



# ಕರ್ನಾಟಕ ವಿದ್ಯುತ್ ಪ್ರಸಾರಣ ನಿಗಮ ನಿಯಮಿತ

ನಿಗಮದ ಗುರುತಿನ ಸಂಖ್ಯೆ (ಸಿ.ಐ.ಎನ್.) : ಯು40109ಕೆಎ1999ಎಸ್‌ಜಿಸಿ025521  
ನಿಗಮ ಕಾರ್ಯಾಲಯ, ಕಾವೇರಿ ಭವನ, ಕೆ.ಜಿ.ರಸ್ತೆ, ಬೆಂಗಳೂರು-560 009.

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## ಪ್ರಸ್ತಾವನೆ:

1. ಕರ್ನಾಟಕ ವಿದ್ಯುತ್ ಪ್ರಸಾರಣ ನಿಗಮ ನೌಕರರ ಸಂಘ(659), ಬೆಂಗಳೂರು ರವರ ಪತ್ರ ಸಂಖ್ಯೆ: ಕವಿಪ್ರನಿನೊಸಂ/477/2022-23, ದಿನಾಂಕ: 15.09.2022 ರಲ್ಲಿ ಕವಿಪ್ರನಿನಿಯಲ್ಲಿ ಕರ್ತವ್ಯ ನಿರ್ವಹಿಸುತ್ತಿರುವ ಅಧಿಕಾರಿ/ನೌಕರರಿಗೆ ಅಪಘಾತದಿಂದ ಅಂಗವೈಕಲ್ಯತೆ ಅಥವಾ ಮರಣ ಸಂಭವಿಸಿದಾಗ, ಅವರ ಅವಲಂಬಿತರಿಗೆ **ವೈಯಕ್ತಿಕ ಅಪಘಾತ ವಿಮೆ ಯೋಜನೆ(ಗುಂಪು)** ಯನ್ನು ನವೀಕರಿಸುವ ಮೂಲಕ ಆರ್ಥಿಕ ಪರಿಹಾರವನ್ನು ನೀಡುವಂತೆ ನಿಗಮವನ್ನು ಕೋರಿರುತ್ತಾರೆ.
2. ನಿಗಮದ ಆಡಳಿತ ವರ್ಗವು ಸದರಿ ಕೋರಿಕೆಯನ್ನು ಪರಿಗಣಿಸಿ, **ವೈಯಕ್ತಿಕ ಅಪಘಾತ ವಿಮೆ ಯೋಜನೆ(ಗುಂಪು)** ಯ ಸೌಲಭ್ಯವನ್ನು ಕೆಟಿಪಿಪಿ-1999 ಕಾಯ್ದೆಯನ್ವಯ ಹೊಸದಾಗಿ ಟೆಂಡರ್ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ಪಡೆಯಲು ನಿರ್ಧರಿಸಲಾಯಿತು.
3. ಈ ಸಂಬಂಧ, ಮುಖ್ಯ ಇಂಜಿನಿಯರ್(ವಿ), ಟಿ & ಪಿ ಶಾಖೆ, ಕಾವೇರಿ ಭವನ ರವರು ಟೆಂಡರ್ ಪ್ರಕ್ರಿಯೆ ಮೂಲಕ ವಿಸ್ತೃತ ಕಾರ್ಯಾದೇಶ ಸಂಖ್ಯೆ: ಮು.ಇಂ.(ವಿ)(ಟಿ & ಪಿ)/ಅಇಂ(ವಿ)-1/ಕಾನಿಇಂ(ವಿ)/ ಸಕಾನಿಇಂಪಿ-4/2023-24/1337-41, ದಿನಾಂಕ: 30.05.2023 ನ್ನು ಹೊರಡಿಸಿರುತ್ತಾರೆ.
4. ಕವಿಪ್ರನಿನಿಯಲ್ಲಿ ಕರ್ತವ್ಯ ನಿರ್ವಹಿಸುತ್ತಿರುವ ಅಧಿಕಾರಿ/ನೌಕರರಿಗೆ **ವೈಯಕ್ತಿಕ ಅಪಘಾತ ವಿಮೆ ಯೋಜನೆ(ಗುಂಪು)/ PERSONAL ACCIDENT POLICY(GROUP)** ಯನ್ನು ದಿನಾಂಕ: 01.08.2023 ರಿಂದ ಅನುಷ್ಠಾನಗೊಳಿಸುವ ಸಂಬಂಧ ನಿಗಮದಿಂದ ಈ ಆದೇಶ ಹೊರಡಿಸಲಾಗಿದೆ.

**ಆದೇಶ ಸಂಖ್ಯೆ: ಕವಿಪ್ರನಿನಿ/ಔಬಾ/ಬಿ14/10116/2020-21/ ಬೆಂಗಳೂರು, ದಿನಾಂಕ:10.08.2023**

ಕವಿಪ್ರನಿನಿಯಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ಅಧಿಕಾರಿ/ನೌಕರರಿಗೆ **ವೈಯಕ್ತಿಕ ಅಪಘಾತ ವಿಮೆ ಯೋಜನೆ(ಗುಂಪು)/ PERSONAL ACCIDENT POLICY(GROUP)** ಅಡಿಯಲ್ಲಿ ದಿನಾಂಕ : 01.08.2023 ರಿಂದ 31.07.2024 ರವರೆಗಿನ ವಿಮಾ ಅವಧಿಯೊಳಗೆ ಯಾವುದೇ ಅಪಘಾತದಿಂದ ಮರಣ ಅಥವಾ ಅಶಕ್ತತೆ ಉಂಟಾದಲ್ಲಿ ಮೆ|| ದಿ ನ್ಯೂ ಇಂಡಿಯಾ ಅಶುರೆನ್ಸ್ ಕಂಪನಿ ಲಿಮಿಟೆಡ್ ವತಿಯಿಂದ, ಅಧಿಕಾರಿ/ನೌಕರರ ಅವಲಂಬಿತರಿಗೆ ಪರಿಹಾರ ಒದಗಿಸಲು ಈ ಕೆಳಕಂಡ ನಿಯಮ/ಷರತ್ತುಗಳಿಗೆ ಒಳಪಟ್ಟು ನಿಗಮದ ಅನುಮೋದನೆ ನೀಡಲಾಗಿದೆ:-

