	
Public Liability	280	1,921	48	377		-	229,185	1,763,413	
Previous year	232	1,840	51	377	-	-	183,028	3,612,895	
Product Liability	46	444	11	72		-	52,919	326,511	
Previous year	39	363	10	63	-	-	36,064	611,715	
Other Liability Covers	792	8,032	884	5,850		-	493,107	4,120,228	
Previous year	656	7,176	725	5,164	-	-	320,799	3,279,268	
Liability (Total)	1,319	11,677	991	6,687	-	-	811,301	6,825,754	
Previous year (Total)	1,063	10,508	828	5,860	-	-	579,286	7,885,264	
Personal Accident	1,028	8,295	15,429	100,891		-	8,340,192	67,519,281	
Previous year	787	7,709	4,672	25,836	-	-	10,120,521	62,604,885	
Medical Insurance	625	6,432	25,414	195,372		-	492,285	2,713,284	
Previous year	457	3,980	1,155	4,294	-	-	105,027	606,349	
Overseas Medical Insurance	913	8,103	17,880	149,219		-	6,127,251	51,687,700	
Previous year	371	5,266	37,072	298,867	-	-	11,679,735	95,938,774	
Health (Total)	1,537	14,535	43,294	344,591	-	-	6,619,536	54,400,984	
Previous year (Total)	828	9,246	38,227	303,161	-	-	11,784,762	96,545,123	
Crop Insurance	-	-	-	-		-	-	-	
Previous year	-	- 1	-	-	-	-	-	-	
Credit Guarantee	-	-	-	-		-	-	-	
Previous year	-	- 1	-	-	-	-	-	-	
All Other Miscellaneous	560	3,754	3,491	22,914		-	574,119	1,994,615	
Previous year	497	3,192	4,445	37,018	-	-	906,315	1,062,502	
Grand Total	17,943	140,471	189,721	1,376,898	-	-	44,282,656	319,147,369	
Previous year (Total)	15,910	120,323	205,224	1,426,837	-	_	44,636,354	289,927,740	

-	-	2,125,155	-	196'Z	132	283,243	42,907	595,71	5,536
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Name of the Insurer: The New India Assurance Company Limited

	Total Pre	mium u/w	Total Policies	No. of		ns during (premium)	Sum A	ssured	
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to	
Fire	6231.66	82519.83	51143.00	396085.00	-1014.46	2013.21	60738236.45	671834798.45	_
Previous year	7246.12	80506.62	47951.00	399834.00			251003042.96	1506733454.63	
Marine Cargo	2728.34	18638.86	24923.00	162494.00	415.65	-486.86	39506528.34	295502129.99	
Previous year	2312.69	19125.72	21280.00	160785.00	110.00	100.00	37856568.09	173133938.77	
Marine Hull (Including Onshore & Offshore oil energy)	3783.08	23513.19	1069.00	5718.00	18.28	5621.95	36985946.74	87113002.61	
Previous year	3764.80	17891.24	1182.00	6412.00			27575169.69	125970536.42	
Marine (Total)	6511.42	42152.05	25992.00	168212.00	433.93	5135.09	76492475.08	382615132.60	
Previous year (Total)	6077.49	37016.96	22462.00	167197.00	0.00	0.00	65431737.78	299104475.19	
Aviation	2221.57	7334.91	52.00	416.00	550.97	-680.20	92780578.63	129984350.01	
Previous year	1670.60	8015.11	105.00	470.00			160611350.68	179455501.28	
Engineering	3644.83	23759.71	5243.00	35438.00	1306.01	452.29	20553003.88	129287990.58	
Previous year	2338.82	23307.42	4352.00	39455.00		1000	34554275.66	107463794.42	
Motor Own Damage	22151.38	129010.33	775541.00	4348863.00	5474.27	23016.35	3296493.43	13356543.99	
Previous year	16677.11	105993.98	585228.00	3894971.00	VII III	200.000	14309895.19	64487893.41	
Motor Third party	20587.05	126916.19	761911.00	4586876.00	5363.22	23944.88	1100000110	01107000111	
Previous year	15223.83	102971.31	656448.00	4392465.00	0000.22	200 1 1.00			
Motor (Total)	42738.43	255926.52	775541	4586876	10837.49	46961.23	3296493.43	13356543.99	
Previous year (Total)	31900.94	208965.29	656448	4392465	0.00	0.00	14309895.19	64487893.41	
Workmen's compensation / Employer's liability	1003	5525	8413.00	43094	121.42	1013.13	143196	922239	
Previous year	881	4512	2562.00	43029			123928	1359427	
Public Liability	9	75	47.00	314	-171.54	-157.12	-481	4582	
Previous year	180	232	-263.00	348	17 110		-6018	39817	
Product Liability	15	468	78.00	147	-9.59	-34.34	-1070	5702	
Previous year	24	503	9.00	48	0.00	0.110	-171	11932	
Other Liability Covers	1002	9961	5290.00	50740	315.92	1307.39	565827	2215059	
Previous year	686	8654	9186.00	50536	010.02	1007.00	-7006715	4535087	
Liability (Total)	2028.03	16030.42	13828	94295	256.21	2129.06	707472.03	3147581.81	
Previous year (Total)	1771.82	13901.36	11494	93961	0.00	0.00	-6888976.70	5946262.43	
Personal Accident	939.05	10439.30	42377.00	309735	-53.00	-595.14	11348873.55	415451592.89	
Previous year	992.05	11034.44	40441.00	311402	-33.00	-595.14	76827804.79	223180914.93	
Medical Insurance	20880.01	191644.66	125909.00	882586	4417.21	22873.16	46397469.90	136864531.91	
Previous year	16462.80			882557	4417.21	22073.10	34233459.61	182764119.25	
Overseas Medical Insurance	135.40	168771.50 748.25	115983.00 3672.00	22844	52.70	48.96	17695.03	150317.53	
Previous year	82.70	699.29	1511.00	18825	52.70	40.90	-9.10	791593.27	
Health (Total)					4460.04	22022.42			
Previous year (Total)	21015.41	192392.91	129581	905430	4469.91	22922.12	46415164.93	137014849.44	
Crop Insurance	16545.50	169470.79	117494	901382	0.00	0.00	34233450.51	183555712.52	
	0.00	0	0.00	0	0.00	0.00	0.00	0	
Previous year	0.00	0	0.00	0	00.47	400.00	0.00	400000	
Credit Guarantee	36.17	118.76	2.00	13	36.17	106.28	5000.00	196000	
Previous year	0.00	12.48	1.00	3		1001.00	3000.00	11500	
All Other Miscellaneous	4707.44	32303.69	101541.00	673891	596.98	1861.69	184283877.95	314280295.09	
Previous year	4110.46	30442.00	64064.00	562557	4=		6541098.65	277105994.77	
Grand Total	90074.01	662978.10	1145300	7170391	17420.21	80305.63	496621175.93	2197169134.86	
Previous year (Total)	72653.80	582672.47	964812	6868726	0.00	0.00	636626679.52	2847045503.58	

