year.

As per Regulations 19 (9) of IRDAI (TPA — Health Services) Regulations, 2016 Annual Report by Third Party Administrator

FORM TPA - 8

1.1		Name of the TPA:	AKNA HEALTH INSUF	RANCE TPA PRIV	ATE LIMITED	A STATE OF THE STA	
	-		A-802 Ramkrishan CGHS, Plot No.12, Sector 23				
	/ 6		Phase- I, Dwarka, New	v Delhi 110077			
1.2	(A	Address - Registered Office:	Pin code:110077		Landline No: 011-35		
15)		E-mail: md@aknatpa.com		Fax No: 011-35016238		
							1000
1.3		Financial year	2023-24 Mrs. Ambika Verma, D		Dr Alka Gehlot ,	Mrs Sunita	No change since

Sr. No.	Name of Director and DIN No.	Age	Address with telephone no., Mobile no., e-mail	Details of Directorship in other Companies	Particulars of Change in Board (Cession / Appointment)	Date of Change in Board
1	Dr Alka Gehlot (DIN No. 08755277)	44 yrs	A- 802 Ramkishan CGHS, Plot no. 12, sector 23, Dwarka Phase – I, New Delhi 110077 Telephone 011- 35549299; M: 958233168; e- mail: alkag@aknatpa.co m	Not Applicable	16-11-2022	Not applicable
2	Dr. A Jai Prabhan (DIN No. 09792627)	71 yrs	C-101Ramkishan CGHS, Plot no. 12, sector 23, Dwarka Phase – I, New Delhi 110077 M: 9811811185; E- mail: medicaldirector@a knatpa.com	Not Applicable	16-11-2022	Not applicable
3	Mrs. Ambika Verma (DIN No. 10044930)	31 yrs	House no. 466, Ward No. 20. Gram Karia Beeja, Post Pahrapurva, Chhatarpur, Madhya Pradesh 471606 M: 7289066657; e- mail: md@aknatpa.com	Director at A2zed Agriculture India Privatel.imited w.e.f 05/10/2023	31-01-2023	Not applicable
4	Mrs Sunita Chauhan (DIN No. 10081366)	55 yrs	E-16/3 Paryavaran Complex, New Delhi 110030; M:9899335055, E- mail' sunitac@aknatpa.om		31-01-2023	Not applicable

1.5	Details of Chief Executive Officer (C	EO)			A CHARLE TO PARTY OF	Date of joining
Sr. No.	Name of CEO	Age	Address with telephone no., Mobile no., e-mail	Qualifications	Details of Directorship in other Companies	with TPA Company as a

For AKNA Health Insurance TPA Pvt. Ltd.

Oirector

Director

. 1	01 5"	- Cinch Kointuro	74 yrs	Flat No. 403,	M.Com LLB, F.I.I.I.	Not Applicable	01-12-2022
1	Sh. Bijay	a Singh Kaintura		Krishna Kunj, Plot No. 14, Sector 7, Dwarka, New Delhi 110075; M:9899699521; e-			
				mail: ceo@aknatpa.com			
1.6	Details	of Chief Administrative Office	(CAO)				
Sr. No.		Name of CAO	Age	Address with telephone no., Mobile no., e-mail	Qualifications	Details of Directorship in other Companies	Date of joining with TPA Company as a CAO
1	Sh. Ripu	u Daman Chugh	75 yrs	Flat No. 701, Tower -9, Silver City, Sector 93, Noida; M:9811627466; e- mail:cao@aknatpa .com	B.V.Sc. & A.H. A.I.I.I.	SRA Insurance Brokers Pvt. Ltd. as Director w.e.f. August 2022	01-02-2023
	1	COL: CM-displostings (CMC	1				
Sr. No.	Details	of Chief Medical Officer (CMC Name of CMO	Age	Address with telephone no., Mobile no., e-mail	Qualifications	Details of Directorship in other Companies	Date of joining with TPA Company
1	Dr Moh	ammad Hasnain	53 yrs	B-43 Flat No. 3, 3rd Floor, Khirki Extension, Maviya Nagar, New Delhi 110017; M:9625334225; e- mail:cmo@aknatp a.com	M.D (Physician)	Not Applicable	01-12-2022
1.8		Name and Address of Auditors	M/s S P G M & CO. Hosdpital, New Rail	,Chartered Accounta lway Road, Gugaon	ants, ICAI FRN: 004166 122001	58N, 14/2 Sanjay Colo	ny, Opp. Sheetla
1.9		Enumeration of TPA services provided :	4% of premium				
1.10		Enumeration of standing arrar and with doctors :	gements with hospita	1			
		Number of agreements with N	etwork Providers	6118			
		Number of agreements with D	octors	24			
1.11		Summary of TPA Business:					
	a.	No. of insurers with whom agr	Salar at Land and the Control of the	Offic			
	b.	Lives covered under Health P as per provisions of Reg. 14 c and Circular in the matter issue.	of TPA Regulations ued by the Authority)	210			
	C.	Policies Served (to be reported of Reg. 14 of TPA Regulation matter issued by the Authority	s and Circular in the ()	1			
	d	Number of Hospitals tied up to of concerned FY)	by the TPA (beginning	Not Applicable			
	e.	Hospitals tied up during (for t	he concerned FY)	6118			
		Total Hospitals terminated or	removed during				
	f.	(concerned FY)		Nil			

6118

For AKNA Health Insurance TPA Pvt. Ltd.

