

|     |                                |   |  |                           |
|-----|--------------------------------|---|--|---------------------------|
| 1   | <b>PARTICULARS OF THE TPA:</b> |   |  |                           |
| 1.1 | Name of the TPA:               | AKNA HEALTH INSURANCE TPA PRIVATE LIMITED |  |                           |
| 1.2 | (A<br>)                        | Address - Registered Office:              | A-802 Ramkrishan CGHS, Plot No.12, Sector 23 |                           |
|     |                                |   | 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  | 2024-25                              |                                     |                           |                              |                                |
| 1.4 | Board of directors as on 31/03/2025 and changes in the board since the date of statement of the preceding year. | Mrs. Ambika Verma, Managing Director | Dr. A Jai Prabhan, Medical Director | Dr Alka Gehlot , Director | Mrs Sunita Chauhan, Director | No change since preceding year |

| 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<br>(DIN No. 08755277)     | 45 yrs | A- 802 Ramkishan CGHS, Plot no. 12, sector 23, Dwarka Phase – I, New Delhi 110077<br>Telephone 011-35549299; M: 958233168; e-mail: alkag@aknatpa.com | Not Applicable  | 16-11-2022   | Not applicable          |
| 2       | Dr. A Jai Prabhan<br>(DIN No. 09792627)  | 72 yrs | C-101Ramkishan CGHS, Plot no. 12, sector 23, Dwarka Phase – I, New Delhi 110077 M: 9811811185; E-mail: medicaldirector@aknatpa.com                   | Not Applicable  | 16-11-2022   | Not applicable          |
| 3       | Mrs. Ambika Verma<br>(DIN No. 10044930)  | 32 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 PrivateLimited w.e.f 05/10/2023 | 31-01-2023   | Not applicable          |
| 4       | Mrs Sunita Chauhan<br>(DIN No. 10081366) | 56 yrs | E-16/3 Paryavaran Complex, New Delhi 110030; M:9899335055; E-mail: sunitac@aknatpa.com   | Not Applicable  | 31-01-2023   | Not applicable          |

| 1.5     | <b>Details of Chief Executive Officer (CEO)</b> |        |  |                     |  |   |
|---------|---|--------|--|---------------------|--|---|
| Sr. No. | Name of CEO                                     | Age    | Address with telephone no., Mobile no., e-mail   | Qualifications      | Details of Directorship in other Companies | Date of joining with TPA Company as a CEO |
| 1       | Sh. Bijaya Singh Kaintura                       | 75 yrs | Flat No. 403, Krishna Kunj, Plot No. 14, Sector 7, Dwarka, New Delhi 110075; M:9899699521; e-mail: ceo@aknatpa.com | M.Com LLB, F.I.I.I. | Not Applicable                             | 01-12-2022                                |

For AKNA Health Insurance TPA Pvt. Ltd.

  
Director

  
Director

| 1.6 Details of Chief Administrative Officer (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   | Smt Sunita Gupta | 59 yrs | C-33/W-86 Saidulajaib, New Delhi 110068<br>M:9868899935 E-Mail: cao@aknatpa.com | MA (Eco) A.I.I.I. | Probus Associates and Consulants IMF Pvt. Ltd. as Director w.e.f. Decemeber 2008 | 02-09-2024                                |

| 1.7 Details of Chief Medical Officer (CMO) |                     |        |   |                 |  |                                  |
|--|---------------------|--------|---|-----------------|--|----------------------------------|
| Sr. No.                                    | 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 Mohammad Hasnain | 54 yrs | B-43 Flat No. 3, 3rd Floor, Khirki Extension, Maviya Nagar, New Delhi 110017; M:9625334225; e-mail: cmo@aknatpa.com | M.D (Physician) | Not Applicable                             | 01-12-2022                       |

|     |                              |   |
|-----|------------------------------|---|
| 1.8 | Name and Address of Auditors | M/s S P G M & CO., Chartered Accountants, ICAI FRN: 0041668N, 14/2 Sanjay Colony, Opp. Sheetla Hospital, New Railway Road, Gurgaon 122001 |
|-----|------------------------------|---|

|     |  |                        |
|-----|--|------------------------|
| 1.9 | Enumeration of TPA services provided : | 4% to 5.5 % of premium |
|-----|--|------------------------|

|      |   |       |
|------|---|-------|
| 1.10 | Enumeration of standing arrangements with   |       |
|      | Number of agreements with Network Providers | 14164 |
|      | Number of agreements with Doctors           | 24    |

|      |   |       |
|------|---|-------|
| 1.11 | Summary of TPA Business:                        |       |
| a.   | No. of insurers with whom agreements entered    | One   |
| b.   | Lives covered under Health Policies (to be      | 16424 |
| c.   | Policies Served (to be reported as per          | 4     |
| d.   | Number of Hospitals tied up by the TPA          | 6118  |
| e.   | Hospitals tied up during (for the concerned FY) | 8046  |
| f.   | Total Hospitals terminated or removed during    | Nil   |
| g.   | Total Hospitals tied up as on (end of concerned | 14164 |

| 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 | 4                        | 16424                 | ₹ 1,716.53   |
| 3                             | Policies issued under RSBY or other similar policies issued by insurers           | 0                        | 0                     | 0  |
| 4                             | Pre-Insurance Medical Examination   | 0                        | 0                     | 0  |
| 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

