

**TENDER FOR WEST BENGAL POLICE  
GROUP PERSONAL ACCIDENT  
INSURANCE POLICY FOR THE  
PERIOD FROM 21/09/2026 TO  
20/09/2027.**

**WEST BENGAL POLICE WELFARE & SPORTS SOCIETY**

## **TENDER NOTICE No. WBPGPAIP-01/ 2026-2027**

Sealed Tender is invited from the reputed **Public Sector General Insurance Companies**, having at least five years of experience and handling Group Personal Accident Insurance of around 90,000 persons for one year during last five years for West Bengal Police Group Personal Accident Insurance Policy for the period from **21/09/2026 a.m. to 20/09/2027 p.m.** covering all ranks of West Bengal Police, Ministerial Staff, staff of Police Hospitals, Retired Personnel of West Bengal Police Organization and staff of State Forensic Science Laboratory (SFSL), West Bengal.

**The main features of West Bengal Police Group Personal Accident Insurance Policy for 2026-2027 are as follows:**

1. The Scheme will cover all ranks of the West Bengal Police Organizations, Ministerial staff, Group-D staff, Police Hospital staff of West Bengal Police, Retired persons and staff of West Bengal Forensic Science laboratory.
2. Number of memberships of the scheme will be more or less 90,000 in number.
3. **A) Coverage of capital sum-insured - ₹ 20,00,000/- (Rupees Twenty Lakhs) for Primary Members as per the following table:**

| Sl. No | Nature of Accident              | Benefit                                 |
|--------|---------------------------------|-----------------------------------------|
| a.     | Coverage of capital Sum-Insured | ₹ 20,00,000/- (Twenty Lakh)             |
| b.     | Death due to accident           | 100% of sum insured.                    |
| c.     | Loss of two limbs / two eyes    | 100% of sum insured.                    |
| d.     | Loss of one limb / one eye      | 50% of sum insured.                     |
| e.     | Permanent total disablement     | 100% of sum insured.                    |
| f.     | Partial Disablement             | Proportionate to disability percentage. |

**B) Additional benefits under the above Policy (in addition to capital sum insured) in case of accident:**

| Sl. No | Description                                                                                                                                                                                                         | Benefit                    |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| i.     | Transportation cost for carriage of dead body to home including funeral charges                                                                                                                                     | 10% of Capital Sum Insured |
| ii.    | Ambulance charges for transportation of insured person to Hospital following accident.                                                                                                                              | 10% of capital Sum Insured |
| iii.   | <b>Education Fund:</b> In the event of death /permanent total disablement of insured person due to accident, Education fund for up to two dependent children (up to 23 years) of the insured person (for one time). | 10% of capital Sum Insured |
| iv.    | Medical expenses arising out of an accident.                                                                                                                                                                        | 10% of capital Sum Insured |

4. The said Policy will be started from the midnight 00.01 hrs. of 21.09.2026 and will remain valid till 23.59 hrs. of 20.09.2027 and cover the lives insured all the time whether on duty / off duty or otherwise.
5. Accident, Death or disability as the case may be, has to be reported to the Insurance Company within 90 days, except in exceptional cases.
6. The claim will be submitted within 180 days from the date of incident. In exceptional cases, relaxation may be considered by the Insurance Company on reasonable ground.
7. The Insurance Company shall settle the claim within 30 days from the date of submission of accidental insurance claim. Query or objection, if any, in this regard should be conveyed to this office within 15 days of submission of the claim. If there is further delay without sufficient reasons and justification, the West Bengal Police will be at liberty to claim additional 1% of claimed amount per month.
8. If Assignment / Nomination form is not available, the legal heir certificate is to be issued by the Competent authority / Head of District / Unit and 'no objection' certificate of other legal heir(s), if any, is to be affirmed before the Notary Public for payment of sum assured / insured to a single heir due to accidental death of insured employee.
9. If there are more than one claimant and others do not give "No objection certificate" in favour of any one of them, the death claim amount will be given as per rules.
10. In case of claim for disability, a disability certificate issued by a Medical Board of a Government Hospital will be provided.
11. Claims for medical treatment shall be admissible on the hospitalization on account of accident. Relevant documents related to medical treatment have to be submitted.
12. The primary members of West Bengal Police Group Personal Accident Insurance Policy for the year 2026-2027 will be counted in numbers.

13. These are only broad features of the policy required and not an exhaustive description of the policy. West Bengal Police Welfare & Sports Society reserves the right to negotiate the same.
14. **Premium rates should be quoted per employee including GST and other taxes, if any.**

**SCHEDULE OF TENDER PROCEDURE:**

| Sl. No | Items                                                                                                                                                   | Scheduled time & date(s)                             |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| 1.     | Starting date of submission of sealed Tender in the drop box kept in the Mediclaim Cell, WBPd, Ground Floor, Room No-8, Bhabani Bhawan, Kolkata-700027. | From 23/07/2026 during office hours except holidays. |
| 2.     | Closing date & time of submission of Tender                                                                                                             | 07/08/2026 at 13:00 hrs.                             |
| 3.     | Opening of the Technical Bid.                                                                                                                           | 07/08/2026 at 13:30 hrs.                             |
| 4.     | Opening of the Financial Bid.                                                                                                                           | 07/08/2026 at 14:00 hrs.                             |