1. ಕವಿಪ್ರನಿನಿ ಆಡಳಿತ ವ್ಯಾಪ್ತಿಯ ಕಛೇರಿಗಳಲ್ಲಿ ಕರ್ತವ್ಯ ನಿರ್ವಹಿಸುತ್ತಿರುವ ನೌಕರರು/ಅಧಿಕಾರಿಗಳ ಪರವಾಗಿ ಮುಂಗಡವಾಗಿ ಕವಿಪ್ರನಿನಿಯಿಂದ ಮೆ|| ದಿ ನ್ಯೂ ಇಂಡಿಯಾ ಅಶುರೆನ್ಸ್ ಕಂಪನಿ ಲಿಮಿಟೆಡ್ ಇವರಿಗೆ ಒಟ್ಟು ಮೊತ್ತ ರೂ. 1,76,75,456/- ಗಳನ್ನು (ರೂಪಾಯಿ ಒಂದು ಕೋಟಿ ಎಪ್ಪತ್ತಾರು ಲಕ್ಷದ ಎಪ್ಪತ್ತೈದು ಸಾವಿರದ ನಾಲ್ಕು ನೂರು ಐವತ್ತಾರು) ಮುಂಗಡವಾಗಿ ಪಾವತಿ ಮಾಡಲಾಗಿದೆ.
2. ಕವಿಪ್ರನಿನಿಯ ಅಧಿಕಾರಿ/ನೌಕರರಿಗೆ ದಿನಾಂಕ: 01.08.2023 ರಿಂದ 31.07.2024 ರವರೆಗಿನ ವಿಮೆ ಅವಧಿಯಲ್ಲಿ ಯಾವುದೇ ಅಪಘಾತದಿಂದ ಮರಣ ಅಥವಾ ಅಶಕ್ತತೆ ಉಂಟಾದಲ್ಲಿ ಅಧಿಕಾರಿ/ನೌಕರನ

ಅವಲಂಬಿತರಿಗೆ ಮೆ|| ದಿ ನ್ಯೂ ಇಂಡಿಯಾ ಅಶುರೆನ್ಸ್ ಕಂಪನಿ ಲಿಮಿಟೆಡ್ ವತಿಯಿಂದ ಈ ಕೆಳಕಂಡಂತೆ ಪರಿಹಾರ ಪಾವತಿ ಮಾಡಲಾಗುವುದು:-

SL NO	Particulars	Insurance Coverage
1.	Death Only	Rs. 50,00,000/- Or 60 Months gross salary income of the employee whichever is lower, subject to minimum Rs. 25,00,000/-
2.	Loss of two limbs or two eyes or one limb and one eye	Rs. 25,00,000/-
3.	Loss of one limb or one eye	Rs. 12,50,000/-
4.	Permanent Total Disability(PTD) from Injuries other than those named above	Rs. 25,00,000/-
5.	Permanent Partial Disability	Percentage of benefits as per annexure-A (As per Schedule-1 of Employee Compensation Act, 1923)
6.	Temporarily total Disability	Rs. 10,000/- per week up to 104 weeks.
PERSONAL ACCIDENT COVER IS WORLDWIDE. 24 Hrs/365 Days cover in respect of Permanent Employees of KPTCL. All Accidental death/disability shall be covered for a maximum capital sum insured value indicated above.		

- ಈಗಾಗಲೇ ನೌಕರರ/ಅಧಿಕಾರಿಗಳ ಪರವಾಗಿ ಮುಂಗಡವಾಗಿ ಪಾವತಿಸಲಾಗಿರುವ ವಾರ್ಷಿಕ ವಿಮಾ ಕಂತಿನ ಮೊತ್ತವನ್ನು ಪ್ರತಿ ಅಧಿಕಾರಿ/ನೌಕರರ ಆಗಸ್ಟ್-2023 ರ ಮಾಹೆಯ ವೇತನದಲ್ಲಿ ರೂ. 1890/- (ರೂ. ಒಂದು ಸಾವಿರದ ಎಂಟು ನೂರು ತೊಂಬತ್ತು ಮಾತ್ರ) ರಂತೆ ಸಂಬಂಧಿಸಿದ ವೇತನ ಬಟವಾಡೆ ಅಧಿಕಾರಿಗಳು ಖಡ್ಡಾಯವಾಗಿ ಮುರಿಕೆ ಮಾಡುವುದು.
- ಎಲ್ಲಾ ಮುಖ್ಯ ಇಂಜಿನಿಯರ್(ವಿ), ಪ್ರಸರಣ ವಲಯಗಳು, ಕವಿಪ್ರನಿನಿ ರವರುಗಳು ತಮ್ಮ ವಲಯ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಕಡಿತಗೊಳಿಸಿರುವ ಮೊತ್ತಕ್ಕೆ ನೌಕರರು/ಅಧಿಕಾರಿಗಳ ವಿವರಗಳೊಂದಿಗೆ ಕ್ರೋಢೀಕರಿಸಿ, ಎ.ಟಿ (Advise of Transfer) ಮೂಲಕ ವ್ಯವಸ್ಥಾಪಕರು(ಆಂ.ನಿ), ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು (ಸ್ಥಳ ಸಂಕೇತ-701) ರವರಿಗೆ ಅಂಗೀಕಾರಕ್ಕಾಗಿ ಕಳುಹಿಸಲು ಕ್ರಮವಹಿಸುವುದು. ಪ್ರಸರಣ ವಲಯಗಳನ್ನು ಹೊರತುಪಡಿಸಿ ಇತರ ಕಚೇರಿಗಳೂ ಅಂದರೆ, ಎಸ್.ಎಲ್.ಡಿ.ಸಿ., ಪಿ.ಸಿ.ಕೆ.ಎಲ್., ಟಿ.ಬಿ.ಹೆಚ್.ಎಸ್., ನಗದು & ಲೆಕ್ಕಗಳು ಶಾಖೆ/ಆಂತರಿಕ ನಿರ್ವಹಣೆ ಶಾಖೆ, ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ ಸಹ ಇದೇ ಕ್ರಮವನ್ನು ಪಾಲಿಸತಕ್ಕದ್ದು.

5. ಎಲ್ಲಾ ಮುಖ್ಯ ಇಂಜಿನಿಯರ್(ವಿ), ಪ್ರಸರಣ ವಲಯ ರವರುಗಳು ಈ ಆದೇಶದೊಂದಿಗೆ ಲಗತ್ತಿಸಿರುವ 'ಅನುಬಂಧ-1'ರಲ್ಲಿನ ವಿವರಗಳನ್ನು 'ಎಕ್ಸ್‌ಲೆ' ತಂತ್ರಾಂಶದಲ್ಲಿ ಭರ್ತಿ ಮಾಡಿ, ಮೆದು ಪ್ರತಿಯನ್ನು(Soft copy) 'managerir@yahoo.com' ಇಮೇಲ್ ವಿಳಾಸಕ್ಕೆ ಕಳುಹಿಸುವುದು ಹಾಗೂ ಕಚೇರಿ ಮುಖ್ಯಸ್ಥರ ಮೊಹರಿನೊಂದಿಗೆ ಸಹಿ ಮಾಡಿರುವ 'Hard copy' ಯನ್ನು ಎ.ಟಿ ಪ್ರತಿಯೊಂದಿಗೆ "ವ್ಯವಸ್ಥಾಪಕರು, ಔದ್ಯಮಿಕ ಬಾಂಧವ್ಯ ಶಾಖೆ, ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು" ರವರಿಗೆ ದಿನಾಂಕ: 15.09.2023 ರ ಒಳಗಾಗಿ ತಲುಪಿಸುವುದು.
6. ಕವಿಪ್ರನಿನಿಯಿಂದ ವರ್ಗಾವಣೆ/ನಿವೃತ್ತಿಯಾದ ಅಧಿಕಾರಿ/ನೌಕರರು ಕವಿಪ್ರನಿನಿಯಲ್ಲಿ ಕರ್ತವ್ಯದಿಂದ ಬಿಡುಗಡೆಗೊಂಡ ದಿನಾಂಕದಿಂದ ವಿಮೆ ಸೌಲಭ್ಯಕ್ಕೆ ಒಳಪಡುವುದಿಲ್ಲ. ವಲಯವಾರು ನೇಮಕಾತಿ/ವರ್ಗಾವಣೆಯಿಂದ ಹೊಸದಾಗಿ ಸೇರ್ಪಡೆಯಾಗುವ ಅಧಿಕಾರಿ/ನೌಕರರನ್ನು ವಿಮೆಗೆ ಒಳಪಡಿಸಲು, ಸಂಬಂಧಪಟ್ಟ ವೇತನ ಬಟವಾಡೆ ಅಧಿಕಾರಿಗಳು Prorata ಆಧಾರದ ಮೇಲೆ (ದಿನಾಂಕ: 01.08.2023 ರ ನಂತರ ನಿಗಮಕ್ಕೆ ವರ್ಗಾವಣೆ/ಸೇರ್ಪಡೆಗೊಂಡ ದಿನದಿಂದ ದಿನಾಂಕ: 31.07.2024 ರವರೆಗೆ) ವಿಮೆ ಕಂತನ್ನು ಕಡಿತಗೊಳಿಸಿ, ಕಡಿತಗೊಳಿಸಿರುವ ಮೊತ್ತವನ್ನು ವಿವರಗಳೊಂದಿಗೆ ಎ.ಟಿ (Advise of Transfer) ಮೂಲಕ ವ್ಯವಸ್ಥಾಪಕರು(ಆಂ.ನಿ), ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು (ಸ್ಥಳ ಸಂಕೇತ-701) ರವರಿಗೆ ಅಂಗೀಕಾರಕ್ಕಾಗಿ ಕಳುಹಿಸುವುದು. ಲಗತ್ತಿಸಿರುವ 'ಅನುಬಂಧ-1' ರಲ್ಲಿ ಸದರಿ ವಿವರಗಳನ್ನು ಪ್ರತಿ ತಿಂಗಳು 15 ನೇ ತಾರೀಖಿನ ಒಳಗಾಗಿ ವ್ಯವಸ್ಥಾಪಕರು, ಔದ್ಯಮಿಕ ಬಾಂಧವ್ಯ ಶಾಖೆ, ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು ರವರಿಗೆ ಮುಂದಿನ ಕ್ರಮಕ್ಕಾಗಿ ಸಲ್ಲಿಸತಕ್ಕದ್ದು.
7. ಕವಿಪ್ರನಿನಿಯ ಅಧೀನ ಕಚೇರಿಗಳು ತಮ್ಮ ಆಡಳಿತ ವ್ಯಾಪ್ತಿಯಲ್ಲಿನ ಸಿಬ್ಬಂದಿಯು ಅಪಘಾತದಿಂದ ನಿಧನ ಅಥವಾ ಅಶಕ್ತತೆ ಹೊಂದಿದಲ್ಲಿ, ಕೂಡಲೇ [ch67@newindia.co.in](mailto:ch67@newindia.co.in)/[chandramathi.bc@newindia.co.in](mailto:chandramathi.bc@newindia.co.in)/[sudharani.bhat@newindia.co.in](mailto:sudharani.bhat@newindia.co.in)/[neeladevi@newindia.co.in](mailto:neeladevi@newindia.co.in)/[manjula.vishal@newindia.co.in](mailto:manjula.vishal@newindia.co.in)/[managerir@yahoo.com](mailto:managerir@yahoo.com) ಇ-ಮೇಲ್ ವಿಳಾಸಕ್ಕೆ ವಿವರಗಳನ್ನು ಕಳುಹಿಸುವುದು ಹಾಗೂ "ಶ್ರೀಮತಿ ಚಂದ್ರಮತಿ ಬಿ. ಸಿ., ಉಪ ವ್ಯವಸ್ಥಾಪಕರು, ಕ್ಲೇಮ್ಸ್ ಹಬ್, ಎಂ.ಐ.ಎಸ್.ಸಿ. ಕ್ಲೇಮ್ ಶಾಖೆ, ಮೆ|| ದಿ ನ್ಯೂ ಇಂಡಿಯಾ ಅಶುರೆನ್ಸ್ ಕಂಪನಿ ಲಿಮಿಟೆಡ್, ಪ್ರಾದೇಶಿಕ ಕಚೇರಿ, #2 ಬಿ, ಯೂನಿಟಿ ಬಿಲ್ಡಿಂಗ್ ಅನೇಕ್ಸ್, ಪಿ ಕಾಳಿಂಗರಾವ್ ರಸ್ತೆ(ಮಿಶನ್ ರೋಡ್), ಬೆಂಗಳೂರು-560 027" ರವರಿಗೆ ನೇರವಾಗಿ ಮಾಹಿತಿ ನೀಡಿ ನಂತರ 30 ದಿನಗಳೊಳಗಾಗಿ ಲಗತ್ತಿಸಿರುವ ಕ್ಲೇಮ್ ಫಾರಂನೊಂದಿಗೆ (ಅನುಬಂಧ-2) ಎಲ್ಲಾ ದಾಖಲಾತಿಗಳನ್ನು (ಅನುಬಂಧ-3 ರಲ್ಲಿ ವಿವರಿಸಿರುವಂತೆ) ದೃಢೀಕರಿಸಿ, ವಿಮಾ ಪರಿಹಾರಕ್ಕಾಗಿ ಅಗತ್ಯವಿರುವ ಮಾಹಿತಿಯನ್ನು ಮತ್ತು ದಾಖಲಾತಿಗಳನ್ನು ವಿಮಾ ಕಂಪನಿಗೆ ಹಾಗೂ ಪ್ರತಿಯನ್ನು ಮಾಹಿತಿಗಾಗಿ 'ಔದ್ಯಮಿಕ ಬಾಂಧವ್ಯ ಶಾಖೆ, ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು' ಇಲ್ಲಿಗೆ ವಿಳಂಬ ಮಾಡದೆ ಕಳುಹಿಸುವ ಹೊಣೆಗಾರಿಕೆಯು ಸಂಬಂಧಪಟ್ಟ ವಲಯ/ವೃತ್ತ/ವಿಭಾಗ ಕಚೇರಿಗಳ ಮುಖ್ಯಸ್ಥರದ್ದಾಗಿರುತ್ತದೆ.
8. 'ಅನುಬಂಧ-3'ರಲ್ಲಿ ಮೆ|| ದಿ ನ್ಯೂ ಇಂಡಿಯಾ ಅಶುರೆನ್ಸ್ ಕಂಪನಿ ಲಿಮಿಟೆಡ್ ವತಿಯಿಂದ ನೀಡಿರುವ ಮಾಹಿತಿ ಪತ್ರದಲ್ಲಿ ನಮೂದಿಸಿರುವ ವಿಳಾಸ/ಪೋನ್ ನಂಬರ್/ಇ-ಮೇಲ್ ಐಡಿ ಗಳನ್ನು ಕ್ಲೇಮ್ ಇತ್ಯರ್ಥ

ಹಾಗೂ ಇತರೆ ಗೊಂದಲಗಳ ಸಂದರ್ಭದಲ್ಲಿ ಸಂಪರ್ಕಿಸುವುದು. ಮುಖ್ಯ ಇಂಜಿನಿಯರ್(ವಿ), ಟಿ & ಪಿ ಶಾಖೆ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು ರವರು ಹೊರಡಿಸಿರುವ ವಿಸ್ತೃತ ಕಾರ್ಯಾದೇಶದ ಪ್ರತಿಯನ್ನು ಹೆಚ್ಚಿನ ಮಾಹಿತಿಗಾಗಿ ಲಗತ್ತಿಸಿದೆ.(ಅನುಬಂಧ-4)

9. ಪ್ರತಿ ಅಧಿಕಾರಿ/ನೌಕರರ ವಿವರಗಳನ್ನೊಳಗೊಂಡ ಪಾಲಿಸಿಯನ್ನು ಸದ್ಯದಲ್ಲಿಯೇ e-mail ಮೂಲಕ ಒದಗಿಸಲಾಗುವುದು ಹಾಗೂ ಪಾಲಿಸಿಯಲ್ಲಿ ನಮೂದಿಸಿರುವ ವಿವರಗಳಲ್ಲಿ ಯಾವುದೇ ಬದಲಾವಣೆ ಅಥವಾ ತಿದ್ದುಪಡಿಗಳಿದ್ದಲ್ಲಿ, ಪಾಲಿಸಿ ವಿವರ ಒದಗಿಸಿದ ದಿನಾಂಕದಿಂದ ಒಂದು ವಾರದೊಳಗಾಗಿ ಔದ್ಯಮಿಕ ಬಾಂಧವ್ಯ ಶಾಖೆ, ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು ಇಲ್ಲಿಗೆ ([managerir@yahoo.com](mailto:managerir@yahoo.com)) ಮಾಹಿತಿ ನೀಡುವುದು.

ನಿರ್ದೇಶಕರು(ಆಡಳಿತ ಮತ್ತು ಮಾ.ಸಂ)

ಕವಿಪ್ರನಿನಿ

### ಪ್ರತಿಯನ್ನು

1. ವ್ಯವಸ್ಥಾಪಕರು ನಿರ್ದೇಶಕರು, ಪಿ.ಸಿ.ಕೆ.ಎಲ್, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು.
2. ಎಲ್ಲಾ ಆರ್ಥಿಕ ಸಲಹೆಗಾರರು, ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು.
3. ಎಲ್ಲಾ ವಲಯ ಮುಖ್ಯ ಇಂಜಿನಿಯರ್(ವಿ), ಕವಿಪ್ರನಿನಿ.
4. ಆಪ್ತ ಕಾರ್ಯದರ್ಶಿಗಳು, ವ್ಯವಸ್ಥಾಪಕ ನಿರ್ದೇಶಕರು/ ನಿರ್ದೇಶಕರು(ಪ್ರಸರಣ)/(ಹಣಕಾಸು)/(ಆ ಮತ್ತು ಮಾ.ಸಂ).

ಮಾಹಿತಿಗಾಗಿ ಹಾಗೂ ಸೂಕ್ತ ಕ್ರಮಕ್ಕಾಗಿ [www.kptcl.karnataka.gov.in](http://www.kptcl.karnataka.gov.in) ಅಂತರ್ಜಾಲದಲ್ಲಿ ಪ್ರಕಟಿಸಲಾಗಿದೆ.

5. ಎಲ್ಲಾ ಅಧೀಕ್ಷಕ ಇಂಜಿನಿಯರ್(ವಿ) /ನಿಯಂತ್ರಣಾಧಿಕಾರಿಗಳು, ಕವಿಪ್ರನಿನಿ
6. ಎಲ್ಲಾ ಕಾರ್ಯನಿರ್ವಾಹಕ ಇಂಜಿನಿಯರ್(ವಿ)/ಉಪ ಲೆಕ್ಕ ನಿಯಂತ್ರಣಾಧಿಕಾರಿಗಳು/ಲೆಕ್ಕಾಧಿಕಾರಿಗಳು ಕವಿಪ್ರನಿನಿ.
7. ವ್ಯವಸ್ಥಾಪಕರು(ಆಂ.ನಿ)/(ನಗದು ಮತ್ತು ಲೆಕ್ಕಗಳು), ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು.

### ಪ್ರತಿಯನ್ನು ಮಾಹಿತಿಗಾಗಿ ರವಾನಿಸಿದೆ:-

8. ಶ್ರೀ.ಆರ್.ಹೆಚ್. ಲಕ್ಷ್ಮಿಪತಿ, ಅಧ್ಯಕ್ಷರು ಕವಿಪ್ರನಿನಿ ನೌಕರರ ಸಂಘ(ನೋಂದಣಿ ಸಂಖ್ಯೆ: 659) ಬೆಂಗಳೂರು ಮತ್ತು ನಿರ್ದೇಶಕರು ಕವಿಪ್ರನಿನಿ ಮತ್ತು ಎಲ್ಲಾ ಎಸ್ಕಾಂಗಳು.
9. ಶ್ರೀ. ಕೆ. ಶಿವಣ್ಣ, ಅಧ್ಯಕ್ಷರು, ಕವಿಮಂ ಇಂಜಿನಿಯರ್‌ಗಳ ಸಂಘ, ಬೆಂಗಳೂರು ಮತ್ತು ನಿರ್ದೇಶಕರು ಕವಿಪ್ರನಿನಿ ಮತ್ತು ಎಲ್ಲಾ ಎಸ್ಕಾಂಗಳು.
10. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕವಿಪ್ರನಿನಿ ನೌಕರರ ಸಂಘ, ಬೆಂಗಳೂರು.
11. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕವಿಪ್ರನಿನಿ ಇಂಜಿನಿಯರ್‌ಗಳ ಸಂಘ, ಬೆಂಗಳೂರು.
12. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕವಿಪ್ರನಿನಿ ಲೆಕ್ಕಾಧಿಕಾರಿಗಳ ಸಂಘ, ಬೆಂಗಳೂರು.
13. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕವಿಮಂ ಪರಿಶಿಷ್ಟ ಜಾತಿ ಮತ್ತು ಪರಿಶಿಷ್ಟ ವರ್ಗಗಳ ಕಲ್ಯಾಣ ಸಂಸ್ಥೆ(ರಿ), ಬೆಂಗಳೂರು.
14. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕವಿಪ್ರನಿನಿ, ಡಿಪ್ಲೋಮಾ ಇಂಜಿನಿಯರ್‌ಗಳ ಸಂಘ, ಬೆಂಗಳೂರು.
15. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕವಿಪ್ರನಿನಿ /ಎಸ್ಕಾಂ ಪರಿಶಿಷ್ಟ ಜಾತಿ ಮತ್ತು ಪರಿಶಿಷ್ಟ ವರ್ಗಗಳ ಅಧಿಕಾರಿಗಳ ಸಂಘ, ಬೆಂಗಳೂರು.

Name of the Unit:  
Month:

Details of Group Insurance Premium Deducted from Officers/Employees

Sl No	Zone	Circle	Division	Name of the Officers/Employees	Employee ID	Date of Birth	Date of Entry into Service	Sex	Current Designation	Group	Gross Salary as on 31.07.2023	Premium Deducted	Name of the nominee	Relationship
1														
2														
3														
4														
5														
6														
7														
8														

Note

1. Gross Salary means total salary drawn on July-2023
2. Employee ID means pin number of group A & B officers
3. Group means A,B,C,D.
4. Employee details as on 01.08.2023

**Personal Accident Insurance Claim Form**



Policy No. : \_\_\_\_\_

Branch/Unit : \_\_\_\_\_

Claim No. : \_\_\_\_\_

**The New India Assurance Company Limited**

Regd. & Head Office, 87, Mahatma Gandhi Road, Fort, Mumbai - 400 001.

**The Issue of this form is not to be taken as an admission of Liability  
TO BE COMPLETED BY THE INSURED**

1. (a) Name of the insured [in full]: \_\_\_\_\_
- (b) Name of the injured Person: \_\_\_\_\_
- (c) Address in full : \_\_\_\_\_  
with Pin Code : \_\_\_\_\_
- (d) Profession or occupation : \_\_\_\_\_
- (e) Age at last birthday : \_\_\_\_\_ Phone No: \_\_\_\_\_

2.	Policy No.	Sum Insured	Table of Cover	Period
[i]	_____	_____	_____	_____
[ii]	_____	_____	_____	_____

3. (a) Date of the accident : \_\_\_\_\_
- (b) Time of accident : \_\_\_\_\_
- (c) Where it happened? : \_\_\_\_\_
- (d) Name and address of witness : \_\_\_\_\_

4. How did the accident occur? : \_\_\_\_\_

5. Nature of injury received : \_\_\_\_\_  
(if to limb or eye state whether right or left): \_\_\_\_\_

6. (a) Nature of disablement : \_\_\_\_\_
- (b) Extent of disablement : \_\_\_\_\_  
Confined to bed [From \_\_\_\_\_ To \_\_\_\_\_]  
Confined to house {From \_\_\_\_\_ To \_\_\_\_\_}
- (c) present state of incapacity : \_\_\_\_\_

7. Name and address of surgeon in attendance :
8. (a) Where and when can a Medical officer of the Company visit you, if necessary? :
- (b) Name of nearest railway station and distance therefrom :
9. (a) Are you insured in any other office or offices granting compensation for accident? :
- (b) If so state name and address of company or companies and amount of insurance? :

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and I am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

Signature of the Insured \_\_\_\_\_ DATE: \_\_\_\_\_ PLACE \_\_\_\_\_

or Signature of Nominee \_\_\_\_\_ Relationship with deceased \_\_\_\_\_  
 (case of death of Insured) whichever is applicable

Address: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Company Officials (with seal of Company)**

DATE: \_\_\_\_\_ PLACE: \_\_\_\_\_

**CERTIFICATE TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT**

I hereby certify that I was present when the Accident occurred to Mr./ Ms. \_\_\_\_\_  
 on the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_ in the  
 manner stated by him over leaf, that it was caused by \_\_\_\_\_ which  
 was / was not his willful act and that he was / was not under the influence of intoxicating liquor at  
 the time.

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

PIN CODE: \_\_\_\_\_

Occupation : \_\_\_\_\_

Date : \_\_\_\_\_

**MEDICAL CERTIFICATE**

*Claims must be supported by medical Evidence furnished by the Insured and at his expense.*

1. (a) Name of Claimant : \_\_\_\_\_  
 (b) Sex \_\_\_\_\_ (c) Age \_\_\_\_\_
2. (a) Nature and cause of accident : \_\_\_\_\_  
 (b) If to eye or limb, state left or right: \_\_\_\_\_  
 (c) Whether the appearance of the Injuries are consistent with the account given of the accident.: \_\_\_\_\_
3. Date on which you first attended Claimant for this injury : \_\_\_\_\_
4. Has Claimant been totally prevented from attending to any portion of his business ? If so how long ? : From: \_\_\_\_\_ To \_\_\_\_\_  
 With Fitness Date \_\_\_\_\_
5. Is Claimant suffering from any disease or illness apart from his injury and is there any illness by circumstances which may tend to retard recovery ? If so, give particulars ? : \_\_\_\_\_
6. Present condition : \_\_\_\_\_
7. How long from the happening of the Accident do you consider Total disablement will last ? : \_\_\_\_\_

Having personally examined the above named Insured I Certify that the above statements are correct and that the injured person is necessarily disabled by the Accident referred to

