



THE ANDHRA PRADESH STATE CO-OPERATIVE BANK Ltd.,

(A State Govt. Partnered Scheduled Bank)

HO: NTR Sahakara Bhavan, # 27-29-28, Governorpet, Vijayawada-520 002

Department of Refinance, Email-id:brcc@apcob.org

Ref: BOD/BRCC/F.42/2023-24

18/04/2023

Notification

Sealed Quotations are invited for Renewal of Group Accident Personal Insurance Policy (Unnamed) for a period of one year i.e. from 26.04.2023 to 11:59:59 PM of 25.04.2024.

We are to inform that our Group Accident Personal Insurance Policy (Unnamed) is due for renewal with effective from 00:00 hours of 26.04.2023 to 11:59:59 PM of 25.04.2024. In this connection, we request you to furnish the quotations for the following policy:

Group Accident Personal Insurance Policy (Unnamed) for an amount of Rs.88.00 lakh (Eighty-eight lakh only) for one year, with effective from 00:00 hours of 26.04.2023 to 11:59:59 PM of 25.04.2024, to cover the risks during transit of cash in respect of the following personnel:

S No	Cadre	No. of Persons	Sum Insured per person (Rs. in lakh)
1	Manager	1	12.00
2	Staff Assistant/ Asst. Cashier	2	10.00
3	Sub Staff	1	8.00
4	Driver	3	8.00
5	Armed Guard	3	8.00
Total		11	88.00

The Bank reserves the right to negotiate and the decision of the Bank will be final in the matter. Choice to be given to the Bank in Choosing TPA.

Please send the quotations in a sealed cover superscribed as "Quotations for Group Accident Personal Insurance Policy (Unnamed)" to reach this office on or before 21.04.2023 by 5.00 PM, addressed to

The Deputy General Manager (BOD)
The Andhra Pradesh State Co-operative Bank ltd.,
#27-29-28, NTR Sahakara Bhavan,
Help Hospital Road,
Governorpet,
Vijayawada – 520002.

Tvvsns Sekhar
Deputy General Manager

Copy to: GM (Bkg)