❖ **GUIDELINES AND CONDITIONS TO BE ABIDED BY THE INSURANCE COMPANY IN SUBMITTING TENDERS:**

The following conditions should strictly be followed in submitting tenders:

- i) The Tender-participants should be a Public Sector General Insurance Company authorized to conduct business of Group Personal Accident Insurance by the "IRDA" (Insurance Regulatory and Development Authority).
- ii) The Insurance Company should have experience of handling Group Personal Accident Insurance of around 90,000 or more persons for at least one year during last five years.
- iii) The insurance company should have Head Quarters or Regional Office in or around Kolkata, West Bengal.
- iv). The Insurance Company should strictly follow the Insurance Coverage as mentioned in the tender notice.
- v). The primary members of the policy should be counted on the number of Police Employees, ministerial staff and retired person of West Bengal Police and the staff of SFSL, West Bengal.
- vi). The policy will be open for continuous as well as periodical review.
- vii). A MOU (Memorandum of Understanding) will be prepared in two copies within 07 days on accepting the tender which will be valid for 01 (one) year i.e. from

21/09/2026 to 20/09/2027. One copy will be retained by the L1 (lowest) bidder and the other copy will be kept in the office of West Bengal Police Welfare & Sports Society having its office at Bhabani Bhawan, Kolkata -27. This MOU will form a part of the policy.

- viii) The Policy cannot be withdrawn unilaterally by the Insurance Company in Midterm. If any discrepancy/dispute arises to settle any claim or any dispute or disagreement between the parties to the MOU, the same will be settled by mutual discussion. If the dispute is not resolved, WBPD may approach the **Insurance Ombudsman / Arbitrator** or **Ld, Consumer Court** against the Insurance Company to solve the dispute.
- ix) The Insurance Company will submit the following documents along with sealed Tender:
  - a) Experience certificate: at least of five years.
  - b) IRDA Licence to conduct Group Personal Accident Insurance Business duly attested by a Gazetted Govt. Officer / GM of concerned Insurance Company.
  - c) Solvency certificate as fixed or recommended by IRDA. All documents/any of the documents so deposited can be called for any time at any stage from the Tender-participants in original copies. Any discrepancy / divergence in the documents will lead to rejection of such Tender submitted by the concerned Insurance Company.
- x) Notice inviting tender can be downloaded from the west Bengal Police website: **www.wbpolice.gov.in**. Hard copies of the tender related documents may be obtained by printing these documents from the aforesaid website.
- xi) The tender is to be submitted in Tender Box to be kept in Mediclaim Section, WBPD, Ground Floor, Room No-08, Bhabani Bhawan, Kolkata 700027.
- xii) Time schedules for the tender should be followed as mentioned in the tender notice.
- xiii) The Tender Accepting Authority of West Bengal Police Welfare & Sports Society reserves the right to negotiate with the lowest bidder (L1 Bidder).
- xiv) All the information as mentioned in it should be quoted. Tender Accepting Authority is not bound to accept the lowest rate of premium quoted by the bidder. In that case Tender Accepting Authority will explain the reason of non- acceptance of the rate of the premium to the said bidder.
- xv) The Tender Accepting Authority of West Bengal Police Welfare & Sports Society reserves the right to accept or reject any bid or cancel the tender process and rejects

all bids at any time without assigning any reason prior to the award of contract, without thereby incurring any liability to the bidders after putting up a notice in the website: [www.wbpolice.gov.in](http://www.wbpolice.gov.in).

- xvi) During the scrutiny, if it comes to the notice of tender inviting authority that the credential or any other documents found incorrect / manufactured / fabricated, that bidder would not be allowed to participate in the tender and that application will be out-rightly rejected without any prejudice. It may also attract penal action as per law of the land.

**B. Documents to be submitted in Technical Bid:**

- a) Experience Certificate: Proof of covering a minimum 90,000 persons under Group Personal Accident Insurance in any one year during last five years.
- b) GST Registration Certificate duly attested by GM/DGM of concerned Insurance Company.
- c) The bid should be accompanied with solvency certificate as fixed or recommended by the IRDA for a minimum period of 01 (one) year of the respective Insurance Company.
- d) IRDA license to conduct Group Personal Accident Insurance business duly attested by a Gazetted Govt. Officer / GM of concerned Insurance Company.
- e) Annexure-A: As per prescribed format.
- f) Annexure-B: As per prescribed format.
- g) Annexure-C: As per prescribed format.