**Signature of Doctor** : \_\_\_\_\_

**Name & Qualification** : \_\_\_\_\_

**Registration No. with seal** : \_\_\_\_\_

**Address** : \_\_\_\_\_

**DATE:** \_\_\_\_\_

**REMARKS OR EXTRA DETAILS**

**ECS DETAILS OF THE INSURED**

1	Name of the Insured ( as appearing in the Bank Account)	
2	Bank Name	
3	Branch & Address	
4	Bank Account No:	
		PIN CODE:
5	Bank Account Type	
6	IFSC Code	
7	MICR Code	

**Also attach Insured name printed cancelled cheque / top sheet of pass book with the above details.**



**PA BASIC DETAILS – FOR REGISTRATION OF CLAIM**

<b>SL.NO</b>	<b>DETAILS</b>	
1	<b>POLICY NO PERIOD SL.NO. OF THE EMPLOYEE</b>	FROM TO
2	<b>NAME OF THE COMPANY</b>	
3	<b>NAME OF INSURED</b>	
4	<b>EMP ID NO SL.NO UNDER POLICY.</b>	
5	<b>DATE OF ACCIDENT</b>	
6	<b>TIME OF ACCIDENT MANDATORY</b>	_____AM/ _____PM
7	<b>PLACE OF ACCIDENT WITH PIN CODE</b>	
8	<b>DETAILS OF ACCIDENT</b>	
9	<b>DETAILS OF INJURY / DEATH</b>	
10	<b>CLAIM FOR TTD /PPD /PTD DEATH</b>	

**DATE :**

**SIGNATURE OF THE INSURED/COMPANY**

ದಿ ನ್ಯೂ ಇಂಡಿಯಾ ಅಶ್ಯೂರೆನ್ಸ್ ಕಂಪನಿ ಲಿಮಿಟೆಡ್

दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड

THE NEW INDIA ASSURANCE COMPANY LTD.,

(भारत सरकार का उपक्रम / Government of India undertaking)

Divisional Office X (671900) No. 52, 1st Floor, Vinay Complex, Vanivilas Road,

Opp. National College, Basavanagudi, Bengaluru - 560 004.

Phone : 080-2242 0374, 2242 0011 Email : nia.671900@newindia.co.in



**Mandatory Personal Accident Claim documents Checklists to be submitted:**

1. Claim Form duly filled with details of Accident (As per attached Format) along with signature of the Nominee and company officials with seal.
2. Hospital records -Original i.e. Case Sheet - Death Summary / Discharge summary (if died In Hospital) attested by Hospital Doctor with seal (Original) / attested by police with initial and seal.
3. Complaint letter - attested by police with initial and seal
4. First Information Report (FIR), Panchnama, Inquest Report - attested by police with seal (Originals/True FIR).
5. Post -Mortem Report - attested by Doctor (True PM) / police with seal police with seal (Originals)
6. New Paper cutting - Xerox Colour, spot photo of the accident ( if available )
7. Original Death Certificate by Panchayat/Municipality/Corporation/Hospital if died in Hospital
8. Final Investigation Report / Charge Sheet - Attested by S I (Originals)
9. Driving Licence / RC ( if the deceased is driving)
10. Details of the Employee - Employee No, Designation, ID Card copy (if employed) and Service Details, PF Nominee details duly attested by the company officials with seal on Company letter Head.
11. Attendance just before the death month (In case employed) attested by company officials with seal
12. Salary Slips for 3 Months before the date to Accident & Death month - if employed attested by company officials and with seal.
13. Local City Civil Court - Succession Certificate (Original), Legal Heir Certificate (Original) and NOC from the other Legal Heirs if they Major members (Original Affidavit)
14. Family Members Certificates - (Original) / No Objection from other family members, other than the Nominee on stamp papers to be Notarized (Original Affidavit)
15. Aadhar card and PAN Card /Voter ID/Ration Card of Deceased person and Nominee with self-attestation.
16. **Cancelled Cheque / Pass Book Top sheet** (if the cheque leaf is not reflecting the name of the account holder) with details of A/c No of Claimant, IFSC Code, Bank Name & Branch.

All the above documents must be attested by the Company with seal.

*Manjula Vishal*

ಮಂಜುಲಾ ವಿಶಾಲ್ / Manjula Vishal  
MANJULA VISHAL  
ವ್ಯವಹಾರ ಕಛೇರಿ / ವ್ಯಾಪಾರ ಕಾರ್ಯಾಲಯ ಪ್ರಭಾರಿ  
Business Office Incharge  
ಪಿ.ಒ. ಸಂಖ್ಯೆ / SR No. 34441  
ವ್ಯಾಪಾರ ಕಾರ್ಯಾಲಯ, ಬೆಂಗಳೂರು  
Business Office - Bengaluru

India's Premier General Insurance Company

पंजीकृत एवं प्रधान कार्यालय, दि न्यू इन्डिया एश्योरन्स बिल्डिंग, 87, महात्मा गांधी मार्ग, फोर्ट, मुंबई - 400 001  
Regd. & Head Office: New India Assurance Building, 87, M. G. Road, Fort, Mumbai - 400 001.



दि न्यू इन्डिया अश्योरन्स कम्पनी लिमिटेड  
THE NEW INDIA ASSURANCE COMPANY LTD.,



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Phone : 080-2242 0374, 2242 0011 Email : nia.671900@newindia.co.in

**Timeline - Points to be noted:**

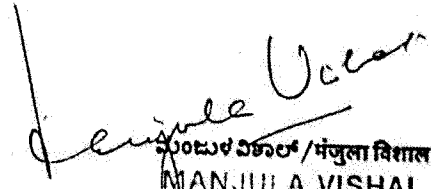
1. Any Claim should be immediately intimated to the Claims Hub department and the duly filled-signed in claim form should be shared via mail.
2. The hard copies of all the above documents (duly sealed-signed-attested) should be submitted to the department within a timeline of 30 days strictly.

**Claims Hub Address:**

THE NEW INDIA ASSURANCE COMPANY LIMITED  
REGIONAL OFFICE  
MRS. CHANDRAMATHI B C  
THE DEPUTY MANAGER  
CLAIMS HUB  
MISC CLAIM DEPARTMENT  
NO 2 B, UNITY BUILDING ANNEXE  
P KALINGA RAO ROAD (MISSION ROAD)  
BENGALURU - 560 027.

MailDs: [ch67@newindia.co.in](mailto:ch67@newindia.co.in); [chandramathi.bc@newindia.co.in](mailto:chandramathi.bc@newindia.co.in); [sudharani.bhat@newindia.co.in](mailto:sudharani.bhat@newindia.co.in); [br.neeladevi@newindia.co.in](mailto:br.neeladevi@newindia.co.in); [manjula.vishal@newindia.co.in](mailto:manjula.vishal@newindia.co.in)

Contact details - 080 22539436



मंजुला विशाल / मंजुला विशाल  
MANJULA VISHAL  
व्यवसायिक कार्यालय प्रभारी  
Business Office Incharge  
पिन / पिन कोड - 560027  
व्यवसायिक कार्यालय  
व्यापार कार्यालय  
Business Office, Bengaluru (671900)

**India's Premier General Insurance Company**

पंजीकृत एवं प्रधान कार्यालय, दि न्यू इन्डिया अश्योरन्स बिल्डिंग, 87, महात्मा गांधी मार्ग, फोर्ट, मुम्बई-400 001.  
Regd. & Head Office: New India Assurance Building, 87, M. G. Road, Fort, Mumbai - 400 001.