Director

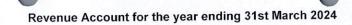
Director

Total Hospitals tied up as on (end of concerned FY)

1.12	Summary of TPA services:			
Sr. No.	Particulars of Services	No. of Policies Serviced	No. of lives Serviced	Amount of Premium Serviced wherever available. (INR in Lakh)
1	Individual / Retail Health Insurance Policies	0	0	0
2	Group Health Insurance Policies (other than RSBY or other similar policies issued by insurers)	1	210	₹ 10.62
3	Policies issued under RSBY or other similar policies issued by insurers	0	0	0
4	Pre-Insurance Medical Examination	0	0	Ó
5	Foreign Travel Policies issued by Indian insurer	0	0	0
6	Foreign Travel Policies issued by Foreign insurer	0	0	. 0
7	Non-insurance healthcare schemes sponsored by Central / State Government.	0	0	0

For AKNA Health Insurance TPA Pvt. Ltd.

Director



	Expenses		Amount (in Rs)		Income		Amount (in Rs)
1.	Directors' remuneration		3,00,000	1.	Income		
•	Directors remuneration			(a)	Income from insurers (Indian &foreign)		
II.	Staff expenses		100 700 1000	(b)	From others (please specify)		
ш.	(a) salaries, provident fund		15,52,934		(i) Interest on Income Tax refund	2,129	
1010-00-	(b) other benefits		8,23,887		(ii) Rebate & Discount	1,310	3,43
NUMBER OF STREET	(b) other benefits						
III.	Office expenses			(c)	Investment income		28,34,75
1111.	(a)Rent, rates and taxes		T 5 / 2 0	(d)	Profit on sale of investments or assets		
	(b)Electricity, water		1,05,000				
1000	(c)House-keeping and Cleaning		1,58,185		Profit/Loss for the year		18,31,57
	(d)Others		7,563				
IV.	Operating Expenses						
IV.	(a)Travel	4.3	8,78,638				
	(b)Entertainment		24,656				
	(c)Lease rent of equipments		_	3.61117/98			
	(d)Post, telecommunication and similar		52,663	- 1.00			
	expenses						
	(e)Audit fees		30,000				Man Man
	(f)Legal Expenses		rancing past 1/2 V				
	(i)Repairs and maintenance						
	(j) Depreciation		1,82,900				
	(k)Motor Vehicle Expenses						
	(I)Other expenses (Please specify)			7 70 70			
2. 5. Kg. k	Insurance Expenses	38,255					
	Software Expenses	30,199					
	IRDA License Application Fee	2,54,000		- Mark et la			
ALLEY V	Professional Charges	60,000					
	Printing & Stationary	29,801	THE RESERVE OF THE PERSON OF T	A CONTRACTOR OF THE			
	Bank Charges	75,042					Marie Committee
	Website Expenses	8,639					
	Misc Expenses	8,909					
	Gift Expenses	12,491					
Market Age	ROC Challan	35,400					
	Subscription fee	612	5,53,347				
	Subscription lee	512	0,00,011				
10 LST	(m)Loss on sale of investments or						
A COUNTY	Total	9 - 30V S	46,69,773	NEW YORK	Total		46,69,7

For AKNA Health Insurance TPA Pvt. Ltd.

August Director

Profit and Loss Appropriation Account for the year ending 31st March 2024

Particulars	Amount (Rs.)	Particulars	Amount (Rs.)
Loss Brought Forward	2,94,714	Profit Brought Forward	-
Loss for the year	18,31,575	Profit for the year	•
Dividend for the year	-	Transfer from reserves	-
Tax on Dividend		Deferred tax credit	
Transfer of Reserves		Loss Carried forward	21,32,256
Other allocations from profit			
Provision for taxation			
Differed tax liability	5,967		
Taxation of earlier year			
Profit carried forward			

For AKNA Health Insurance TPA Pvt. Ltd.

