FORM NO. NL-48

DISCLOSURES ON QUANTITATIVE AND QUALITATIVE PARAMETERS OF HEALTH SERVICES RENDERED (ANNUAL DISCLOSURE)

Name of the Insurance Company: United India Insurance Company Limited

Information as at 31/03/2025

a. Specify whether In-house Claim Settlement or Services rendered by TPA

a.1 **TPA NAME** Good Health Insurance TPA Ltd.
Validity of agreement From 01-04-2024 To 31-03-2027

b. Number of policies and lives services in respect of which public disclosures are made:

Description	Retail	Group	Govt.
No. of Policies serviced	20813	68	0
No. of Lives Covered	46562	191220	0

c **Geographical Area in which services are rendered by the TPA (As per Annexure A)**

d **Data of number of claims processed:**

	Description	No.	Percentage
i	Outstanding number of claims at the beginning of the year:	940	NA
ii	Number of claims received during the year	14949	NA
iii	Number of claims paid during the year: (Number & Percentage)	13915	87.58%
iv	Number of Claims repudiated during the year:(Number & Percentage)	926	5.83%
v	Number of claims outstanding at the end of the year:	1048	NA

e **Turn Around Time ***

TAT for cashless claims (in respect of number of claims):

	Description	Individual Policies (in %)		Group Policies (in %)	
		TAT for pre-auth **	TAT for discharge#	TAT for pre-auth **	TAT for discharge#
1	Within < 1 hour	98.00%	97.00%	97.00%	97.00%
2	Within 1-2 hours	2.00%	2.00%	3.00%	3.00%
3	Within 2-6 hours	0.00%	1.00%	0.00%	0.00%
4	Within 6-12 hours	0.00%	0.00%	0.00%	0.00%
5	Within 12-24 hours	0.00%	0.00%	0.00%	0.00%
6	>24 hours	0.00%	0.00%	0.00%	0.00%
	Total	100.00%	100.00%	100.00%	100.00%

*Percentage to be calculated on total of the respective column
**reckoned from the time last necessary document is received by insurer/TPA (whichever is earlier) and till final pre-auth is issued to the hospitals
#reckoned as final discharge summary sent to hospital from the time discharge bill is received by TPA

f **TAT in case of Payment /Repudiation of Claims**

Description (to be reckoned from the date of receipt of last necessary document)	Individual		Group		Government		Total	
	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage
Within 1 Month	6359	100.00%	8482	100.00%	0	0.00%	14841	100.00%
Between 1-3 months	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Between 3-6 months	0	0.00%	0	0.00%	0	0.00%	0	0.00%
More than 6 months	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total	6359	100.00%	8482	100.00%	0	0.00%	14841	100.00%

*Percentage to be calculated on total of the respective column

g **Data of grievances received against the TPA:**

	Description	NO.
1	Grievance outstanding as on 01/04/2024	0
2	Grievances received during 2024-25	115
3	Grievances resolved during 2024-25	115
4	Grievance outstanding as on 31/03/2025	0

Place: Chennai
Date : 12-08-2025

Signature of the CMD
United India Insurance Co Ltd

TPA PUBLIC DISCLOSURE 2024-2025

Annexure A

TPA Name : GOOD HEALTH INSURANCE TPA LTD

Geographical Area in which services are rendered by the TPA

Sr.no.	Statename	District Name
1	Karnataka	Bangalore
2	Tamilnadu	Chennai
3	Tamilnadu	Madurai
4	Delhi	Delhi
5	Telangana	Hyderabad
6	Andhra Pradesh	Visakhapatnam
7	Uttar Pradesh	Lucknow
8	Maharashtra	Pune
9	Maharashtra	Mumbai