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		310025	00.69469	71.083	22.47	33407	10452.00	£1.07e	12.781
		69891	738	33.147	08.6	17334	221	60.6712	07.86-
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		00.0	00.0	2579.79	99.698-	63125.00	00.9459	Z4.2087	79.421-
		00.0	00.0	2019.28	62,781	00.8998.00	00.7337	7265.40	69.997
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Name of the Insurer: The Oriental Insurance Company Limited

LINE OF BUSINESS	Total Pre	mium u/w		No. of Issued	Accretion the month	ns during (premium)	Sum Assured	
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month
Fire	5602.51	66617.14	42244	307547	187.11	6055.44	19608310.84	186193655.77
Previous year	5415.40	60561.70	39139	293915				
Marine Cargo	1894.89	15948.44	14516	101378	-502.76	-1196.01	4066170.48	44342181.66
Previous year	2397.65	17144.45	14911	105083			Ī	į į
Marine Hull (Including Onshore & Offshore oil energy)	1003.56	13828.55	436	3596	29.39	824.27	177161.26	11092586.84
Previous year	974.17	13004.28	547	3265				
Marine (Total)	2898.45	29776.99	14952	104974	-473.37	-371.74	4243331.74	55434768.50
Previous year (Total)	3371.82	30148.73	15458	108348				
Aviation	2195.96	8041.32	31	222	817.17	2171.97	-367766.80	6754082.56
Previous year	1378.79	5869.35	35	217				
Engineering	2270.33	20351.83	2923	23736	224.95	1765.23	1523344.08	13771487.84
Previous year	2045.38	18586.60	3428	23502				
Motor Own Damage	10720.59	65477.85	556346	3330630	633.69	2297.02	731332.81	4391855.91
Previous year	10086.90	63180.83	500689	3194859				
Motor Third party	12865.68	82673.57	724787	4458611	2417.50	11100.07	0.00	0.00
Previous year	10448.18	71573.50	718968	4286583				
Motor (Total)	23586.27	148151.42	724787	4458611	3051.19	13397.09	731332.81	4391855.91
Previous year (Total)	20535.08	134754.33	718968	4286583				
Workmen's compensation / Employer's liability	550.43	4795.24	5401	38837	51.91	288.87	8362.09	88429.35
Previous year	498.52	4506.37	5406	38073				
Public Liability	4.82	49.69	32	235	-2.31	-6.71	124432.15	6807731.24
Previous year	7.13	56.40	27	253				
Product Liability	7.80	564.69	8	75	-2.10	236.49	58156.93	1982806.49
Previous year	9.90	328.20	6	60				
Other Liability Covers	431.61	2065.27	3068	21057	162.71	57.45	430044.64	11253767.88
Previous year	268.90	2007.82	3043	21619				
Liability (Total)	994.66	7474.89	8509	60204	210.21	576.10	620995.81	20132734.96
Previous year (Total)	784.45	6898.79	8482	60005				
Personal Accident	796.55	7564.48	71571	480914	15.81	168.51	1106168.27	13686497.63
Previous year	780.74	7395.97	68795	498470				
Medical Insurance	12419.20	102036.90	91573	652693	1216.16	15090.91	802248.37	3644040.58
Previous year	11203.04	86945.99	78369	588585				
Overseas Medical Insurance	39.99	471.60	1247	13127	7.92	54.11	106953.87	1212957.00
Previous year	32.07	417.49	1113	12098				
Health (Total)	12459.19	102508.50	92820	665820	1224.08	15145.02	909202.24	4856997.58
Previous year (Total)	11235.11	87363.48	79482	600683				
Crop Insurance	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0	0				
Credit Guarantee	0.00	0.00	0	0	0.00	0.00	0.00	0.00
Previous year	0.00	0.00	0	0				
All Other Miscellaneous	3648.64	32640.70	68362	475495	305.84	5411.94	5380183.24	40897321.14
Previous year	3342.80	27228.76	63862	476452				
Grand Total	54452.56	423127.27	1026199	6577523	5562.99	44319.56	33755102.23	346119401.89
Previous year (Total)	48889.57	378807.71	997649	6348175			0.00	0.00

