

Total Claims Experience Report

	Claims	Value (Rs.)	% Claims	% Value
Cashless Settled	237	19,712,778.00	58.09 %	71.71 %
Cashless Processed	20	2,368,700.00	4.9 %	8.62 %
Reimbursement Settled	116	5,362,360.00	28.43 %	19.51 %
Reimbursement Processed	2	44,915.00	0.49 %	0.16 %
Denials	23	0.00	5.64 %	0.0 %
Denials due to Shortfall	10	0.00	2.45 %	0 %
Closed	0	0.00	0.0 %	0.0 %
Domiciliary claims	0	0.00	0.0 %	0.0 %
Total	408	27,488,753.00		
Cashless in Process*	45	6,939,617.00		
Reimbursement in Process*	38	4,295,315.00		
Grand Total (Rs.)	491	38,723,685.00		
First Time Premium (Rs.)^				29,495,236.00
Endo Premium (Rs.)^				21,290,943.00
Deletion Premium (Rs.)^				0.00
Total Premium (Rs.)^				50,786,179.00
Claims Ratio (%)				76.25 %
Claims Ratio (%) - On Earned Premium#				82.08 %
Value of Denied claims (Rs.):				2,699,930.00
Value of Denied(Document Shortfall) claims (Rs.):				872,829.00
Value of Closed claims (Rs.):				0.00
* Depicts the claimed amount for claims in process. The settlement amount will be less than the above figures and will result in respective decrease in the claims ratio.				
** The value is for preauthorisation issued and awaiting for final documentation. Depicts the Processed PA amount for PA issued. The settlement amount will be less than or equal to the above figures and could result in respective decrease in the claims ratio.				
# Does not apply to policies with Instalment Premium				
^ Premium details as received from insurer & updated in our data as on date				

Morbidity Ratio

Descriptions	Values
No. of lives Insured	43713
No. of Claims	458
No. of Claims made per 100 Lives Insured	1.05 %
No. of lives Inception	41198
Addition	2515
Deletion	1
CurrentLives	43712

Ailments Profile

ICD Group	No. of Claims	Value (Rs.)	% of Claims	% of Value
CANCER	124.0	8,367,835.00	33.07 %	30.44 %
DISORDERS OF THE RESPIRATORY SYSTEM	42.0	4,111,007.00	11.2 %	14.96 %
CARDIAC DISORDERS	28.0	3,195,821.00	7.47 %	11.63 %
DISORDERS OF THE GASTROINTESTINAL SYSTEM	20.0	2,733,965.00	5.33 %	9.95 %
DISORDERS OF THE MUSCULOSKELTAL SYSTEM	16.0	1,801,859.00	4.27 %	6.55 %
INJURIES / FRACTURES / DISLOCATIONS	16.0	1,348,229.00	4.27 %	4.9 %
DISORDERS OF THE KIDNEY	44.0	1,138,925.00	11.73 %	4.14 %
DISORDERS OF THE GENITOURINARY SYSTEM	15.0	970,016.00	4.0 %	3.53 %
NEUROLOGICAL & CEREBROVASCULAR DISORDERS	14.0	840,660.00	3.73 %	3.06 %
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	10.0	550,543.00	2.67 %	2.0 %
All Other Ailment Groups	46.0	2,429,893.00	12.27 %	8.84 %
Total	375.0	27,488,753.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Age

Age Band	No. of Claims	Value (Rs.)	% Claims	% Value
0-5	28	784,221.00	7.0 %	2.0 %
6-35	48	2,336,683.00	12.0 %	8.0 %
36-40	13	1,497,401.00	3.0 %	5.0 %
41-45	11	1,356,183.00	2.0 %	4.0 %
46-50	21	2,124,568.00	5.0 %	7.0 %
51-55	30	3,270,259.00	8.0 %	11.0 %
56-60	37	2,896,794.00	9.0 %	10.0 %
61-65	58	3,434,491.00	15.0 %	12.0 %
66-70	61	3,233,178.00	16.0 %	11.0 %
Above 70	68	6,554,975.00	18.0 %	23.0 %
Total	375	27,488,753.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Category of Beneficiaries Report

Beneficiary	No. of Claims	Value (Rs.)	% Claims	% Value
Self	42.0	2,674,717.00	11.2 %	9.73 %
Spouse	31.0	2,599,251.00	8.27 %	9.46 %
Child	38.0	1,373,574.00	10.13 %	5.0 %
Parent	264.0	20,841,211.00	70.4 %	75.82 %
Total	375.0	27,488,753.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Distribution Across Amount Bands Report