  
Director

## Revenue Account for the year ending 31st March 2025

| Expenses |  | Amount (in Rs)     | Income       |   | Amount (in Rs)     |
|----------|--|--------------------|--------------|---|--------------------|
| I.       | Directors' remuneration                          | 1,25,000           | I.           | Income                                  |                    |
|          |  |                    | (a)          | Income from insurers (Indian & foreign) | 83,67,862          |
| II.      | Staff expenses                                   |                    | (b)          | From others (please specify)            |                    |
|          | (a) salaries, provident fund                     | 41,16,018          | (i)          | Interest on Income Tax refund           | 9,924              |
|          | (b) other benefits                               | 73,532             | (ii)         | Rebate & Discount                       | - 9,924            |
| III.     | Office expenses                                  |                    | (c)          | Investment income                       | 21,07,953          |
|          | (a) Rent, rates and taxes                        | 5,15,000           | (d)          | Profit on sale of investments or assets | -                  |
|          | (b) Electricity, water                           | 1,96,607           |              |   |                    |
|          | (c) House-keeping and Cleaning                   | -                  |              |   |                    |
|          | (d) Others                                       | 4,23,537           |              |   |                    |
| IV.      | Operating Expenses                               |                    |              |   |                    |
|          | (a) Travel                                       | 8,85,366           |              |   |                    |
|          | (b) Entertainment                                | 1,87,045           |              |   |                    |
|          | (c) Lease rent of equipments                     | -                  |              |   |                    |
|          | (d) Post, telecommunication and similar expenses | 3,04,708           |              |   |                    |
|          | (e) Audit fees                                   | 30,000             |              |   |                    |
|          | (f) Legal Expenses                               | -                  |              |   |                    |
|          | (i) Repairs and maintenance                      | 12,893             |              |   |                    |
|          | (j) Depreciation                                 | 4,92,285           |              |   |                    |
|          | (k) Motor Vehicle Expenses                       |                    |              |   |                    |
|          | (l) Other expenses (Please specify)              |                    |              |   |                    |
|          | Professional Expenses                            | 18,00,500          |              |   |                    |
|          | Sales Promotion Expenses                         | 27,34,091          |              |   |                    |
|          | Software Expenses                                | 28,10,151          |              |   |                    |
|          | Hospital Verification and Investigation          | 15,87,000          |              |   |                    |
|          | Bank Charges                                     | 39,583             |              |   |                    |
|          | Printing & Stationary                            | 70,730             |              |   |                    |
|          | Ineligible GST                                   | 9,899              |              |   |                    |
|          | Interest on TDS                                  | 195                |              |   |                    |
|          | Rebate & Discount                                | 4,250              |              |   |                    |
|          |  | 89,16,401          |              |   |                    |
|          | (m) Loss on sale of investments or assets        | -                  |              |   |                    |
|          | <b>Total</b>                                     | <b>1,62,78,392</b> | <b>Total</b> |   | <b>1,62,78,392</b> |



For AKNA Health Insurance TPA Pvt. Ltd.

*Rehmat*  
Director

*Anshu*  
Director

**Profit and Loss Appropriation Account for the year ending 31st March 2025**

| Particulars                   | Amount (Rs.) | Particulars            | Amount (Rs.) |
|-------------------------------|--------------|------------------------|--------------|
| Loss Brought Forward          | 21,32,256    | Profit Brought Forward | -            |
| Loss for the year             | 57,92,653    | Profit for the year    | -            |
| Dividend for the year         | -            | Transfer from reserves | -            |
| Tax on Dividend               | -            | Deferred tax credit    | -            |
| Transfer of Reserves          | -            | Loss Carried forward   | 79,11,389    |
| Other allocations from profit | -            |                        |              |
| Provision for taxation        | -            |                        |              |
| Differed tax liability        | (13,520)     |                        |              |
| Taxation of earlier year      | -            |                        |              |
| Profit carried forward        | -            |                        |              |



For AKNA Health Insurance TPA Pvt. Ltd.