**KARNATAKA POWER TRANSMISSION CORPORATION LTD.**

Telephone: 080-22274744

Grams : "KAPTRANS"  
Encl :Office of the  
Chief Engineer, Electricity,  
Tendering & Procurement  
Kaveri Bhavan, Bangalore-9

No. CEE(T&amp;P)/SEE-1/EE(P)/AEEP-4/2023-24/1337-41

Date: 30 MAY 2023

To,

M/s New India Assurance Co. Ltd,  
2B, Unity Buildings Annexe, P. Kalinga Rao Road (Mission Road),  
Bengaluru-560027.

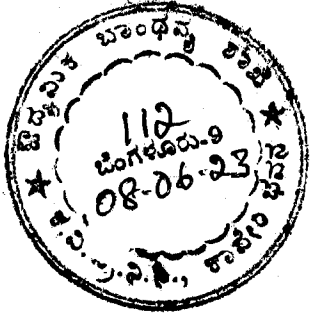
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**DETAILED WORK AWARD****No. KPTCL/GPAI Policy/2023-24/4337**

Sir,

**Sub:** Implementation of Group personal Accident Insurance policy to all permanent employees/ Officers of KPTCL for a period of one year.**Ref:** 1. T.O. Enquiry No: KPTCL/CEE/EEP/GPAI Policy/630/2022-23/Call-2  
2. Technical bid opened on 07.01.2023.  
3. Price bid opened on 02.02.2023.  
4. Approval of Managing Director, KPTCL dated 28.03.2023  
5. This office LOI No. CEE (T&P)/SEE/EE(P)/AEEP-4/2022-23 /22485-89 dated 28.03.2023  
6. Letter of Acceptance from M/s New India Assurance Co. Ltd, dated 12.04.2023  
7. Contract Agreement Executed on 17.05.2023

1. We are pleased to award the contract to your Insurance company for Implementation of Group Personal Accident Insurance policy to all permanent employees/ Officers of KPTCL for a period of one year which provides Personal Accident Insurance coverage of **Rs. 50,00,000/- (Fifty Lakhs)** per insured person of KPTCL against Death/Permanent total Disability sustained by any of the insured person attributable solely & directly to any accident caused by external violent & visible means as described below, at the rates indicated.

w/cb  
7/6/23w/cb  
B14  
7/6

Annual Premium per employee/Officer of KPTCL will be paid as below;

Total No. of Employees/Officers of KPTCL (Approximate)	Annual Premium per Employee in Rs.	GST @ 18% on (b) in Rs.	Total Annual premium per Employee of KPTCL in Rs.	Total Annual premium for total No. of Employee/officers of KPTCL in Rs.
a	b	c	d = (b+c)	e = ( a*d)
9645	1,600	288	1888	Rs.1,82,09,760

Total Annual premium for total No. of 9645 (Approximate) Employee/officers of KPTCL is Rs. 1,82,09,760 (Rupees One Crore Eighty Two Lakhs Nine Thousand Seven Hundred Sixty Only) including applicable taxes (GST).

## 2. BENEFICIARIES :

Personal Accident Insurance coverage will be provided to all the Permanent Employees/Officers of KPTCL engaged in administrative/technical activities including duties/functions of linemen (station attendant).

The details of employees under coverage are as follows:

Sl. No.	Category	Number of Employees as on 21.09.2022. (Approximately)
1	Group-A	1123
2	Group-B	1232
3	Group-C	4289
4	Group-D	3001
Total		9645

There are about 9645 employees /officers Approximately working in KPTCL as on 21.09.2022.

## 3. PRICES:

The prices quoted for Premium per Employee shall be "**Firm price basis**" and no enhancement in prices is allowed during the contract period.

## 4. TAXES:

Any changes/variation in the statutory taxes (GST) during the contract period will be borne by KPTCL.

## 5. PAYMENT OF PREMIUM:

KPTCL will make payment of one time Annual Premium payment including GST of Rs. 1,82,09,760/- on the basis of details of the number of employees

presently available. This figure may vary subject to additions or deletions on the submission of final figure of number of permanent employees of KPTCL.

Annual Premium per employee/Officer of KPTCL will be paid as mentioned in clause-1 and 2 above & duly acknowledged by your company for commencement of risk under the scheme.

6. Further, additions or deletions are to be effected during the currency of the policy, the same shall be effected on pro-rata basis. Such additions or deletions shall be furnished and when the occasion arises by KPTCL to your insurance company along with appropriate details for commencement of risk under the scheme. In case of deletions, your insurance company shall refund the prorated premium. No Refund of premium will be allowed for deletion of insured person in respect of whom a claim had been preferred under the scheme.

#### **7. PERIOD OF CONTRACT AND INSURANCE COVERAGE:**

The period of this Insurance contract shall be for 12 calendar months from the time of payment of premium & the same shall be subject to renewal for one more year or part thereof, on the same terms and conditions at the discretion of KPTCL with mutual consent.

#### **8. ENROLMENT PROCEDURE:**

KPTCL will provide a complete list of the Insured Persons i.e., permanent Workmen and Officers of KPTCL with their Employee ID, age, place of working, nominee and any other information to your insurance company. In case of any new inclusion, KPTCL will submit all the details like name, age, complete address, nominee details Insured with the applicable premium.

#### **9. UNIT OF ENROLMENT:**

The unit of enrolment for Group Personal Accident Insurance Policy is for all the Permanent Employees/officers of KPTCL. The coverage will be for Personnel under service of the KPTCL till the date of superannuation or till the date of dismissal or termination. Additions or deletions are to be effected during the currency of the policy and the same shall be effected on pro-rata basis. Such additions/deletions list shall be furnished as a periodical list as mutually agreed & will be tendered by KPTCL along with appropriate premium & duly acknowledged by your company for commencement of risk under the scheme.

## 10. BENEFITS

Group Personal Accident Insurance Scheme to KPTCL should provide the following benefits.