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108659	12015	7 £ 7 2£	5090	er.£6982	3145.52	1303441	206775	10.81003	31.2317
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996	132	248	98	32.78631	1992.05	62744	7279	99.0818	42.104
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497732	89†09	165212	99	00.0	00.0	607798	130397	28.83172	4202.07
749247	48325	27325	755	00.0	00.0	934726	122999	16.68315	92.6303
497732	891/09	165212	99	00.0	00.0	607798	130397	15328.30	08.8922
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Name of the Insurer: United India Insurance Company Limited

LINE OF BUSINESS	Total Pre	mium u/w	Total Policies	No. of Issued	Accretion the month	ns during (premium)	Sum A	ssured
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month
Fire	8470.62	76157.29	88290	532651	657.72	7131.42	9177270	82510606
Previous year	7812.90	69025.87	81238	490992	-781.10	10723.87	8464680	74784257
Marine Cargo	2147.61	18868.17	21966	153995	-430.27	-750.90	4554846	40017328
Previous year	2577.88	19619.07	26790	156435	660.88	335.07	5467402	41609905
Marine Hull (Including Onshore & Offshore oil energy)	1877.30	16925.15	2209	12681	207.08	951.69	675288	6088184
Previous year	1670.22	15973.46	1199	10120	-161.78	2569.46	600799	5745849
Marine (Total)	4024.91	35793.32	24175	166676	-223.19	200.79	5230134	46105512
Previous year (Total)	4248.10	35592.53	27989	166555	499.10	2904.53	6068200	47355753
Aviation	183.92	3244.30	105	668	41.82	360.20	27595	486767
Previous year	142.10	2884.10	64	975	21.10	2372.10	21320	432723
Engineering	3736.15	32525.14	18029	73383	1091.61	2992.54	1610409	14019457
Previous year	2644.54	29532.60	12252	65410	-292.46	2021.60	1139888	12729569
Motor Own Damage	14923.22	96837.82	647942	4167769	121.43	1450.52	2117526	13740772
Previous year	14801.79	95387.30	636120	4111088	2803.79	21020.30	2100295	13534952
Motor Third party	17516.08	110770.11	1045157	6765280	2957.04	14261.70		0
Previous year	14559.04	96508.41	975405	6652505	2593.04	17972.41	0	0
Motor (Total)	32439.30	207607.93	1045157	6765280	3078.47	15712.22	2117526	13740772
Previous year (Total)	29360.83	191895.71	975405	6652505	5396.83	38992.71	2100295	13534952
Workmen's compensation / Employer's liability	707.71	5289.51	7842	69366	14.81	67.46		0
Previous year	692.90	5222.05	4497	64505	-470.82	1226.11	0	0
Public Liability	119.58	703.63	121	3554	13.78	-118.55	20268	119259
Previous year	105.80	822.18	97	2801	-443.97	-244.51	17932	139353
Product Liability	49.94	719.23	21	1398	12.01	-88.72	9936	143102
Previous year	37.93	807.95	16	892	-350.67	98.49	7547	160754
Other Liability Covers	255.60	2385.53	622	18703	255.50	1083.97	77763	725769
Previous year	0.10	1301.56	3	13970	-1035.48	-907.35	30	395984
Liability (Total)	1132.83	9097.90	8606	93021	296.10	944.16	107967	988130
Previous year (Total)	836.73	8153.74	4613	82168	-2300.94	172.74	25509	696091
Personal Accident	2557.86	10113.18	47023	288750	475.96	984.63	8422325	33299902
Previous year	2081.90	9128.55	43916	264839	270.90	946.55	6855120	30057787
Medical Insurance	22667.50	176401.70	101595	1430202	-37.81	10519.61	3131184	24367316
Previous year	22705.31	165882.09	126479	1396117	7918.62	47247.31	3136407	22914186
Overseas Medical Insurance	41.64	382.15	784	8064	19.69	-318.28	12251	112431
Previous year	21.95	700.43	450	12133	-959.36	-6069.79	6458	206070
Health (Total)	22709.14	176783.85	102379	1438266	-18.12	10201.33	3143434	24479746
Previous year (Total)	22727.26	166582.52	126929	1408250	6959.26	41177.52	3142864	23120255
Crop Insurance	49.61	175.96	101	30220	49.61	175.96		92
Previous year	0.00	0.00	0	0	0.00	0.00	0	0
Credit Guarantee	0.11	6.27	10	61	0.11	6.27		0
Previous year	0.00	0.00	-60	0	0.00	0.00	0	0
All Other Miscellaneous	4477.96	38292.43	403233	1357043	-85.21	339.11	863221	7381674
Previous year	4563.17	37953.32	410991	1393063	2967.84	-276.68	879647	7316303
Grand Total	79782.41	589797.57	1737108	10746019	5364.88	39048.63	30699881	223012657
Previous year (Total)	74417.53	550748.94	1683337	10524757	12740.53	99034.94	28697526	210027691