*Rehmat*  
Director

*Amika*  
Director

## Balance Sheet as at 31st March 2025

| Liabilities                   | Amount (Rs.) | Amount (Rs.)       | Assets                               | Amount (Rs.) | Amount (Rs.)       |
|-------------------------------|--------------|--------------------|--------------------------------------|--------------|--------------------|
| <b>Authorized Capital</b>     | 4,00,00,000  |                    | <b>Fixed Assets</b>                  |              |                    |
| Issued & Paid up Capital      |              | 4,00,00,000        | Building / Properties Cost           | -            |                    |
|                               |              |                    | Less Depreciation                    | -            |                    |
| <b>Reserves &amp; Surplus</b> |              |                    |                                      |              |                    |
| Profit & Loss                 |              | (79,11,389)        | Furniture & Fixtures                 | 4,38,247     |                    |
|                               |              |                    | Less Depreciation                    | 1,77,676     | 2,60,571           |
| Amounts Due to                |              | -                  |                                      |              |                    |
| a) Insurers                   | -            |                    | Air Conditioners                     | 1,06,807     |                    |
| b) Hospitals                  | -            |                    | Less Depreciation                    | 63,630       | 43,177             |
| c) Doctors                    | -            |                    |                                      |              |                    |
| d) Others                     | -            |                    | Electrical Installation              | -            |                    |
|                               |              |                    | Less Depreciation                    | -            |                    |
| <b>Secured Loan</b>           |              |                    |                                      |              |                    |
|                               |              |                    | Office Equipments                    | 4,91,426     |                    |
|                               |              |                    | Less Depreciation                    | 1,53,011     | 3,38,415           |
| <b>Unsecured Loan</b>         |              |                    |                                      |              |                    |
|                               |              |                    | Computer                             | 8,35,587     |                    |
| <b>Deferred Tax Liability</b> |              |                    | Less Depreciation                    | 2,99,863     | 5,35,724           |
|                               |              |                    |                                      |              |                    |
| <b>Bank Overdraft</b>         |              |                    | Motor Vehicles                       | -            |                    |
|                               |              |                    | Less Depreciation                    | -            |                    |
| <b>Current Liability</b>      |              |                    |                                      |              |                    |
| Sundry Creditors              |              | 2,12,835           | Software under development           |              | 4,40,000           |
| Provisions                    |              | 30,000             |                                      |              |                    |
| Others                        |              | 13,29,719          | <b>Investments</b>                   |              |                    |
|                               |              |                    | Government Securities (Market Value) |              |                    |
|                               |              |                    | Loan & Debenture (Market Value)      |              |                    |
|                               |              |                    | Other Investments (Market Value)     |              |                    |
|                               |              |                    |                                      |              |                    |
|                               |              |                    | <b>Receivables</b>                   |              |                    |
|                               |              |                    | From Insurers                        |              | 1,22,185           |
|                               |              |                    | Others                               |              |                    |
|                               |              |                    | TDS Receivable                       | 10,94,941    |                    |
|                               |              |                    | GST Receivable                       | 3,01,181     |                    |
|                               |              |                    | Security Deposit                     | 5,20,000     |                    |
|                               |              |                    | Advance to Supplier                  | 21,150       | 19,37,272          |
|                               |              |                    |                                      |              |                    |
|                               |              |                    | <b>Cash &amp; Bank Balances</b>      |              | 2,98,68,636        |
|                               |              |                    |                                      |              |                    |
|                               |              |                    | <b>Deferred Tax Assets</b>           |              | 1,15,185           |
|                               |              |                    |                                      |              |                    |
| <b>TOTAL</b>                  |              | <b>3,36,61,165</b> | <b>TOTAL</b>                         |              | <b>3,36,61,165</b> |



For AKNA Health Insurance TPA Pvt. Ltd.

*Rehlot*  
Director

*Ambika*  
Director

**Schedule — 4****Schedule of the income received towards various activities during the FY**

| Sr. No | Description  | Income / Fees received during the FY<br>(Amt. INR in Lakhs) |
|--------|--|---|
| 1      | Towards Health Services of the Individual policies issued by Indian Insurers                             | 83.68   |
| 2      | Towards Health Services of the Group Insurance policies issued by Indian Insurers                        | 0   |
| 3      | Pre-insurance medical examination  | 0   |
| 4      | Towards Health Services in the foreign jurisdiction in respect of the policies issued by Indian Insurers | 0   |
| 5      | Towards Non Insurance Services rendered  | 0   |
| 6      | Towards Servicing of policies issued by foreign Insurers   | 0   |
| 7      | Other income<br>(please specify accounting head wise other income received)                              |   |
|        | Interest on FDR  | 21.08   |
|        | Interest on Income tax refund  | 0.10  |
|        | <b>TOTAL</b>   | <b>104.86</b>   |

**Schedule — 5****Schedule of apportionment of Expenses to various activities during the FY**

| Sl. No | Description  | Expenses incurred during the FY<br>(Amt. INR in Lakhs) |
|--------|--|--|
| 1      | Health Services of the policies issued by Indian Insurers              | 162.78   |
| 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  |
|        | <b>TOTAL</b>   | <b>162.78</b>  |



For AKNA Health Insurance TPA Pvt. Ltd.

  
Director  
Director

**Schedule — 6**

**1. Data of claims received during the year**

| Description   | Benefit Based Claims |                  | Cashless Claims  |                  | Reimbursement    |                  | Total        |                  |
|---|----------------------|------------------|------------------|------------------|------------------|------------------|--------------|------------------|
|   | Number of Claims     | Amount of Claims | Number of Claims | Amount of Claims | Number of Claims | Amount of Claims | No of claims | Amount of claims |
| Details of claims o/s at the beginning of the year (A)            | 0                    | 0                | 0                | 0                | 0                | 0                | 0            | 0                |
| Details of claims reported during the year (B)                    | 0                    | 0                | 334              | 27347234         | 211              | 12465802         | 545          | 39813036         |
| Details of claims recommended for settlement during the year (C)  | 0                    | 0                | 295              | 24956275         | 210              | 12410902         | 505          | 37367177         |
| Details of claims recommended for repudiation during the year (D) | 0                    | 0                | 0                | 0                | 0                | 0                | 0            | 0                |
| Details of claims o/s at the end of the year                      | 0                    | 0                | 39               | 2390959          | 1                | 54900            | 40           | 2445859          |

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

| Description (to be reckoned from the date of receipt of Claim) | Benefit Based Claims |                  | Cashless Claims  |                  | Reimbursement    |                  | Total        |                  |
|--|----------------------|------------------|------------------|------------------|------------------|------------------|--------------|------------------|
|  | 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 of receipt of claim                  | 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                |
| <b>Total</b>   | <b>0</b>             | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>     | <b>0</b>         |

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

| Description (to be reckoned from the date of receipt of Claim) | Benefit Based Claims |                  | Cashless Claims  |                  | Reimbursement    |                  | Total        |                  |
|--|----------------------|------------------|------------------|------------------|------------------|------------------|--------------|------------------|
|  | 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 of receipt of claim                  | 0                    | 0                | 158              | 12869176         | 107              | 5315374          | 265          | 18184550         |
| Between 1 —3 Months  | 0                    | 0                | 134              | 11960210         | 103              | 7095528          | 237          | 19055738         |
| Between 3 to 6 Months  | 0                    | 0                | 3                | 126889           | 0                | 0                | 3            | 126889           |
| More than 6 months   | 0                    | 0                | 0                | 0                | 0                | 0                | 0            | 0                |
| <b>Total</b>   | <b>0</b>             | <b>0</b>         | <b>295</b>       | <b>24956275</b>  | <b>210</b>       | <b>12410902</b>  | <b>505</b>   | <b>37367177</b>  |

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

| Description (to be reckoned from the date of receipt of Claim) | Benefit Based Claims |                  | Cashless Claims  |                  | Reimbursement    |                  | Total        |                  |
|--|----------------------|------------------|------------------|------------------|------------------|------------------|--------------|------------------|
|  | 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 of receipt of claim                  | 0                    | 0                | 158              | 12869176         | 107              | 5315374          | 265          | 18184550         |
| Between 1 —3 Months  | 0                    | 0                | 134              | 11960210         | 103              | 7095528          | 237          | 19055738         |
| Between 3 to 6 Months  | 0                    | 0                | 3                | 126889           | 0                | 0                | 3            | 126889           |
| More than 6 months   | 0                    | 0                | 0                | 0                | 0                | 0                | 0            | 0                |
| <b>Total</b>   | <b>0</b>             | <b>0</b>         | <b>295</b>       | <b>24956275</b>  | <b>210</b>       | <b>12410902</b>  | <b>505</b>   | <b>37367177</b>  |

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

| Description (to be reckoned from the date of receipt of Claim) | Benefit Based Claims |                  | Cashless Claims  |                  | Reimbursement    |                  | Total        |                  |
|--|----------------------|------------------|------------------|------------------|------------------|------------------|--------------|------------------|
|  | 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 of receipt of claim                  | 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                |
| <b>Total</b>   | <b>0</b>             | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>     | <b>0</b>         |

For AKNA Health Insurance TPA Pvt. Ltd.

*Rohit*  
Director

*Anshu*  
Director

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

| Description (to be reckoned from the date of receipt of Claim) | Benefit Based Claims |                  | Cashless Claims  |                  | Reimbursement    |                  | Total        |                  |
|--|----------------------|------------------|------------------|------------------|------------------|------------------|--------------|------------------|
|  | 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 of receipt of claim                  | 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                |
| <b>Total</b>   | <b>0</b>             | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>     | <b>0</b>         |

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

| Description (to be reckoned from the date of receipt of Claim) | Benefit Based Claims |                  | Cashless Claims  |                  | Reimbursement    |                  | Total        |                  |
|--|----------------------|------------------|------------------|------------------|------------------|------------------|--------------|------------------|
|  | 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 of receipt of claim                  | 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                |
| <b>Total</b>   | <b>0</b>             | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>     | <b>0</b>         |

(Note: In respect of data on Repudiations, amount of claim made by the policyholder to be mentioned as the amount of c

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

| Description (to be reckoned from the date of receipt of Claim) | Benefit Based Claims |                  | Cashless Claims  |                  | Reimbursement    |                  | Total        |                  |
|--|----------------------|------------------|------------------|------------------|------------------|------------------|--------------|------------------|
|  | 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 of receipt of claim                  | 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                |
| <b>Total</b>   | <b>0</b>             | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>     | <b>0</b>         |

**9.Data of Claims Outstanding in respect of Group Insurance Policies;**

| Description (to be reckoned from the date of receipt of Claim) | Benefit Based Claims |                  | Cashless Claims  |                  | Reimbursement    |                  | Total        |                  |
|--|----------------------|------------------|------------------|------------------|------------------|------------------|--------------|------------------|
|  | 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 of receipt of claim                  | 0                    | 0                | 35               | 2198854          | 0                | 0                | 35           | 2198854          |
| Between 1 —3 Months  | 0                    | 0                | 4                | 192105           | 1                | 54900            | 5            | 247005           |
| 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                |
| <b>Total</b>   | <b>0</b>             | <b>0</b>         | <b>39</b>        | <b>2390959</b>   | <b>1</b>         | <b>54900</b>     | <b>40</b>    | <b>2445859</b>   |

**10.Data of Claims Outstanding in respect of Total Policies (Individual+Group Policies)**

| Description (to be reckoned from the date of receipt of Claim) | Benefit Based Claims |                  | Cashless Claims  |                  | Reimbursement    |                  | Total        |                  |
|--|----------------------|------------------|------------------|------------------|------------------|------------------|--------------|------------------|
|  | 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 of receipt of claim                  | 0                    | 0                | 35               | 2198854          | 0                | 0                | 35           | 2198854          |
| Between 1 —3 Months  | 0                    | 0                | 4                | 192105           | 1                | 54900            | 5            | 247005           |
| 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                |
| <b>Total</b>   | <b>0</b>             | <b>0</b>         | <b>39</b>        | <b>2390959</b>   | <b>1</b>         | <b>54900</b>     | <b>40</b>    | <b>2445859</b>   |

(Note: In respect of data on Claims Outstanding, amount of claim made by the policyholder to be mentioned as the amount of claim Outstanding)

For AKNA Health Insurance TPA Pvt. Ltd.


  
Director


  
Director

Schedule — 7

1. Directors Report; to be attached separately. (Note: Inter alia, (i) to disclose the shareholding structure as at the end of financial year, (ii) Discuss Corporate Governance norms put-in place)  
 2. Auditors Report including audited financial and all notes, schedules to audited financials; to be attached separately.

**Undertaking from Registered TPA Company.**

It is hereby declared that the particulars furnished with respect Annual Report of our TPA Company in Form TPA — 8 and Schedule 1 to 7 there under towards various activities of the TPA Company during the FY 2024-25 were examined, and are true and correct. It is also declared that the TPA Company did not receive any other income or fees from any other sources other than the one that is declared in the above Schedule.

Date: 16/6/2025

For and on behalf of AKNA Health Insurance TPA Private Limited

Place: New Delhi



*Alka Gehlot*  
 Alka Gehlot (Director)

*Ambika Verma*  
 Ambika Verma (Managing Director)

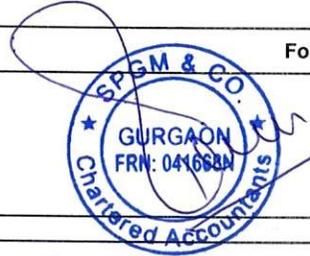
**Certificate from the Statutory Auditors of the TPA Company**

Certified that the above information about financials furnished in annual report and Schedules 1 to 5 therein by AKNA Health Insurance TPA Private Limited is as extracted from the transactions of the TPA Company (Name of the TPA Company) for the Financial Year 2024-25.

Date: 16/6/2025

For and on behalf of S P G M & CO.

Place: New Delhi



(Parveen Kumar Garg)  
 Partner (M. No. : 500337)  
 UDIN : 25500337BMIHQB3833

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

## Annual Certificate in the matter of Net Worth of a TPA Company

FORM TPA — 6C

|  |   |   |                           |
|--|---|---|---------------------------|
| Instructions for submission of the form:   |   |   |                           |
| 1. Periodicity of submission of this certificate is Annual i.e. as at 31st March of every Financial Year   |   |   |                           |
| 2. To be submitted with the authority alongwith Annual Report of the TPA Company   |   |   |                           |
| 3. This certificate is to be certified by the Auditors of a TPA Company  |   |   |                           |
| 1  | <b>PARTICULARS OF THE TPA COMPANY:</b>  |   |                           |
| 1.1  | Name of the TPA :   | AKNA HEALTH INSURANCE TPA PRIVATE LIMITED   |                           |
| 1.2  | Address - Registered Office:  | A-802 Ramkrishan CGHS, Plot No.12, Sector 23  |                           |
|  |   | 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 for which data furnished   | 01st April 2024 to 31st March 2025  |                           |
| 1.4  | Net worth as on 31st March 2025   | Rs.3,19,48,611.00   |                           |
|  | Methodology adopted for calculation of Net Worth (Refer provisions of Reg. 6 of IRDAI (TPA-Health Services) Regulations 2016) |   |                           |
| <b>Cerified that the above particulars of the Net Worth of AKNA Health Insurance TPA Private Limited are correct and the above details are extracted from the financial statements of the TPA Company for the Financial Year 2024-2025</b> |   |   |                           |
| Date:  | 16-06-2025  | For and On behalf of S P G M & Co.  |                           |
| Place:   | New Delhi   | <br>(Parveen Kumar Garg)<br>Partner (M. No. : 500337) |                           |
|  |   | UDIN : 25500337BMIHQ6318  |                           |

