

Balmer Lawrie & Co. Ltd.
(A Government of India Enterprise)

Tender Ref. : CHRD/HBL.Insurance/2018-19

Date : 28th September, 2018

TENDER NO. CHRD/01/HBL/2018-19

Sub. : Quotation for providing coverage to employees against the outstanding House Building Loan and accrued interest in the event of their untimely demise.

As per the terms of the House Building Loan Scheme of the Company, an insurance cover is obtained for the amount of Outstanding House Building Loan amount [Principal and accrued interest], so that the liability is covered in the event of demise of the employees. The Company has been taking the insurance cover for last several years. The renewal is now due on 27th October, 2018.

Accordingly, we have given the details of the employees and the outstanding House Building Loan [Principal and accrued interest] that would need to be covered. The total coverage of employees under such insurance 139 Nos.

Please note that all of them are under the pay rolls of the Company. At present the retirement age, from the services of the Company, is 60 years.

The claims made against the insured during the last three (3) years are as follows :-

Financial year	No. of Settlement	Amount Settled [Rs.]
2015-2016	1	100593
2016-2017	2	332567
2017-2018	0	0

If you are interested to quote, please send your quotation in the enclosed format latest by 8th October, 2018 by 16:30 hours in a sealed cover, indicating on top of the envelop "Quotation for insurance coverage to employees against the outstanding House Building Loan and accrued interest – 2018-2019. However, statutory taxes, if any, may please be indicated / quoted separately.

For **BALMER LAWRIE & CO. LTD.**

[A. Ratna Sekhar]
Director [HR & CA]

TENDER NO. CHR/01/HBL/2018-2019

Quotation for providing Insurance coverage to employees against the outstanding House Building Loan and accrued Interest in the event of their untimely demise

**Shri A Ratna Sekhar
Director [HR & CA]
BalmerLawrie & Co. Ltd.
Kolkata – 700 001**

Dear Sir,

We are glad to offer our best premium as given below for Insurance coverage of 139 Nos. employees as per requirement:-

Total No. of employees covered		
Total Sum assured		
Validity of the plan		
Annual Premium		
Tax [GSTIN, etc. please specify]		
Total premium [Annual premium + Tax]		
Other Charges if any [please specify]		
Terms and conditions		

[Authorised Signatory with Official Seal]

Date _____