89862907	1997213	20497584	2010776	38528.06	36.8136	1216528	016961	40.71888	88.70062
21321108	1983396	22374009	1924742	69.73174	4562.37	1842342	509444	07.888.89	25385.62
0	0	618181	98978	95.1017	48.674	099947	42758	29.17811	3460.16
		427752	47154	8054.10	21.9E4	308739	68874	12465.20	20.2672
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89867907	1997213	94668981	997674	11.93682	79.2308	151060	ZZZ 9	15603.45	7229.90
21321108	1983396	20071548	0948601	36523.39	4023.22	192203	0997	16403.63	23.993
14734	2011	0	0	00.0	00.0	3310	124	11.481	99.8
9097	714	0	0	00.0	00.0	0607	661	28.812	87.2
20615134	9019661	92668981	997674	11.95682	79.2308	097741	2623	15419.34	42.1227
21313203	1983182	20071548	0948601	36523.39	4023.22	18813	19tt	16.09131	⊅ ∠'9699
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		2063935	782455	88.875.	26.27	58953	28741	33.8517	4623.38
		899	315	182.26	19.52	⊅ 196	₽ £Z	14.003	24.83
		277	898	214.32	11.72	12067	256	19.287	73.25
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		277	898	28.412	11.72	2606	047	97.163	£6.09
		0	0	00.0	00.0	880716	116252	00.66714	11953.34
		0	0	00.0	00.0	1100200	125295	95.02474	10915.23
0	0	0	0	00.0	00.0	680716	116252	18.60902	19.4713
		0	0	00.0	00.0	1100200	153486	23082.65	77.0984
0	0	0	0	00.0	00.0	273583	76308	94.68112	£7.8779
		0	0	00.0	00.0	801179	125295	16.73642	97'79E9
0	0	0	0	00.0	00.0	16506	2837	70.8881	752.00
		0	0	00.0	00.0	17558	7231	89.2302	₽ 6.927
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		0	0	00.0	00.0	0	0	00.0	00.0
		0	0	00.0	00.0	97571	1286	94.968	285.09
		0	0	00.0	00.0	18200	0811	50.999.03	204.25
0	0	0	0	00.0	00.0	1426	224	91.38	12.70
		0	0	00.0	00.0	Z691	520	07.701	12.20
0	0	0	0	00.0	00.0	67691	7901	08.018	272.39
		0	0	00.0	00.0	16603	930	££.198	30.291
0	0	0	0	00.0	00.0	1/8998	7096	£2.1594	98.7851
		0	0	00.0	00.0	112175	1384	84.7193	34.108
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Name of the Insurer: Universal Sompo General Insurance Company Limited