## Annexure — 17

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

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   |     | <b>PARTICULARS OF THE TPA COMPANY:</b>                                  |  |                           |
|-----|-----|---|--|---------------------------|
| 1.1 |     | Name of the TPA :   | AKNA HEALTH INSURANCE TPA PRIVATE LIMITED    |                           |
| 1.2 | (A) | Address - Registered Office:  | A-802 Ramkrishan CGHS, Plot No.12, Sector 23 |                           |
|     |     |   | Phase- I, Dwarka, New Delhi 110077           |                           |
|     |     |   | Pin code:110077                              | Landline No: 011-35015071 |
|     |     |   | E-mail: md@aknatpa.com                       | Fax No: 011-35016238      |
| 1.3 | (B) | Financial Year for which data furnished                                 | 2024-25                                      |                           |
| 1.4 | (d) | Name of Insurer (insurer wise data to be submitted in following format) | The Oriental Insurance Co. Ltd.              |                           |

|                  |   |   |
|------------------|---|---|
| Date:16/06/2025  | For and on behalf of AKNA HEALTH INSURANCE TPA PRIVATE LIMITED                      |   |
| Place: New Delhi |  | <br><b>ALKA GEHLOT</b><br>(DIRECTOR)           |
|                  |   | <br><b>AMBIKA VERMA</b><br>(MANAGING DIRECTOR) |

## Claims Data

| Sr. No.     | Particulars  | (Amount in INR) |                |                     |                |               |                |               |                |
|-------------|--|-----------------|----------------|---------------------|----------------|---------------|----------------|---------------|----------------|
|             |  | Cashless Claim  |                | Reimbursement Claim |                | Benefit Based |                | Total         |                |
|             |  | 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

| Sr. No.     | Particulars                           | (Amount in INR) |                |                     |                |               |                |               |                |
|-------------|---------------------------------------|-----------------|----------------|---------------------|----------------|---------------|----------------|---------------|----------------|
|             |                                       | Cashless Claim  |                | Reimbursement Claim |                | Benefit Based |                | Total         |                |
|             |                                       | 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 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 3-6 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              |

## Aging of settled claims

| Sr. No.     | Particulars                           | (Amount in INR) |                |                     |                |               |                |               |                |
|-------------|---------------------------------------|-----------------|----------------|---------------------|----------------|---------------|----------------|---------------|----------------|
|             |                                       | Cashless Claim  |                | Reimbursement Claim |                | Benefit Based |                | Total         |                |
|             |                                       | 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 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 3-6 months         | 0               | 0              | 0                   | 0              | 0             | 0              | 0             | 0              |
| 4           | Claims settled for 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 settled for more than 2 years. | 0               | 0              | 0                   | 0              | 0             | 0              | 0             | 0              |

## Aging of repudiated claims

| Sr. No.     | Particulars                                 | (Amount in INR) |                |                     |                |               |                |               |                |
|-------------|---|-----------------|----------------|---------------------|----------------|---------------|----------------|---------------|----------------|
|             |   | Cashless Claim  |                | Reimbursement Claim |                | Benefit Based |                | Total         |                |
|             |   | 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 3-6 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              |

For AKNA Health Insurance TPA Pvt. Ltd.

*Rehber*  
Director

*Ambika*  
Director

Claims Data

| Sr. No. | Particulars  | Cashless Claim |                | Reimbursement Claim |                | Benefit Based |                | Total         |                |
|---------|--|----------------|----------------|---------------------|----------------|---------------|----------------|---------------|----------------|
|         |  | No. of Claims  | Amt. of Claims | No. of Claims       | Amt. of Claims | No. of Claims | Amt. of Claims | No. of Claims | Amt. of Claims |
|         |  | (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

| Sr. No. | Particulars                           | Cashless Claim |                | Reimbursement Claim |                | Benefit Based |                | Total         |                |
|---------|---------------------------------------|----------------|----------------|---------------------|----------------|---------------|----------------|---------------|----------------|
|         |                                       | No. of Claims  | Amt. of Claims | No. of Claims       | Amt. of Claims | No. of Claims | Amt. of Claims | No. of Claims | Amt. of Claims |
|         |                                       | (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 3-6 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              |

Aging of settled claims

| Sr. No. | Particulars                           | Cashless Claim |                | Reimbursement Claim |                | Benefit Based |                | Total         |                |
|---------|---------------------------------------|----------------|----------------|---------------------|----------------|---------------|----------------|---------------|----------------|
|         |                                       | No. of Claims  | Amt. of Claims | No. of Claims       | Amt. of Claims | No. of Claims | Amt. of Claims | No. of Claims | Amt. of Claims |
|         |                                       | (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 3-6 months         | 0              | 0              | 0                   | 0              | 0             | 0              | 0             | 0              |
| 4       | Claims settled for 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 settled for more than 2 years. | 0              | 0              | 0                   | 0              | 0             | 0              | 0             | 0              |

Aging of repudiated claims

| Sr. No. | Particulars                                 | Cashless Claim |                | Reimbursement Claim |                | Benefit Based |                | Total         |                |
|---------|---|----------------|----------------|---------------------|----------------|---------------|----------------|---------------|----------------|
|         |   | No. of Claims  | Amt. of Claims | No. of Claims       | Amt. of Claims | No. of Claims | Amt. of Claims | No. of Claims | Amt. of Claims |
|         |   | (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 3-6 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              |

*Rehmat*  
Director

*Ambika*  
Director

For AKNA Health Insurance TPA Pvt. Ltd.