Amount Band	No. of Claims	Value (Rs.)	% Claims	% Value
Above 5 Lack	2	1,540,640.00	0.0 %	5.0 %
Rs. 10,000/- And less	75	405,750.00	20.0 %	1.0 %
Rs. 10,001/- to Rs. 25,000/-	86	1,542,908.00	22.0 %	5.0 %
Rs. 25,001/- to Rs. 50,000/-	67	2,278,672.00	17.0 %	8.0 %
Rs. 50,001/- to Rs. 1,00,000/-	55	4,188,089.00	14.0 %	15.0 %
Rs. 1,00,001/- to Rs. 1,50,000/-	36	4,397,380.00	9.0 %	15.0 %
Rs. 1,50,001/- to Rs. 2,00,000/-	25	4,377,628.00	6.0 %	15.0 %
Rs. 2,00,001/- to Rs. 2,50,000/-	7	1,570,694.00	1.0 %	5.0 %
Rs. 2,50,001/- to Rs. 3,00,000/-	9	2,401,309.00	2.0 %	8.0 %
Rs. 3,00,001/- to Rs. 5,00,000/-	13	4,785,683.00	3.0 %	17.0 %
Total	375	27,488,753.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Employee

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	18	1,350,032.00	75.0 %	50.47 %
2	5	1,269,193.00	20.83 %	47.45 %
14	1	55,492.00	4.17 %	2.07 %
Total	24	2,674,717.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Utilization Report for Dependents

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	102.0	8,594,536.00	63.75 %	34.64 %
2	30.0	6,221,155.00	18.75 %	25.07 %
3	8.0	1,633,570.00	5.0 %	6.58 %
4	4.0	2,122,620.00	2.5 %	8.55 %
5	6.0	2,025,955.00	3.75 %	8.16 %
6	2.0	696,089.00	1.25 %	2.81 %
7	2.0	556,894.00	1.25 %	2.24 %
8	1.0	137,487.00	0.62 %	0.55 %
10	2.0	1,631,123.00	1.25 %	6.57 %
11	1.0	567,643.00	0.62 %	2.29 %
18	2.0	626,964.00	1.25 %	2.53 %
Total	160.0	24,814,036.00		

Based on Settled/Processed Cashless/Reimbursement Claims Only

Provider Profile Report



Insurer: **IFFCO-TOKIO General Insurance Co. Ltd**
Policy Holder: **SBI Life Insurance Company Ltd**
Policy No: H0235437_topup
Policy period: 08-Nov-2019 To 07-Nov-2020

Claims Analysis Report

Report date: 12-Oct-2020

This Report Generated By Sachin Durgoli
On Mon Oct 12 17:09:47 IST 2020

Hospital Name	No. of Claims	Value (Rs.)	% Claims	% Value
Aig Hospitals (A Unit Of Asian Institute Of Gastroenterology Pvt. Ltd)	5.0	1,553,031.00	1.33 %	5.65 %
Indraprastha Apollo Hospital	13.0	1,089,953.00	3.47 %	3.97 %
Manipal Super Speciality Hospital	10.0	1,069,756.00	2.67 %	3.89 %
Apollo Hospitals Enterprise Limited	7.0	829,430.00	1.87 %	3.02 %
Manipal Hospital	4.0	737,855.00	1.07 %	2.68 %
Apollo Gleneagles Hospital	2.0	640,879.00	0.53 %	2.33 %
Apollo Hospitals	3.0	562,010.00	0.8 %	2.04 %
Sanjeevani Cbcc Usa Cancer Hospital	7.0	556,027.00	1.87 %	2.02 %
Apollo Hospitals Enterprise Ltd	9.0	538,754.00	2.4 %	1.96 %
Apollo Hospitals, Guwahati.	2.0	538,679.00	0.53 %	1.96 %
Others	313.0	19,372,379.00	83.47 %	70.47 %
Total	375.0	27,488,753.00		

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Add-Del Endorsement Details

Endo No	Endo Date	Endo WEF	Remarks	Addition Premium^	Deletion Premium^
H0235437/04	10-Mar-2020	09-Mar-2020	Installment Premium Booking Ticket no 5837267679	19,663,491.00	0
H0235437/06	16-Jul-2020	08-Nov-2019	Addition, Data Correction, Ticket No #5947869334	64,416.00	0
H0235437/05	25-Jun-2020	19-May-2020	Additions	344,831.00	0
H0235437/7	29-Sep-2020	23-Sep-2020	Addition, Ticket No #6012923165	359,079.00	0
Grand Total				20,431,817.00	0.00

^ Premium details as received from insurer & updated in our data as on date