LINE OF BUOINESS	Total Pre	mium u/w	Total Policies	No. of Issued	Accretion the month	ns during (premium)	Sum Assured		
LINE OF BUSINESS	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	For the month	Up to the month	
Fire	574.71	6424.89	8411.00	71395.00	-370.27	520.71	584325.72	9550475.10	
Previous year	944.98	5904.18	7847.00	65935.00	630.85	1877.39	1028455.72	10224617.36	
Marine Cargo	135.35	1300.87	174.00	1482.00	-15.83	371.93	3481357.54	11837943.71	
Previous year	151.18	928.95	187.00	1279.00	116.29	399.48	1551275.73	7802512.03	
Marine Hull (Including Onshore & Offshore oil energy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Marine (Total)	135.35	1300.87	174	1482	-15.83	371.93	3481357.54	11837943.71	
Previous year (Total)	151.18	928.95	187	1279	116.29	399.48	1551275.73	7802512.03	
Aviation	0.00	26.41	0.00	5.00	0.00	26.41	0.00	34600.00	
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Engineering	163.18	1401.05	160.00	1122.00	-6.99	604.52	141153.83	615033.95	
Previous year	170.17	796.52	201.00	1212.00	98.88	274.44	70588.69	527097.42	
Motor Own Damage	1132.17	6944.13	35355.00	224473.00	-219.72	-691.29	164068.67	1011883.41	
Previous year	1351.89	7635.42	40087.00	249112.00	9.71	-813.21	118665.47	629698.65	
Motor Third party	776.92	5925.06	0.00	0.00	-409.80	-1194.83			
Previous year	1186.72	7119.89	0.00	0.00	851.17	4954.50			
Motor (Total)	1909.09	12869.19	35355	224473	-629.53	-1886.12	164068.67	1011883.41	
Previous year (Total)	2538.62	14755.31	40087	249112	860.88	4141.29	118665.47	629698.65	
Workmen's compensation / Employer's liability	10	140	120	927	-10.27	-12.59	1613	32783	
Previous year	20.51	152.12	114.00	891.00	12.09	41.77	8870.27	31977.26	
Public Liability	0.00	2.03	0.00	9.00	0.00	-0.24	0	6865	
Previous year	0.00	2.26	0.00	10.00	-0.15	-4.46	0.00	5750.00	
Product Liability	1.40	18.10	2.00	14.00	1.40	-0.81	410.00	2809.50	
Previous year	0.00	18.92	0.00	10.00	-0.60	9.92	0.00	3852.75	
Other Liability Covers	9	116	10	141	-5.53	24.38	2136	27838	
Previous year	14	92	14	137	12	45	6026	26879	
Liability (Total)	20.46	276.16	132	1091	-14.39	10.74	4158.95	70295.86	
Previous year (Total)	34.85	265.42	128	1048	23.81	91.78	14895.77	68458.60	
Personal Accident	33.90	432.60	511	4366	-12.83	58.84	149182.41	14759634.32	
Previous year	46.73	373.76	716.00	4563.00	34.85	32.92	136811.70	3590300.10	
Medical Insurance	366.21	4801.06	6236	44847	-40.60	1862.96	28966.33	280476.69	
Previous year	406.81	2938.09	5037	40093	155.97	847.61	18314.05	156117.13	
Overseas Medical Insurance	1.71	12.70	99.00	678.00	1.11	3.90	21774.53	186303.01	
Previous year	0.60	8.80	25.00	1248.00	-0.41	2.33	5468.93	243104.06	
Health (Total)	367.92	4813.76	6335	45525	-39.49	1866.87	50740.85	466779.71	
Previous year (Total)	407.41	2946.89	5062	41341	155.56	849.94	23782.98	399221.19	
Crop Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Credit Guarantee	3.34	14.14	2.00	7.00	3.34	14.14	0.00	13400.00	
Previous year	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
All Other Miscellaneous	416.90	3639.42	12087.00	101255.00	-5.02	184.17	279746.00	2436758.98	
Previous year	421.92	3455.26	14035.00	101233.00	179.65	918.18	247781.55	2016907.66	
Grand Total	3624.85	31198.48	63167	450721	-1091.01	1772.20	4854733.99	40796805.04	
Previous year (Total)	4715.86	29426.28	68263	466124	-1031.01	1112.20	7037133.33	401 30003.04	

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Name of the Insurer: Agriculture Insurance Company of India Ltd.