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

## Claims Data

| Sr. No.     | Particulars  | (Amount in INR) |                |                     |                |               |                |               |                |
|-------------|--|-----------------|----------------|---------------------|----------------|---------------|----------------|---------------|----------------|
|             |  | Cashless Claim  |                | Reimbursement Claim |                | Benefit Based |                | Total         |                |
|             |  | 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

| Sr. No.     | Particulars                           | (Amount in INR) |                |                     |                |               |                |               |                |
|-------------|---------------------------------------|-----------------|----------------|---------------------|----------------|---------------|----------------|---------------|----------------|
|             |                                       | Cashless Claim  |                | Reimbursement Claim |                | Benefit Based |                | Total         |                |
|             |                                       | 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 for less than 1 month  | 35              | 2198854        | 0                   | 0              | 0             | 0              | 35            | 2198854        |
| 2           | Claims pending for 1-3 months         | 4               | 192105         | 1                   | 54900          | 0             | 0              | 5             | 247005         |
| 3           | Claims pending for 3-6 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              |

## Aging of settled claims

| Sr. No.     | Particulars                           | (Amount in INR) |                |                     |                |               |                |               |                |
|-------------|---------------------------------------|-----------------|----------------|---------------------|----------------|---------------|----------------|---------------|----------------|
|             |                                       | Cashless Claim  |                | Reimbursement Claim |                | Benefit Based |                | Total         |                |
|             |                                       | 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 settled for less than 1 month  | 158             | 12869176       | 38                  | 2017377        | 0             | 0              | 196           | 14886553       |
| 2           | Claims settled for 1-3 months         | 134             | 11960210       | 93                  | 6612282        | 0             | 0              | 227           | 18572492       |
| 3           | Claims settled for 3-6 months         | 3               | 126889         | 0                   | 0              | 0             | 0              | 3             | 126889         |
| 4           | Claims settled for 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 settled for more than 2 years. | 0               | 0              | 0                   | 0              | 0             | 0              | 0             | 0              |

## Aging of repudiated claims

| Sr. No.     | Particulars                                 | (Amount in INR) |                |                     |                |               |                |               |                |
|-------------|---|-----------------|----------------|---------------------|----------------|---------------|----------------|---------------|----------------|
|             |   | Cashless Claim  |                | Reimbursement Claim |                | Benefit Based |                | Total         |                |
|             |   | 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 3-6 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              |

For AKNA Health Insurance TPA Pvt. Ltd.

*Director*  
Director

*Director*  
Director

## Annexure — 19

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 COMPANY: |  |                           |
| 1 | Name of the TPA :               | AKNA HEALTH INSURANCE TPA PRIVATE LIMITED    |                           |
| 1 | Address - Registered Office:    | A-802 Ramkrishan CGHS, Plot No.12, Sector 23 |                           |
|   |                                 | Phase- I, Dwarka, New Delhi 110077           |                           |
| 2 |                                 | Pin code:110077                              | Landline No: 011-35015071 |
|   |                                 | E-mail: md@aknatpa.com                       | Fax No: 011-35016238      |
| 1 | Financial Year                  | 2024-25                                      |                           |

|   |  |   |  |
|---|--|---|--|
| 2 | We Alka Gehlot & Ambika Verma, the directors of AKNA Health Insurance TPA Private Limited hereby declare and undertake 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: 16/06/2025 | For and on behalf of AKNA HEALTH INSURANCE TPA PRIVATE LIMITED                      |   |
| Place: New Delhi |  |   |
|                  |  |  |
|                  | 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   | <b>PARTICULARS OF THE TPA:</b>              |  |                           |
| 1.1 | Name of the TPA:                            | AKNA HEALTH INSURANCE TPA PRIVATE LIMITED    |                           |
| 1.2 | (A) Address - Registered Office:            | A-802 Ramkrishan CGHS, Plot No.12, Sector 23 |                           |
|     |   | 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                              | 2024-25                                      |                           |
| 1.4 |   |  |                           |
| 1.5 | Details of Service level Agreements (SLAs); | The Oriental Insurance Co. Ltd.              |                           |

| S<br>No | Cumulative SLAs till beginning of the Year |         |              |             |       | SLAs entered in the Year - |         |              |             |       | Total SLAs at the end of the year |         |              |             |       |
|---------|--|---------|--------------|-------------|-------|----------------------------|---------|--------------|-------------|-------|-----------------------------------|---------|--------------|-------------|-------|
|         | 1  |         |              |             |       | 2                          |         |              |             |       | 3                                 |         |              |             |       |
|         | Fresh                                      | Renewal | Modification | Termination | Total | Fresh                      | Renewal | Modification | Termination | Total | Fresh                             | Renewal | Modification | Termination | Total |
| 1       | 1  | 0       | 0            | 0           | 1     | 0                          | 0       | 1            | 0           | 1     | 0                                 | 0       | 1            | 0           | 1     |

For AKNA Health Insurance TPA Pvt. Ltd.