Director

Balance Sheet as at 31st March 2024

Liabilities	Amount (Rs.)	Amount (Rs.)	Assets	Amount (Rs.)	Amount (Rs.)
Authorized Capital	4,00,00,000		Fixed Assets		
Issued & Paid up Capital		4,00,00,000	Building / Properties Cost	-	
			Less Depreciation		
Reserves & Surplus					
Profit & Loss		(21,32,256)	Furniture & Fixtures	3,88,327	
			Less Depreciation	98,496	2,89,831
Amounts Due to		_			
a)Insurers			Air Conditioners	70,704	
b)Hospitals			Less Depreciation	1,033	69,671
c)Doctors	-				
d)Others	-		Electrical Installation	-	
			Less Depreciation	Harry Carlotte Control of the Contro	-
Secured Loan		-		Name of the Control o	
			Office Equipments	2,39,170	
			Less Depreciation	34,754	2,04,416
Unsecured Loan					
			Computer	1,49,324	************
Deferred Tax Liability		_	Less Depreciation	67,612	81,712
Bank Overdraft		_	Motor Vehicles	-	
			Less Depreciation	-	
Current Liability					
Sundry Creditors			Software under development		3,00,000
Provisions		30,000	The state of the s		
Others		20,39,707	Investments		
			Government Securities (Market Value)		
			Loan & Debenture (Market Value)		
Health Insurance TPA Pvt. Ltd.			Other Investments (Market Value)		

For AKNA Health Insurance TPA PVI. Ltd.

Director

		Receivables		1 - 1 5 6 6 6 6 6
		From Insurers		
AT THE RESERVE AS A STATE OF THE RESERVE AS		Others		
		TDS Receivable	2,83,476	
		GST Receivable	1,52,756	Alexander de la companya de la comp
		Advance to Supplier	71	4,36,303
		Cash & Bank Balances		3,84,56,596
		Deferred Tax Assets		1,01,665
TOTAL	3,99,40,194	TOTAL		3,99,40,194

For AKNA Health Insurance TPA Pvt. Ltd.

Director

Director

Schedule of the income received towards various activities during the FY						
Sr. No	Description	Income / Fees received during the FY (Amt. INR in Lakhs)				
1	Towards Health Services of the Individual policies issued by Indian	0				
2	Towards Health Services of the Group Insurance policies issued by	0				
3	Pre-insurance medical examination	0				
4	Towards Health Services in the foreign jurisdiction in respect of the	0				
5	Towards Non Insurance Services rendered	0				
6	Towards Servicing of policies issued by foreign Insurers	0				
7	Other income	28.38				
	TOTAL	28.38				

Schedule - 5

Schedule of apportionment of Expenses to various activities during the FY

SI. No	Description	Expenses incurred during the FY (Amt. INR in Lakhs)
1	Health Services of the policies issued by Indian Insurers	46.70
2	Health Services in the foreign jurisdiction in respect of the policies	0
3	Non Insurance Services rendered	0
4	Servicing of policies issued by foreign Insurers	0
5	Other Expenses Incurred (to specify)	0

Schedule - 6

1. Data of claims received during the year

Benefit Based P	olicies	Cashles	s Claims	Reimburser	nent Claims	Т	otal
Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	No of claims	Amount of claims
0	0	0	0	0	0	0	0

2.Data of Settled Claims in respect of Individual Policies;

Description (to be		sed Claims	Cashles	ss Claims	Reimbu	rsement		Total
reckoned from the date of receipt of Claim)	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	No of claims	Amount of claims
within 1 months from date	0	0	0	0	0	0	n n	01 claims
Between 1 —3 Months	0	0	0	0	0	0	0	0
Between 3 to 6 Months	0	0	0	0	0	0	0	0
More than 6 months	0	0	0	0	0	0	0	0

3.Data of settled Claims in respect of Group Policies;

Description (to be	Benefit Ba	ased Claims	Cashless Claims	Reimbu	rsement	Total	
reckoned from the date of receipt of Claim)	Number of Claims	Amount of Claims	Amount	TPA Por Claims	Amount of Claims	No of claims	Amount of claims
within 1 months from date	0	0	0	0,	0	0	0 Claims

iem

Between 1 —3 Months	0	0	0	0	0	0	0	0
Between 3 to 6 Months	0	0	0	0	0	0	0	0
More than 6 months	0	0	0	0	0	0	0	0

4.Data of settled Claims in respect of Total (Individual Policies+Group Policies);

Description (to be	Benefit Based Claims		Cashless Claims		Reimbu	rsement	Total		
reckoned from the date of receipt of Claim)	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	No of claims	Amount of claims	
within 1 months from date	0	0	0	0	0	0	0	0	
Between 1 —3 Months	0	0	0	0	0	0	0	0	
Between 3 to 6 Months	0	0	0	0	0	0	0	0	
More than 6 months	0	0	0	0	0	0	0	0	

5.Data of Claims in respect of Individual Policies recommended for repudiation

Description (to be	Benefit Based Claims		Cashless Claims		Reimbursement		Total		
reckoned from the date of receipt of Claim)	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	No of claims	Amount of claims	
within 1 months from date	0	0	0	0	0	0	0	0	
Between 1 —3 Months	0	0	0	0	0	0	0	0	
Between 3 to 6 Months	0	0	0	0	0	0	0	0	
More than 6 months	0	0	0	0	0	0	0	0	