BUSINESS FIGURES: Accretions during Total No. of Sum Assured Total Premium u/w Policies Issued the month (premium) **LINE OF BUSINESS** Up to For the Up to For the Up to For the For the Up to month the month month the month month the month month the month Fire Previous year Marine Cargo Previous year Marine Hull (Including Onshore & Offshore oil energy) Previous year Marine (Total) Previous year (Total) Aviation Previous year Engineering Previous year Motor Own Damage Previous year Motor Third party Previous year Motor (Total) Previous year (Total) Workmen's compensation / Employer's liability Previous year Public Liability Previous year Product Liability Previous year Other Liability Covers Previous year Liability (Total) Previous year (Total) Personal Accident Previous year Medical Insurance Previous year Overseas Medical Insurance Previous year Health (Total) Previous year (Total) Crop Insurance 12280.37 212873.50 105686 1130124 -7308.71 11643.74 195380.23 4232047.20 19589.08 Previous year 201229.76 62542 398065 9073.11 44770.78 367050.00 4275989.40 Credit Guarantee Previous year All Other Miscellaneous Previous year **Grand Total** 12280.37 212873.50 105686 1130124 -7308.71 11643.74 195380.23 4232047.20 Previous year (Total) 19589.08 201229.76 62542 44770.78 4275989.40

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Name of the Insurer: Apollo Munich Health Insurance Company Limited

BUSINESS FIGURES: Accretions during Total No. of Sum Assured Total Premium u/w Policies Issued the month (premium) LINE OF BUSINESS For the Up to Up to For the Up to Up to For the For the month the month month the month month the month month the month Fire Previous year Marine Cargo Previous year Marine Hull (Including Onshore & Offshore oil energy) Previous year Marine (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 0.00 Previous year (Total) 0.00 0 0 0.00 0.00 0.00 0.00 Aviation Previous year Engineering Previous year Motor Own Damage Previous year Motor Third party Previous year Motor (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 0.00 Previous year (Total) 0.00 0.00 0 0 0.00 0.00 0.00 Workmen's compensation / Employer's liability Previous year Public Liability Previous year Product Liability Previous year Other Liability Covers Previous year Liability (Total) 0.00 0.00 0 0.00 0.00 0.00 0.00 0 Previous year (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Personal Accident 114.85 779.86 3335 20934.00 114.85 779.86 268244.93 1861470.36 Previous year 90.23 611.70 2787 18416.00 90.23 611.70 136048.84 796788.31 Medical Insurance 3669.66 25455.65 34624 200278.00 3669.66 25455.65 305203.02 1335818.32 Previous year 4675.90 24896.53 23402 146146.00 4675.90 24896.53 162100.00 1104884.51 Overseas Medical Insurance 63.86 458.78 2114 18513.00 63.86 458.78 493024.00 2814980.25 Previous year 40.81 341.80 2371 16131.00 40.81 341.80 234379.25 1737780.11 Health (Total) 3733.52 25914.43 36738 218791 3733.52 25914.43 798227.02 4150798.57 Previous year (Total) 4716.71 25238.34 25773 162277 4716.71 25238.34 396479.25 2842664.63 Crop Insurance Previous year Credit Guarantee Previous year All Other Miscellaneous 179.33 698.62 179.33 698.62 781030.00 2730060.00 0 0 Previous year 129.58 490.79 0 2 129.58 490.79 366220.00 2316890.00 **Grand Total** 4027.70 27392.91 8742328.93 4027.70 27392.91 40073 239725 1847501.95 Previous year (Total) 4936.52 26340.83 5956342.94 28560 180695 4936.52 26340.83 898748.10

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800275	10201	98969	431	71.782	89.1	60997	3240	1054.53	69.46
23415	3242	0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
32063	3945	0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
1049764	799961	80977	0	340.00	0	376652	101534	2349.34	99.892
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Name of the Insurer: Export Credit Guarantee Corporation of India Ltd.,

BUSINESS FIGURES: Total No. of Accretions during Sum Assured Total Premium u/w Policies Issued the month (premium) LINE OF BUSINESS For the Up to For the Up to For the Up to For the Up to month the month month the month month the month month the month Fire Previous year Marine Cargo Previous year Marine Hull (Including Onshore & Offshore oil energy) Previous year Marine (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 0.00 Previous year (Total) 0.00 0 0 0.00 0.00 0.00 0.00 Aviation Previous year Engineering Previous year Motor Own Damage Previous year Motor Third party Previous year Motor (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Previous year (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Workmen's compensation / Employer's liability Previous year Public Liability Previous year Product Liability Previous year Other Liability Covers Previous year Liability (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Previous year (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Personal Accident Previous year Medical Insurance Previous year Overseas Medical Insurance Previous year Health (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Previous year (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Crop Insurance Previous year Credit Guarantee 9723 69782 781 5209 406 6343 211971 2272496 Previous year 9317 63439 726 5419 2005 10663 244483 3067795 All Other Miscellaneous Previous year **Grand Total** 211971.21 2272496.04 9723.26 69781.91 781 5209 406.44 6342.64 Previous year (Total) 9316.82 63439.27 5419 244483.02 726 2005.04 10663.47 3067794.62