*Rehmat*  
Director

*Ambika*  
Director

|     |   |   |  |
|-----|---|---|--|
| 1.6 | a | Details of Service level Agreements (SLAs); | SLA details for complete financial year to be provided. (for the period / up to the period ) |
|-----|---|---|--|

| 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      |
| 2     | The Oriental Insurance Co. Ltd. | Group Policy   | Modification   | 27-11-2024  | 27-11-2024                   | 27-11-2024            | 20-02-2026      |

|                  |  |  |
|------------------|--|--|
| Date: 16/6/2025  | For and on behalf of AKNA HEALTH INSURANCE TPA PRIVATE LIMITED   |  |
| Place: New Delhi | <br><br><b>ALKA GEHLOT (DIRECTOR)</b> | <br><b>AMBIKA VERMA (MANAGING DIRECTOR)</b> |

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

|     |  |   |  |                           |
|-----|--|---|--|---------------------------|
| 1.0 | <b>PARTICULARS OF THE TPA COMPANY:</b>   |   |  |                           |
| 1.1 | Name of the TPA:   | AKNA HEALTH INSURANCE TPA PRIVATE LIMITED |  |                           |
| 1.2 | (A)  | Address - Registered Office:              | A-802 Ramkrishan CGHS, Plot No.12, Sector 23 |                           |
|     |  |   | 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   | 2024-25                                   |  |                           |
| 1.4 | Half Year for which Data is furnished  | October 2024 - March 2025                 |  |                           |
| 1.5 | 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 Services Offered | 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) |                     |
|--------|--|--|-------------------|---------------------|---------------------|---------------------------|---------------------|---------------------------|---------------------|--|---------------------|
|        |  |  |                   | For the Half-Year   | Up to the Half-Year | For the Half-Year         | Up to the Half-Year | For the Half-Year         | 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 Applicable            | Not Applicable      | Not Applicable            | Not Applicable      | 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.

|                  |  |   |
|------------------|--|---|
| Date: 16/06/2025 | For and on behalf of AKNA HEALTH INSURANCE TPA PRIVATE LIMITED   |   |
| Place: New Delhi |                             |   |
|                  | <br>ALKA GEHLOT (DIRECTOR) | <br>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 | <b>PARTICULARS OF THE TPA COMPANY:</b>   |   |  |                           |
| 1.1 | Name of the TPA:   | AKNA HEALTH INSURANCE TPA PRIVATE LIMITED |  |                           |
| 1.2 | (A)  | Address - Registered Office:              | A-802 Ramkrishan CGHS, Plot No.12, Sector 23 |                           |
|     |  |   | 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   | 2024-25                                   |  |                           |
| 1.4 | Half Year for which Data is furnished  | October 2024 - March 2025                 |  |                           |
| 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 Applicable            | Not Applicable   | Not Applicable                           | Not Applicable   | 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 health services no other services for non-insurance activity has been rendered or carried out by our Company.

|   |   |  |
|---|---|--|
| Date: 16/06/2025  | For and on behalf of AKNA HEALTH INSURANCE TPA PRIVATE LIMITED  |  |
|  | <br><b>ALKA GEHLOT (DIRECTOR)</b> | <br><b>AMBIKA VERMA (MANAGING DIRECTOR)</b> |
| Place: New Delhi  |   |  |

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

Form TPA - 6H

|     |  |   |  |                           |
|-----|--|---|--|---------------------------|
| 1.0 | <b>PARTICULARS OF THE TPA COMPANY:</b>   |   |  |                           |
| 1.1 | Name of the TPA:   | AKNA HEALTH INSURANCE TPA PRIVATE LIMITED |  |                           |
| 1.2 | (A)  | Address - Registered Office:              | A-802 Ramkrishan CGHS, Plot No.12, Sector 23 |                           |
|     |  |   | 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   | 2024-25                                   |  |                           |
| 1.4 | Half Year for which Data is furnished  | October 2024 - March 2025                 |  |                           |
| 1.5 | Name of foreign insurer ( foreign Insurer wise data to be submitted in following format) | Not Applicable                            |  |                           |

| Name of Foreign Insurer: |   |   |                             |                  |                           |                  |                           |                  |  |                  |  |                  |                |
|--------------------------|---|---|-----------------------------|------------------|---------------------------|------------------|---------------------------|------------------|--|------------------|--|------------------|----------------|
| Sr No.                   | Country of Principal place of Foreign Insurer | Geographical location (Name of Indian state) where health services are rendered | 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 Applicable            | Not Applicable   | Not Applicable                           | Not Applicable   | Not Applicable                                     | Not Applicable   | Not Applicable |

(Note: Information to be furnished Foreign Insurer wise Indian State wise)

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: 16/06/2025 | For and on behalf of AKNA HEALTH INSURANCE TPA PRIVATE LIMITED  |  |
| Place: New Delhi | <br><b>ALKA GEHLOT (DIRECTOR)</b> | <br><b>AMBIKA VERMA (MANAGING DIRECTOR)</b> |