6.Data of Claims in respect of Group Policies recommended for repudiation

Description (to be	Benefit Based Claims		Cashless Claims		Reimbu	rsement	Total		
reckoned from the date of receipt of Claim)	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	No of claims	Amount of claims	
within 1 months from date	0	0	0	0	0	0	0	0	
Between 1 —3 Months	0	0	0	0	0	0	0	0	
Between 3 to 6 Months	0	0	0	0	0	0	0	0	
More than 6 months	0	0	0	0	0	0	0	0	

7.Data of Claims in respect of Total Policies (Individual+Group Policies) recommended for repudiation;

Description (to be	Benefit Based Claims		Cashless Claims		Reimbursement		Total	
reckoned from the date of receipt of Claim)	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	No of claims	Amount of claims
within 1 months from date	0	0	0	0	0	0	0	0
Between 1 —3 Months	0	0	0	0	0	0	0	0
Between 3 to 6 Months	0	0	0	0	0	0	0	0
More than 6 months	0	0	0	0	0	0	0	0

8.Data of Claims Outstanding in respect of Individual Policies;

Description (to be	Benefit Ba	sed Claims	Cashle	Cashless Claims		rsement	Total	
reckoned from the date of receipt of Claim)	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	Number of Claims	Amount of Claims	No of claims	Amount of claims
within 1 months from date	0	0	Por AKNA	Health Insurance	TPA Put 19d	0	0	0
Between 1 —3 Months	0	0	0	Troditi Induitino		0	0	0
Between 3 to 6 Months	0	0	0	0	0	0	0	0

More than 6 months	0	0	0	0	0	0	0	0
9.Data of Claims Outsta	anding in resp	ect of Group Ins	urance Policies;					Till the state of
Description (to be	Benefit Ba	ased Claims	Cashles	ss Claims	Reimbu	rsement		Total
reckoned from the date of	Number of	Amount	Number	Amount	Number	Amount	No of	Amount
receipt of Claim)	Claims	of Claims	of Claims	of Claims	of Claims	of Claims	claims	of claims
within 1 months from date	0	0	0	0	0	0	0	0
Between 1 —3 Months	0	0	0	0	0	0	0	0
Between 3 to 6 Months	0	0	0	0	0	0	0	0
More than 6 months	0	0	0	0	0	0	0	0
10.Data of Claims Outs	tanding in resp	pect of Total Pol	icies (Individual+	Group Policies)				
Description (to be	Benefit Ba	ased Claims	Cashles	ss Claims	Reimbu	rsement		Total
reckoned from the date of	Number of	Amount	Number	Amount	Number	Amount	No of	Amount
receipt of Claim)	Claims	of Claims	of Claims	of Claims	of Claims	of Claims	claims	of claims
within 1 months from date	0	0	0	0	0	0	0	0
Between 1 —3 Months	0	0	0	0	0	0	0	0
Between 3 to 6 Months	0	0	0	0	0	0	0	0
More than 6 months	0	0	0	0	0	0	0	0
			edules to audited fir	nancials; to be attach	ed separately.		oorate Governance nor	ms put-in place)
Directors Report; to be at 2.Auditors Report including It is hereby declared that the second content is the second content in	audited financia	al and all notes, sch	edules to audited fir Under	nancials; to be attach rtaking from Regis	ed separately. tered TPA Company.			
	audited financia	al and all notes, sch	edules to audited fir Under	nancials; to be attach rtaking from Regis ur TPA Company in F	ed separately. tered TPA Company. orm TPA — 8 and Sche		towards various activiti	
2.Auditors Report including It is hereby declared that th Date: 23/07/2024	audited financia	al and all notes, sch	Under Annual Report of or	rtaking from Regis ur TPA Company in F For and on be	ed separately. tered TPA Company. orm TPA — 8 and Sche	edule 1 to 7 there under isurance TPA Private L	towards various activiti	es of the TPA Company
2.Auditors Report including It is hereby declared that th Date: 23/07/2024	e particulars fun	al and all notes, sch	Under Annual Report of or	nancials; to be attach rtaking from Regis ur TPA Company in F	ed separately. tered TPA Company. orm TPA — 8 and Sche	edule 1 to 7 there under isurance TPA Private L	towards various activiti	es of the TPA Compan
2.Auditors Report including It is hereby declared that th	e particulars fun	al and all notes, sch	Annual Report of or Alka Gel	rtaking from Regis ur TPA Company in F For and on be	ed separately. tered TPA Company. orm TPA — 8 and Sche	edule 1 to 7 there under surance TPA Private L Amb	towards various activiti	es of the TPA Company
2. Auditors Report including It is hereby declared that the Date: 23/07/2024 Place: New Delhi Certified that the above info	e particulars furnished New Dellars furnishe	al and all notes, sch	Annual Report of or Alka Gel Certificate from	rtaking from Regis ur TPA Company in F For and on be Model (Director) om the Statutory A	ed separately. tered TPA Company. orm TPA — 8 and Sche half of AKNA Health In	edule 1 to 7 there under surance TPA Private L Amb	towards various activiti imited whited jika Verma (Managing	es of the TPA Compan
2.Auditors Report including It is hereby declared that the Date: 23/07/2024 Place: New Delhi Certified that the above info	e particulars furnished New Dellars furnishe	al and all notes, sch	Annual Report of or Alka Gel Certificate from	rtaking from Regis ur TPA Company in F For and on be Model (Director) om the Statutory A	ed separately. tered TPA Company. orm TPA — 8 and Sche half of AKNA Health In	edule 1 to 7 there under surance TPA Private L Amb	towards various activiti imited whited jika Verma (Managing	es of the TPA Company
2.Auditors Report including It is hereby declared that th Date: 23/07/2024	e particulars furnished New Dellars furnishe	al and all notes, sch	Annual Report of or Alka Gel Certificate from	rtaking from Regis ur TPA Company in F For and on be Model (Director) om the Statutory A	ed separately. tered TPA Company. orm TPA — 8 and Sche half of AKNA Health In	edule 1 to 7 there under surance TPA Private L Amb	towards various activiti imited white description in the control of the control o	es of the TPA Company
2. Auditors Report including It is hereby declared that the Date: 23/07/2024 Place: New Delhi Certified that the above information (Name of the Date: 23/07/2024	e particulars furnished New Dellars furnishe	al and all notes, sch	Annual Report of or Alka Gel Certificate from	nancials; to be attach rtaking from Regis ur TPA Company in F For and on be Multiple Company in F and to be company in F for and on be Statutory A Schedules 1 to 5 the	tered TPA Company. form TPA — 8 and Sche half of AKNA Health In uditors of the TPA Corein by AKNA Health Ir For and on behalf of S	Ambompany The Private L Ambompany The Private L	towards various activiti imited white description in the control of the control o	es of the TPA Compan
2. Auditors Report including It is hereby declared that th Date: 23/07/2024 Place: New Delhi Certified that the above info TPA Company (Name of th	e particulars furnished New Dellars furnishe	al and all notes, sch	Annual Report of or Alka Gel Certificate from	nancials; to be attach rtaking from Regis ur TPA Company in F For and on be Multiple Company in F and to be company in F for and on be Statutory A Schedules 1 to 5 the	tered TPA Company. TOTA — 8 and Schenalf of AKNA Health Interest of the TPA Correin by AKNA Health Interest of Servine B	Ambompany nsurance TPA Private L S P G M & CO.	towards various activiti imited white description in the control of the control o	es of the TPA Company