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Name of the Insurer: Max Bupa Health Insurance Company Limited

BUSINESS FIGURES: Total No. of Accretions during Sum Assured Total Premium u/w Policies Issued the month (premium) LINE OF BUSINESS For the Up to For the Up to For the Up to For the Up to month the month month the month month the month month the month Fire Previous year Marine Cargo Previous year Marine Hull (Including Onshore & Offshore oil energy) Previous year Marine (Total) Previous year (Total) Aviation Previous year Engineering Previous year Motor Own Damage Previous year Motor Third party Previous year Motor (Total) Previous year (Total) Workmen's compensation / Employer's liability Previous year Public Liability Previous year Product Liability Previous year Other Liability Covers Previous year Liability (Total) Previous year (Total) Personal Accident 15.47 65.22 28.00 139.00 15.47 65.22 10824.30 76,727.89 Previous year Medical Insurance 2430.19 15427.21 15808.00 108591.00 2430.19 15427.21 245256.30 1,112,080.11 Previous year 1384.00 9120.00 12586.00 79535.00 1384.00 9120.00 266857.49 42974.14 Overseas Medical Insurance Previous year Health (Total) 2430.19 15427.21 15808.00 108591.00 2430.19 15427.21 245256.30 1112080.11 Previous year (Total) 1384.00 9120.00 12586.00 79535.00 1384.00 9120.00 42974.14 266857.49 Crop Insurance Previous year Credit Guarantee Previous year All Other Miscellaneous Previous year **Grand Total** 2,445.66 15,492.44 15,836.00 108,730.00 2,445.66 15,492.44 256,080.60 1,188,808.00 Previous year (Total) 1,384.00 9,120.00 12.586.00 79,535.00 1,384.00 9,120.00 42,974.14 266,857.49

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Name of the Insurer: Star Health and Allied Insurance Company Limited

BUSINESS FIGURES: Accretions during Total No. of Sum Assured Total Premium u/w Policies Issued the month (premium) LINE OF BUSINESS Up to For the Up to Up to For the Up to For the For the month the month month the month month the month month the month Fire Previous year Marine Cargo Previous year Marine Hull (Including Onshore & Offshore oil energy) Previous year Marine (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 0.00 Previous year (Total) 0.00 0 0 0.00 0.00 0.00 0.00 Aviation Previous year Engineering Previous year Motor Own Damage Previous year Motor Third party Previous year Motor (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Previous year (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Workmen's compensation / Employer's liability Previous year Public Liability Previous year Product Liability Previous year Other Liability Covers Previous year Liability (Total) 0.00 0.00 0 0.00 0.00 0.00 0.00 0 Previous year (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Personal Accident 173.51 1215.37 11442 82601.00 57.24 337.80 189917.42 1350379.16 Previous year 116.27 877.57 10029 72545.00 -47.26 72.64 155569.89 1478460.36 Medical Insurance 7499.97 53479.86 101868 712828.00 2228.90 9800.56 696972.84 4561630.77 Previous year 5271.07 43679.30 91269 635016.00 -10782.24 -31280.61 523561.74 2656788.80

Overseas Medical Insurance

Previous year

Health (Total)

Crop Insurance

Previous year Credit Guarantee Previous year All Other Miscellaneous

Previous year

Grand Total

Previous year (Total)

62.60

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2418974	896816	1036853	26376	12951.80	1248.79	261763	34349	17281.12	1845.30
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28864.00	1742	00.488	828	62.992	22.30	6394.00	274	201.23	61.31
28334.00	72247	00.8589	914	13.661	£4.11	00.9622	021	25.47	4.13
2390110.00		1003338.00	22463	12607.73	12.6151	216339.00	97492	16558.70	12.7371
00.1011363		4734734.00	24568	74.46481	07.1881	00.08989	13102	98.6093	95.258
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		40623.00	2452	247.85	36.00	14526.00	8961	10.491	23.63
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No. of Lives covered *		No. of Lives covered in Social Sector		Amount of Premium u/w in Social Sector		No. of Policies in Rural Areas		muimərd to truomA searA Isur Rutal Areas	

