

THUNCHATH EZHUTHACHAN MALAYALAM UNIVERSITY
OFFICE OF THE REGISTRAR
EXPRESSION OF INTEREST (EOI)

EOI No.: (MU/EOI/4108/2025/A1/Admin)/2026	Date: 16/10/2026
Subject: Group Personal Accident (GPA) Insurance Policy for Students	Period : 2026-2027

1. INTRODUCTION

Malayalam University invites Expression of Interest (EOI) from reputed Insurance Companies/IRDAI-registered General Insurance Providers for providing a Group Personal Accident (GPA) Insurance Policy for the students of the University for the year **2026-27**.

The objective of the proposed policy is to provide financial protection to students against unforeseen accidental events resulting in death, permanent total disability, permanent partial disability and other eligible accidental injuries/medical expenses, subject to the terms and conditions of the policy.

2. SCOPE OF COVERAGE

The proposed Group Personal Accident Policy shall cover all eligible enrolled regular students of Malayalam University for the period **2026-2027**. The scheme shall be implemented with an annual insurance coverage of up to ₹1,00,000/- per student. The annual premium, inclusive of all applicable taxes, shall be determined and quoted by the Insurance Company based on the proposed coverage and shall be subject to the final terms and conditions approved by the University.

The coverage is expected to remain operative on a 24-hour basis, including while students are engaged in academic, sports, extracurricular and personal activities, subject to the policy terms, conditions and exclusions.

3. KEY REQUIREMENTS

- Accidental Death Benefit: Lump-sum payment to the nominee in the event of accidental death, including death arising from snake bite, dog bite, animal attack (including elephant attack) or other accidental causes, subject to policy conditions.
- Permanent Total Disability (PTD): Compensation for permanent total disability caused by an accident, including injuries resulting from animal attacks or insect bites, subject to the terms and conditions of the policy.
- Permanent Partial Disability (PPD): Compensation for permanent partial disability caused by an accident, including qualifying animal attacks or insect bites.

- **Accidental Medical Expenses:** Reimbursement/coverage of eligible medical expenses arising from accidental injury, including treatment for snake bite, dog bite, animal attack or other accidental injuries, where offered/applicable.
- **Funeral/Transportation Expenses:** Benefit towards funeral expenses and/or transportation of the deceased, if offered under the proposed policy.
- **Accidental Hospitalization – In-patient:** Sum insured/benefit payable towards eligible hospitalization expenses arising from accidental injury.
- **Accidental Medical Expenses – Out-patient:** Sum insured/benefit payable towards eligible outpatient treatment arising from accidental injury, if offered.
- **Value-added Services:** Any additional student-friendly benefits or services offered by the insurer may be specified separately.

For the purpose of this EOI, “Accident” shall mean a sudden, unforeseen and involuntary event caused by, external, visible and violent means, including qualifying bites or attacks by animals or insects, as covered under the policy.

4. TENTATIVE COVERAGE DETAILS

Particulars	Tentative Details
Number of Students	Approximately 722 students
Annual Premium Contribution	Per student, inclusive of applicable taxes (to be Quoted)
Sum Insured per Student	₹ 1,00,000/- (annual insurance coverage)
Policy Tenure	One year from the date of effecting the Group Personal Accident Policy
Coverage Type	Group Personal Accident (GPA) Insurance Policy
Last Date & Time for Submission	31/10/2026, 3 PM
Date & Time of Opening of EOI	02/11/2026, 11 AM

5. ELIGIBILITY

Insurance Companies meeting the following minimum criteria are invited to submit their EOI:

- The insurer must be registered with the Insurance Regulatory and Development Authority of India (IRDAI) and authorized to undertake General Insurance business in India.
- Experience in providing Group Personal Accident insurance policies, preferably for educational institutions/universities.
- Demonstrable and satisfactory claims settlement track record.
- Ability to provide dedicated customer/claims support for the University and its students.

6. INFORMATION TO BE SUBMITTED BY INTERESTED INSURERS

1. Company profile and copy of valid IRDAI registration/certificate.
2. Details of experience in providing Group Personal Accident Insurance, particularly to universities/educational institutions.
3. Details of proposed coverage, exclusions, deductibles (if any) and optional add-ons.
4. Premium rate quotation per student for the proposed sum insured, clearly indicating taxes and all applicable charges.
5. Details of claim intimation, processing and settlement procedure, including indicative timelines.
6. Details of the authorized representative(s), including name, designation, telephone number and e-mail address.
7. District-wise details of branches/service offices available in the districts relevant to the University's students and administrative requirements.
8. Type of entity: Government / Public Sector / Private Sector / Other (to be specified).
9. Any additional value-added services, digital claim facilities, student helpline or other benefits proposed.

7. MODE OF SUBMISSION OF EOI

Interested insurers are requested to submit their EOI in a sealed envelope superscribed "EXPRESSION OF INTEREST (EOI) – GROUP PERSONAL ACCIDENT INSURANCE POLICY FOR STUDENTS" and addressed to the Registrar, Malayalam University, at the address given below.

THE REGISTRAR

**THUNCHATH EZHUTHACHAN MALAYALAM UNIVERSITY
TIRUR, MALAPPURAM 676502**

Phone: 0494 2631230

www.malayalamuniversity.edu.in

The EOI shall be submitted on or before the stipulated date and time. EOIs received after the due date/time or without the required supporting documents may not be considered.

8. DECLARATION BY THE INSURER

We hereby confirm that we are interested in undertaking the Group Personal Accident Insurance Policy for the eligible regular students of Malayalam University and assure the University of our best services.

We further declare that all information and documents furnished by us in response to this EOI are true, complete and accurate to the best of our knowledge and belief.

Authorized Person's Signature	_____
Name	_____
Designation	_____
Name of Insurance Company	_____
Date of Signature	_____

Note: The declaration shall be furnished on the official letterhead of the participating insurance entity and duly signed by an authorized person.

9. DISCLAIMER

This EOI is issued solely for inviting proposals/expressions of interest from eligible insurers and does not constitute an offer, contract or commitment on the part of Malayalam University to accept any proposal or to enter into an insurance contract.

Malayalam University reserves the right to accept or reject any or all EOIs, in whole or in part, without assigning any reason and without incurring any liability to the participating insurers.

Responses to the EOI shall not be considered unless they are complete and accompanied by all required supporting documents. EOIs received after the stipulated date and time shall not be considered.

10. IMPORTANT INSTRUCTIONS

- The insurer shall clearly identify all exclusions, limitations, waiting periods and conditions applicable to each proposed benefit.
- The premium quotation shall be transparent and shall include GST and all other applicable statutory charges.
- The University may seek clarifications or additional information from participating insurers, if required.
- Submission of an EOI does not confer any right or guarantee of award of the insurance contract.



THE REGISTRAR -IN-CHARGE

To

1. Website
2. Notice Board
3. PRO