FORM TPA - 6B

ANNUAL FORMAT ON CLAIMS DATA FOR TPAS

Instructions for submission of the form: Information for claims data to be furnished for every financial year.

Data to be furnished within 90 days of the end of the financial year (e.g. Data for April-March to be furnished by 29th June along with Annual Returns)

1			ARTICULARS OF THE TPA				
1.1	W. S.	Name of the TPA:	AKNA HEALTH INSURANCE T	PA PRIVATE LIMITED			
e selleri			A-802 Ramkrishan CGHS, Plot No.12, Sector 23				
	(A) Address Desistered Office:		Phase- I, Dwarka, New Delhi 11	10077			
1.2	(A) Address - Registered Office:	Pin code:110077	Landline No: 011-35015071				
		(A) Address - Registered Office:	E-mail: md@aknatpa.com	Fax No: 011-35016238			
1.3	(B)	Financial Year for which data furnished	2023-24				
1.4	(d)		The Oriental Insurance Co. Ltd.				

Claims Data: Furnish the following information in separate tables;

1. Table — la: Government Hospitals who are Network Providers;

2. Table — Ib: Government Hospitals who are not Network Providers;

3. Table — 2a: Private Hospitals who are Network Providers;

4. Table — 2b: Private Hospitals who are not Network Providers;

Sr.		Cashl	ess Claim	Reimburse	ment Claim	Benefit	t Based	Total	
No.	Particulars	No. of Claims	Amt. of Claims	No. of Claims	Amt. of Claims	No. of Claims	Amt. of Claims	No. of Claims	Amt. of Claims
	Column Code	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	(viii)
1	Claims pending at the beginning of the quarter	0	0	0	0	. 0	0	0	0
2	New claims received during the quarter	0	0	0	0	0	0	0	0
3	Claims settled	0	0	0	0	0	0	0	0
4	Claims repudiated	0	0	0	0	0	0	0	0
5	Claims pending at the end of the quarter {(1+2) — (3+4))	0	0	0	0	0	0	0	0

Aging of pending claims* Furnish the following information in separate tables;

1.Table — la: Government Hospitals who are Network Providers;

2.Table — Ib: Government Hospitals who are not Network Providers;

For AKNA Health Insurance TPA Pvt. Ltd.

vr Di

3. Table — 2a: Private Hospitals who are Network Providers;

4. Table — 2b: Private Hospitals who are not Network Providers;

MAKE THE						Name of the second		(Amou	nt in INR
Sr.		Cashl	ess Claim	Reimburse	ment Claim	Benefit Based		Total	
No.	Particulars	No. of Claims	Amt. of Claims	No. of Claims	Amt. of Claims	No. of Claims	Amt. of Claims	No. of Claims	
	Column Code	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	(viii)
1	Claims pending for less than 1 month	0	0	0	0	0	0	0	0
2	Claims pending for 1-3 months	0	0	0	. 0	0	0	0	0
3	Claims pending for 36 months	0	0	0	0	0	0	0	0
4	Claims pending for 6-12 months	0	0	0	0	0	0	0	0
5	Claims pending for 1-2 years	0	0	0	0	0	0	0	0
6	Claims pending for more than 2 years.	0	0	0	0	0	0	0	0

^{*} Reckoned from date of first intimation.

Aging of settled claims**Furnish the following information in separate tables;

1. Table — la: Government Hospitals who are Network Providers;

2. Table — Ib: Government Hospitals who are not Network Providers;

3. Table — 2a: Private Hospitals who are Network Providers;

4. Table — 2b: Private Hospitals who are not Network Providers;

1 John St									nt in INR
Sr.		Cashl	Reimburse	ment Claim	Benefi	t Based	Total		
No.	Particulars	No. of Claims	Amt. of Claims	No. of Claims	Amt. of Claims	No. of Claims	Amt. of Claims	No. of Claims	
	Column Code	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	(viii)
1	Claims settled for less than 1 month	0	0	0	0	0	0	0	0
2	Claims settled for 1-3 months	0	0	0	0	0	0	0	0
3	Claims settled for 36 months	0	0	0	0	0	0	0	0
4	Claims settledfor 6-12 months	0	0	0	0	0	0	0	0
5	Claims settled for 1-2 years	0	0	0	0	0	0	0	0
6	Claims settledfor more than 2 years.	0	0	0	0	0	0	0	0

^{**} Reckoned from date of first intimation.

Aging of repudiated claims*** Furnish the following information in separate tables;

1. Table — la: Government Hospitals who are Network Providers;

2. Table — Ib: Government Hospitals who are not Network Providers;

3. Table — 2a: Private Hospitals who are Network Providers;

For AKNA Health Insurance TPA Pvt. Lt

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4.Table — 2b: Private Hospitals who are not Network Providers;

Sr. No.		Cashl	Reimburse	Benefit Based		Total			
	Particulars	No. of Claims	Amt. of Claims	No. of Claims	Amt. of Claims	No. of Claims	Amt. of Claims	No. of Claims	Amt. of Claims
	Column Code	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	(viii)
1	Claims repudiated within 1 month	0	0	0	0	0	0	0	0
2	Claims repudiated within 1-3 months	0	0	0	0	0	0	0	0
3	Claims repudiated within 36 months	0	0	0	0	0	0	0	0
4	Claims repudiated within 6-12 months	0	0	0	0	0	0	0	0
5	Claims repudiated within 1-2 years	0	0	0	0	0	0	0	0
6	Claims repudiated within more than 2 years.	0	0	0	0	0	0	0	0

^{*&}quot;* Reckoned from date of receipt of last requirement.

Date:23/07/2024	- LUEO
	New Delhi
Place: New Delhi	* · b1

For and on behalf of AKNA HEALTH INSURANCE TPA PRIVATE LIMITED

ALKA GEHLOT (DIRECTOR)

Rellet

AMBIKA VERMA (MANAGING DIRECTOR)