**15. Financial Bid:**

The scheme will provide insurance coverage of around 90,000 Number of Police Employees (approx.) for the period from **21/09/2026 a.m. to 20/09/2027 p.m.**

| Particulars                                       |                                                                     |
|---------------------------------------------------|---------------------------------------------------------------------|
| Name & address of the Insurance Company           | Premium amount (Rate should be included GST & other taxes, if any). |
| Premium per Employee (Including all taxes / GST). | In numbers: ₹                                                       |
|                                                   | In words:                                                           |

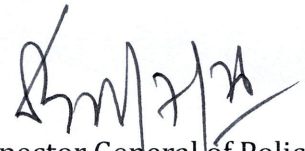
- 16. All the applicable taxes / GST should be included in premium quoted.**

17. The details of the financial bid shall be furnished in the above-mentioned format.

18. This will be a direct policy between the Insurance Company and **West Bengal Police Welfare & Sports Society** and there will be no agent or intermediary or branch.
19. Information relating to the examination, clarification, evaluation, comparison of bids and recommendations for the award of contract shall not be disclosed to bidders or to any other persons not officially concerned with such process until the letter of Award/MOU is issued.
20. If any information is required to submit the tender, the bidder may contact the office of the Secretary, West Bengal Police Welfare & Sports Society having office at West Bengal Police Directorate, Bhabani Bhawan, Ground Floor, Alipore, Kolkata-700027 during office hours except holidays.

Kolkata,

The 22 July, 2026.



Deputy Inspector General of Police,  
Planning & Welfare, West Bengal,  
&  
Chairman of the Tender Committee.

## ANNEXURE-A

### PRE-QUALIFICATION APPLICATION

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To,  
**The Director General & Inspector General of Police,**  
**West Bengal,**  
**&**  
**The President of Governing Body,**  
**West Bengal Police Welfare & Sports Society,**  
**Bhabani Bhawan, Alipore,**  
**Kolkata – 700027.**

Ref: TENDER FOR **WEST BENGAL POLICE GROUP PERSONAL ACCIDENT INSURANCE POLICY** FOR  
THE PERIOD FROM **21/09/2026 TO 20/09/2027** VIDE TENDER NOTICE NO. **WBP GPAIP-01/**  
**2026-2027.**

Dear Sir,

Having examined the Statutory, Non-statutory & N.I.T. documents, I / we hereby submit all  
the necessary information and relevant documents for evaluation.

**The application is made by me / us on behalf of .....**  
**.....in the capacity .....**  
**..... duly authorized to submit the order.**

The necessary evidence admissible by law in respect of authority assigned to us on behalf  
of the group of firms for Application and for completion of the contract document is  
attached herewith.

We are interested in submitting Tender for the Insurance given in Enclosure to this  
latter.

We understand that:

- 1) Tender Inviting & Accepting Authority reserves the right to reject any application  
without assigning any reason.

**Enclosure(s): Filling:**

- 2) Statutory Documents.
- 3) Non-Statutory Documents.

Date: .....

.....  
Signature of applicant including title and capacity in  
which application is made.

**ANNEXURE-B**  
**AFFIDAVIT**

**TO BE FURNISHED IN A NON-JUDICIAL STAMP PAPER OF APPROPRIATE VALUE DULY NOTARIZED**

1. I, the under-signed do certify that all the statements made in the attached documents are true and correct. In case of any information submitted proved to be false or concealed, the application may be rejected and no objection/claim will be raised by the under-signed.
2. The under-signed also hereby certifies that neither our firm M/s ..... nor any of constituent partner had been debarred to participate in tender by the West Bengal Police Department or any State Government /Central Government or disqualified in participating in the Government schemes as per IRDA guidelines during the last 5 (five) years prior to the date of this N.I.T.
3. The under-signed would authorize and request any Bank, person, Firm or Corporation to furnish pertinent information as deemed necessary and/or as requested by the Department to verify this statement.
4. The under-signed understands that further qualifying information may be requested and agrees to furnish any such information at the request of the Department.
5. Certified that I/we have applied in the tender in the capacity of individual/ as a partner of a firm / office bearer and I have not applied severally for the same job.
6. Certified that I/we have submitted the bid as a single entity only and have not formed a Consortium for the scheme.
7. Certified that our organization has experience of covering minimum 90,000 persons under Group Personal Accident Insurance in any 1 year during last (05) five years.

Certified that I/we the undersigned have read and understood the entire tender documents and terms and conditions. I/we will abide by the same and thereafter I/we submit all the necessary information and relevant documents for evaluation.

Signed by an authorized officer of the Insurance Company

Name & Designation of the officer

Name of the Insurance Company with Seal

Date:

ANNEXURE-C

**STRUCTURE AND ORGANISATION**

|                                                      |   |  |
|------------------------------------------------------|---|--|
| 1. Name of Applicant                                 | : |  |
| 2. Office Address                                    | : |  |
|                                                      |   |  |
|                                                      |   |  |
|                                                      |   |  |
| Telephone No.                                        | : |  |
| Fax No.                                              | : |  |
| 3. Name(s) and Address(es) of<br>Principal Financers | : |  |
|                                                      |   |  |
|                                                      |   |  |
| 4) (a) PAN No.                                       |   |  |
| 4) (b) TAN No.                                       |   |  |
| 5) GST Registration No.                              |   |  |
| 6) IRDA Registration No. with<br>validity period     |   |  |

7. Please attach an organisational Chart of the company along with the names, designations, office address and brief bio-data of the key officials of the registered headquarters and the office to deal with this policy.

Signed by an authorized officer of the Insurance Company

Name & Designation of the officer

Name of the Insurance Company with Seal

Date: