

**DISCLOSURES ON QUANTITATIVE AND QUALITATIVE PARAMETERS OF HEALTH SERVICES RENDERED  
(ANNUAL DISCLOSURE)**

Name of the Insurance Company: United India Insurance Company Limited

Information as at 31/03/2025

**a. Specify whether In-house Claim Settlement or Services rendered by TPA**

a.1 **TPA NAME** LINK-K INSURANCE TPA PRIVATE LIMITED  
**Validity of agreement** From 01-04-2024 To 31-03-2027

**b. Number of policies and lives services in respect of which public disclosures are made:**

Description	Retail	Group	Govt.
No. of Policies serviced	0	2	0
No. of Lives Covered	0	635	0

**c. Geographical Area in which services are rendered by the TPA (As per Annexure A)****d. Data of number of claims processed:**

Description	No.	Percentage
i Outstanding number of claims at the beginning of the year:	0	NA
ii Number of claims received during the year	23	NA
iii Number of claims paid during the year: (Number & Percentage)	22	95.65%
iv Number of Claims repudiated during the year: (Number & Percentage)	1	4.35%
v Number of claims outstanding at the end of the year:	0	NA

**e. Turn Around Time \***

TAT for cashless claims (in respect of number of claims):

Description	Individual Policies (in %)		Group Policies (in %)	
	TAT for pre-auth **	TAT for discharge#	TAT for pre-auth **	TAT for discharge#
1 Within < 1 hour	0.00%	0.00%	99.00%	95.00%
2 Within 1-2 hours	0.00%	0.00%	1.00%	5.00%
3 Within 2-6 hours	0.00%	0.00%	0.00%	0.00%
4 Within 6-12 hours	0.00%	0.00%	0.00%	0.00%
5 Within 12-24 hours	0.00%	0.00%	0.00%	0.00%
6 >24 hours	0.00%	0.00%	0.00%	0.00%
Total	0.00%	0.00%	100.00%	100.00%

\*Percentage to be calculated on total of the respective column

\*\*reckoned from the time last necessary document is received by insurer/TPA (whichever is earlier) and till final pre-auth is issued to the hospitals  
 #reckoned as final discharge summary sent to hospital from the time discharge bill is received by TPA

**f. TAT in case of Payment /Repudiation of Claims**

Description (to be reckoned from the date of receipt of last necessary document)	Individual		Group		Government		Total	
	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage	No. of Claims	Percentage
Within 1 Month	0	0.00%	14	62.50%	0	0.00%	14	60.87%
Between 1-3 months	0	0.00%	9	37.50%	0	0.00%	9	39.13%
Between 3-6 months	0	0.00%	0	0.00%	0	0.00%	0	0.00%
More than 6 months	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total	0	0.00%	23	100.00%	0	0.00%	23	100.00%

\*Percentage to be calculated on total of the respective column

**g. Data of grievances received against the TPA:**

Description	NO.
1 Grievance outstanding as on 01/04/2024	0
2 Grievances received during 2024-25	0
3 Grievances resolved during 2024-25	0
4 Grievance outstanding as on 31/03/2025	0

Place: Chennai  
 Date : 12-08-2025

Signature of the CMD  
 United India Insurance Co Ltd



TPA PUBLIC DISCLOSURE 2024-2025

Annexure A

TPA Name : Link-K Health Insurance TPA Pvt. Ltd.

Geographical Area in which services are rendered by the TPA

Sr.no.	Statename	District Name
1	TamilNadu	Coimbatore

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