As per Regulations 19 (10) of IRDAI (TPA — Health Services) Regulations, 2016

Annual Certifficate in the matter of Net Worth of a TPA Company

FORM TPA — 6C

Instruct	tions for submission of the form:		*
1. Perio	odicity of submission of this certifcate is Annual i.e	e. as at 31st March of every Final	ncial Year
2. To b	e submitted with the authority alongwith Annual F	Report of the TPA Company	
3. This	certificate is to be certified by the Auditors of a TF	PA Company	
1	PARTICULARS OF THE TPA COMPANY:		
1.1	Name of the TPA :	AKNA HEALTH INSURANCE T	FPA PRIVATE LIMITED
		A-802 Ramkrishan CGHS, Plot	No.12, Sector 23
1.2	Address - Registered Office:	Phase- I, Dwarka, New Delhi 1	10077
1.2	Address - Registered Office.	Pin code:110077	Landline No: 011-35015071
		E-mail: md@aknatpa.com	Fax No: 011-35016238
1.3	Financial Year for which data furnished	20	023-24
1.4	Net worth as on 31st March 2024:	Rs. 3,7	8,67,744.00
1.4	Methedology adopted for calculation of N Services) Regulations 2016)	Net Worth (Refer provisions of Re	eg. 6 of IRDAI (TPA-Health
correc	ed that the above particulars of the Net Wor t and the above details are extracted from cial Year 2023-24	rth of AKNA Health Insuranc the financial statements of t	e TPA Private Limited are the TPA Company for the
Date:	23-07-2024	/ */	alf of S P G M & Co.
		Partner Partner (M	Kumar Garg) . No. : 500337)
Place:	New Delhi		337BKCMYU3562

As per Regulations 19 (11) of IRDAI (TPA — Health Services) Regulations, 2016

Declaration and Undertaking by TPA Company.

Form TPA — 6D

Instructions for Submission of required Declaration and Undertaking:

- 1.Periodicity of submission of this Declaration and Undertaking is annual.
- 2. This declaration and undertaking shall be signed by any two directors of a TPA Company.
- 3. This declaration and undertaking is to be submitted to the Authority along with Annual Report of the TPA Company.

1	PARTICULARS OF THE TPA COMPA	ANY:	
	Name of the TPA:	AKNA HEALTH INSURANCE TP	
		A-802 Ramkrishan CGHS, Plot N	o.12, Sector 23
1	D 10m	Phase- I, Dwarka, New Delhi 1100	077
	Address - Registered Office:	Pin code:110077	Landline No: 011-35015071
2		E-mail: md@aknatpa.com	Fax No: 011-35016238
1	Financial Year	2023-24	

unde	Alka Gehlot & Ambika Verma, the directors of AKNA Health Insurance TPA Private Limited hereby declare and entake that;
a)	CEO or CAO possesses the requisite qualifications and practical training as specified by Insurance Regulatory and Development Authority of India. The CEO, CAO of the company is / are also fit and proper as per Regulation 11 of the TPA Regulations. Such a CEO or CAO are engaged in day to day administration of the activities of the TPA and also in ensuring compliance of regulatory requirements.
b)	The TPA Company is not engaged in any other business apart from Health Services by TPAs, as defined in the TPA regulations.
c)	A Director with required medical qualification and an appointed Chief Medical Officer have valid registration with the Medical Council of India or Medical Council of the state.
d)	None of the director(s), promoter(s), shareholder(s), and Key managerial personnel of our company is or are, directly or indirectly engaged in any other insurance or insurance related activity(s). (Note: Where it is to be determined whether officials referred herein are involved in any other insurance or insurance related activities or not, TPA Company shall furnish the detailed information separately along with the form)
e)	The Company did not violate the code of conduct or not committed any breach of the provisions of the applicable Acts, Regulations and / or circulars issued by the Authority from time to time.

Date: 23/07/2024	nsurance	For and on behalf of AKNA HEALTH	INSURANCE TPA PRIVATE LIMITED
	New Delhi	Bellot	Ambilen
Place: New Delhi	W * 95	ALKA GEHLOT (DIRECTOR)	AMBIKA VERMA (DIRECTOR)

As per Regulations 20 (4) of IRDAI (TPA — Health Services) Regulations, 2016 Annual Form on Service Level Agreement Details (Annual Form to be furnished along with the Annual Report)

FORM TPA — 6E

1.1		CULARS OF THE TPA: Name of the TPA:	AKNA HEALTH INSURANCE	TPA PRIVATE LIMITED	
1.2		Traine of the Try to	A-802 Ramkrishan CGHS, PI	ot No.12, Sector 23	
1.2			Phase- I, Dwarka, New Delhi	110077	
	(A)	Address - Registered Office:	Pin code:110077	Landline No: 011-35015071 Fax No: 011-35016238	
			E-mail: md@aknatpa.com		
1.3	An and a second	Financial year	2023-24		
1.4					
1.5		Details of Service level Agreements (SLAs);	The Oriental Insurance Co. L	td.	

	Cumu	mulative SLAs till beginning of the Year					of SLAs entered i			Total SLAs at the end of the year					
			1				2				_	3	•		
S No	Fresh	Renewal	Modification	Termination	Total	Fresh	Renewal	Modification	Termination	Total	Fresh	Renewal	Modification	Termination	Total
1	0	0	0	0	0	1	0	0	0	1	1	0	0	0	1

For AKNA Health Insurance TPA Pvt. Ltd.