Name of the Insurer: Religare Health Insurance Company Limited

BUSINESS FIGURES: Total No. of Accretions during Sum Assured Total Premium u/w Policies Issued the month (premium) LINE OF BUSINESS Up to For the Up to Up to For the For the Up to For the month the month month the month month the month month the month Fire Previous year Marine Cargo Previous year Marine Hull (Including Onshore & Offshore oil energy) Previous year Marine (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 0.00 Previous year (Total) 0.00 0 0 0.00 0.00 0.00 0.00 Aviation Previous year Engineering Previous year Motor Own Damage Previous year Motor Third party Previous year Motor (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Previous year (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Workmen's compensation / Employer's liability Previous year Public Liability Previous year Product Liability Previous year Other Liability Covers Previous year Liability (Total) 0.00 0.00 0 0.00 0.00 0.00 0.00 0 Previous year (Total) 0.00 0.00 0 0 0.00 0.00 0.00 0.00 Personal Accident 53.89 150.61 21.00 136.00 53.89 150.61 118994.06 302539.29 Previous year 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Medical Insurance 23359.04 832.88 8554.80 4820.00 23557.00 382.40 7060.21 639767.58 Previous year 450.48 1494.59 1217.00 3899.00 450.48 1494.59 27153.00 57562.25 Overseas Medical Insurance 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Previous year 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Health (Total) 832.88 8554.80 4820.00 23557.00 382.40 7060.21 23359.04 639767.58 450.48 Previous year (Total) 450.48 1494.59 1217 3899 1494.59 27153.00 57562.25 Crop Insurance Previous year Credit Guarantee Previous year All Other Miscellaneous Previous year **Grand Total** 942306.87 886.77 8705.41 4841 23693 436.29 7210.82 142353.10 Previous year (Total) 1494.59 3899 450.48 1217 450.48 1494.59 27153.00 57562.25



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io .oM		No. of Lives covered		muimer of Premium		No. of Policies		Amount of Premium	





Children's education



Buying a house



Retirement

A winner is one who plans for the future with insurance.

- · Life, property and wealth are always at risk.
- Risk of accidents, natural calamities, disasters, theft, riots etc.
 - The 'it-can't-happen-to-me' attitude is most unwise.
 - · Insurance is the best safeguard to mitigate risk.
- Insurance alleviates loss in the event of risk becoming a reality.

Insurance is sensible, practical and above all, the right thing to do.

A public awareness initiative by



बीमा विनियामक और विकास प्राधिकरण

INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY

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EVENTS

22 - 24 Jan 2014	7th India Rendezvous
Venue: Mumbai	By Asia Insurance Review.
27 - 29 Jan 2014 Venue: NIA, Pune	Insurance Regulatory Issues (Non-life) By National Insurance Academy.
03 - 08 Feb 2014 Venue: NIA, Pune	Workshop on Predictive Analytics (Life) By National Insurance Academy.
13 - 15 Feb 2014	Effective Claims Management (Non-life)
Venue: NIA, Pune	By National Insurance Academy.
17 - 18 Feb 2014	16th Global Conference of Actuaries
Venue: Mumbai	By Institute of Actuaries of India.
18 - 19 Feb 2014	14th Asia CEO Insurance Summit
Venue: Bali, Indonesia	By Asia Insurance Review.
20 - 22 Feb 2014	Programme on Financial Inclusion
Venue: NIA, Pune	By National Insurance Academy.
26 - 27 Feb 2014	2nd Asia Insurance Brokers' Summit
Venue: Singapore	By Asia Insurance Review.
05 - 06 Mar 2014	9th Asia Conference on Healthcare and Health Insurance
Venue: Singapore	By Asia Insurance Review.
13 - 15 Mar 2014 Venue: NIA, Pune	Management of Engineering Insurance (Non-life) By National Insurance Academy.

RNI No: APBIL/2002/9589

view point



The Association (IAIS) has grown from one focussed on supervisory cooperation and information exchange, to become the global insurance standard setter and a leader in matters of global financial stability.

Mr. Yoshihiro Kawai

Secretary General of the International Association of Insurance Supervisors (IAIS).

The ACA (Affordable Care Act) represents a transformation of the Health insurance marketplace, and regulators are using all available tools to protect consumers as provisions are implemented.

Senator Ben Nelson

NAIC Chief Executive Officer.

Just because technology presents risks does not mean that we should then limit its use. That would be self-defeating. A more meaningful approach would be to take proactive measures to mitigate the risks, so that technology can continue to support and power financial sector development.

Mr Wong Nai Seng

Assistant Managing Director, Monetary Authority of Singapore.

Over the last few years there has been a fairly universal focus by regulators globally on strengthening the governance and financial soundness of all parts of the financial sector, including superannuation (or pensions).

Ms. Helen Rowell

Member, Australian Prudential Regulation Authority.

To improve customer convenience and enhance the operational efficiency of both insurance agents and insurers, we are working on the harmonization and standardization of rules and forms, including administrative procedures on insurance solicitation and application forms that customers are required to fill in.

Mr. Masaya Futamiya

Chairman, General Insurance Association of Japan.

With long coast lines and some of the world's most seismically active regions, many Asian countries are exposed to natural disasters like flood, cyclone and earthquakes.

Mr. T.S. Vijayan

Chairman, Insurance Regulatory & Development Authority, India.