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Γ				SLA details for complete fi	icial year to be provided. (for the period / up to the
	1.6	а	Details of Service level Agreements (SLAs);	period)	
- 1	230				

S No.	Name of the Insurer	Type of Services to be rendered (Retail Policy / Group Policy/ RSBY / PIMS / Others — Please specify	Type of SLA (Fresh / Renewal / Modification) Purchase of	Date of stamp viz Non Judicial Stamp Paper / e- stamp / Special Adhesive / franking / any other mode Agreement	Date of Agreement dd/mm/yyyy	Validity of	Agreement
						From (dd/mm/yyyy)	To (dd/mm/yyyy)
1	The Oriental Insurance Co. Ltd.	Group Policy	Fresh	14-02-2024	21-02-2024	21-02-2024	20-02-2026

Date:23/07/2024		For and on behalf of AKNA HE	HEALTH INSURANCE TPA PRIVATE LIMITED			
	New Delhi	Replot	Doubellan			
Place: New Delhi	THE WORLD	ALKA GEHLOT (DIRECTOR)	AMBIKA VERMA (MANAGING DIRECTOR)			

As per Regulations 22 (4) of IRDAI (TPA — Health Services) Regulations, 2016 Periodical Returns —Half yearly Information on non-insurance health schemes

(Note: to be furnished within 30 days of the end of every half year. For e.g: Report for April to September to be furnished by 30th October)

Form TPA — 6F

	LARS OF THE TPA COMPANY: Name of the TPA:	AKNA HEALTH INSURANCE TPA PRIVATE LIMITED				
.1	Name of the TFA.	A-802 Ramkrishan CGHS, Plot No.12, Sector 23				
.2		Phase- I, Dwarka, New Delhi 110077				
(A)	Address - Registered Office:	Pin code:110077	Landline No: 011-35015071			
		E-mail: md@aknatpa.com	Fax No: 011-35016238			
.3	Financial Year	2023-24				
.4	Half Year for which Data is furnished	October 2023 - March 2024				
.5	Name of non-insurance scheme and concerned Central / State Government (Scheme wise data to be submitted in following format)	Not Applicable				

Sr No.	Name of Scheme and Description of	Central Govt / Department / State Govt	Covered Geography	No. of Transactions		No. of Claims Outstanding		Number of lives serviced.		Amount of remuneration received (Rs. INR in Lakhs)	
No.	Services Offered			For the Half-Year	Up to the Half-Year	For the	Up to the Half- Year	For the	Up to the Half-Year	For the Half-Year	Up to the Half-Year
	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable			Not Applicabl e		Not Applicable	Not Applicable

The above information furnished is the correct information and as per the records of the Company.

It is further declared that other than the permitted non insurance health schemes no other non-insurance activity has been serviced or carried out by our Company.

Pate: 23/07/2024		For and on behalf of AKNA HEALTH INSURANCE TPA PRIVATE LIMITED				
	New Delhi	Replat	Antila			
Place: New Delhi	W * 95	ALKA GEHLOT (DIRECTOR)	AMBIKA VERMA (MANAGING DIRECTOR)			

Annexure — 25

As per Regulations 22 (4) of IRDAI (TPA — Health Services) Regulations, 2016 Format for half yearly information on services rendered in foreign jurisdictions for policies issued by Indian insurers (to be furnished within 45 days from the date of closure of every Half Year)

Form TPA - 6H

1.0	PARTICULA	RS OF THE TPA COMPANY:						
1.1		Name of the TPA:	AKNA HEALTH INSURANCE TPA PRIVATE LIMITED					
1.2	1.2		A-802 Ramkrishan CGHS, Plot No.12, Sector 23					
	(A)	Address - Registered Office:	Phase- I, Dwarka, New Delhi 110077					
	(' '		Pin code:110077	Landline No: 011-35015071				
			E-mail: md@aknatpa.com	Fax No: 011-35016238				
1.3		Financial Year	2023-24					
1.4	.4 Half Year for which Data is furnished		October 2023 - March 2024					
1.5	Name of foreign insurer (foreign Insurer wise data to be submitted in following format)		Not Applicable					

Sr No.	Name of Country where services offered	Name of Indian Insurer that issued policy	Number of policies serviced		Number of claims serviced		No. of Claims Outstanding		Amount of claims paid (Rs. INR in Lakhs)		Amount of remuneration received (Rs. INR in Lakhs)	
			For the period	Up to the period	For the period	Up to the period	For the period	Up to the period	For the period	Up to the period	For the period	Up to the period
	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicabl e		Not Applicabl e	Not Applicabl e		Not Applicable

The above information furnished is the correct information and as per the records of the Company.

It is further declared that other than the permitted health services no other services for non-insurance activity has been rendered or carried out by our Company.

Date: 23/07/2024	For and on behalf of AKNA HEALTI	For and on behalf of AKNA HEALTH INSURANCE TPA PRIVATE LIMITED					
New Delhi	Rellet	Ambile					
Place: New Delhi	ALKA GEHLOT (DIRECTOR)	AMBIKA VERMA (MANAGING DIRECTOR)					