<b>BENEFITS</b>		
Sl no	Particulars	Insurance coverage
1	Death only	Rs.50,00,000/- Or 60 months gross salary income of the employee, whichever is lower, subject to minimum of Rs.25,00,000/-
2	Loss of two limbs or two eyes or one limb and one eye	Rs.25,00,000/-
3	Loss of one limb or one eye	Rs.12,50,000/-
4	Permanent Total Disability (PTD) from Injuries other than those named above	Rs.25,00,000/-
5	Permanent Partial Disability	Percentage of benefits as per Annexure-A(As per Schedule-1 of Employee Compensation Act, 1923)
6	Temporarily total Disability	Rs.10,000/- per week up to 104 weeks.
PERSONAL ACCIDENT COVER IS WORLDWIDE. 24 Hrs /365 Days cover in respect of Permanent Employees of KPTCL. All Accidental death/disability shall be covered for a maximum capital sum insured value indicated above.		

## 11. ADDITIONAL BENEFITS:

Rs.2000/-towards expenses incurred for carriage of mortal remains of the insured to place of residence.

## 12. COMMITMENTS BY KPTCL:

KPTCL will provide the following for successful implementation of the scheme.

- a) Concerned unit of KPTCL will authenticate & forward all the Insurance claim documents to Insurance Company.
- b) KPTCL will stand as a facilitator between Insurance Company and employees/ officers of KPTCL.

  
CEE / T & P  
K.P.T.C.L.

- c) Concerned unit of KPTCL will provide assistance in furnishing the required document for early settlement of claims to the claimants.
- d) KPTCL units will furnish the following list of document.

SL.No.	Particulars
1	Application
2	Insurance Claim Form
3	Death Certificate
4	Legal heir Certificate
5	FIR Report issued by Police Authority
6	Mahazar Report
7	Panchanama
8	Savings Bank along with cancelled cheque leaf & Account Pass book Copy

**13. COMMITMENTS OF YOUR INSURANCE COMPANY:**

- a) Your Insurance Company should cover Group Personal Accident Insurance to in service workmen and Officers and who retire during the currency of the Policy.
- b) Your Insurance Company should inform to KPTCL the required set of documents for the settlement of the claim.
- c) Your Insurance Company should settle the claim within Fifteen days on receipt of complete set of claim documents from KPTCL.

**14. CLAIM MANAGEMENT:**

Claims under the policy will be routed through the KPTCL Units with their certification of the coverage of the insured person, duly authenticating the claim & the claimant along with all the relevant documents for processing of the claim.

**15. PAYMENT OF CLAIMS AND CLAIM TURNAROUND TIME:**

Your Insurance Company /your designated office will pass payment in respect of the valid claim favoring the nominee, within reasonable time & in no case not later than 15 days from the receipt of all valid claim documents through Electronic Clearing Services or any other agreed means between KPTCL & Insurance Company. The claim amount shall be settled directly to the claimant/nominee against due discharge under intimation to the Director (A&HR), KPTCL.



**16. RIGHT OF APPEAL AND REOPENING OF CLAIMS:**

The Insured person or the representatives of the deceased Insured person shall have a right of appeal to approach KPTCL if the claim is denied by your Insurance Company & your Insurance Company is bound to review the decision in this regard or seek further documentary support or initiate investigation through the consent of KPTCL and the subsequent final decision will be binding on all the parties. This right of appeal will be mentioned by the KPTCL in every repudiation advice. Your Insurance Company and/or KPTCL can re-open the claim if proper and relevant documents as required by your Insurance Company are submitted.

**17. DISPUTE:**

Any dispute arising out of this agreement or that at which may arise in future will be solved by taking recourse to mutual settlement failing which such dispute will be subject to appropriate courts in Bangalore Jurisdiction.

**18. PENAL ACTION FOR NON-PERFORMANCE:**

In case your insurance company does not settle the claim within Fifteen (15) days on receipt of complete set of claim documents from KPTCL, a notice will be served to cure the default within a period of Fifteen (15) days. Even after this, if your insurance company fails to settle the claims then your insurance company will be blacklisted for a period of one (01) year and is liable to settle the claims and other damages KPTCL and its employees may suffer during the entire contract period.

**19. FORCE MAJEURE:**

If at any time during the continuance of the order, the performance, in whole or in part by either party, or any obligations under the order, shall be prevented or delayed by reasons of any war, hostilities, acts of public enemy, civil commotion, sabotage, fires, floods, execution of this order directly or act of God (hereinafter referred to as events), then provided a notice of the happening of any such event is given by either party to other by letter/fax within 48 hours from the date occurrence thereof, neither party shall be for reasons of such events be entitled to terminate this order nor shall any party have any claim for damages against the other in respect of such non-performance or delay in performance in providing services under this order shall be resumed as soon as practicable after such an event has come to an end or ceased to exist.

Only events of Force Majeure, which impedes the execution of the contract at the time of its occurrences, shall be taken into cognizance.

**20. RISK AND COST SERVICE:**

In the event, your insurance company fails to execute the awarded work or is not able to deliver the work of quality or within the stipulated time period, KPTCL shall be at liberty to carry out pending activities or the total scope of contract through a Third Party and recover the expenses from your insurance company. The Cancellation of Work contract may be either for whole or part of the Work contract, and will be at the KPTCL's discretion. However, before such cancellation, the KPTCL shall give four weeks' notice to your insurance company for taking corrective action. In case, your insurance company does not take necessary corrective action to KPTCL's satisfaction, within the said period of four weeks, KPTCL shall be at liberty to terminate the Work contract in part or whole. KPTCL may avail, upon such terms and in such manner, as it deems appropriate, services similar to those so terminated.

Your insurance company shall be liable to the KPTCL for any losses, excess costs for such/similar services, provided that your insurance company should continue the performance of the Work contract to the extent not terminated under the provisions of this clause. If in the opinion of KPTCL, your insurance company shall not be able to correct the fault even after notice, the KPTCL may terminate the Work contract at the risk and cost of your insurance company.

21. KPTCL to submit a complete list of the Insured Persons i.e., permanent Workmen and Officers of KPTCL with their Employee ID, age, place of working, nominee and any other information to your insurance company. In case of any new inclusion, KPTCL has to be submit all the details like name, age, complete address, nominee details Insured with the applicable premium.
22. Your Insurance Company shall abide to all the terms and conditions stipulated in the tender documents and clarification/Amendments issued vide No: CEE (T&P)/SEE/EE(P)/AEEP-4/2022-23/Call-2 dated 03-01-2023 and shall be part of this contract.
23. Whereas it is agreed by both the parties that, Letter of Intent to award the contract No: CEE (T&P)/SEE/EE(P)/AEEP-4/2022-23/22485-89 dated 28.03.2023 and all the tender terms and conditions and clarification/Amendments issued are binding on both parties.

24. Your insurance company shall issue a Group personal Accident Insurance Policy covering the Workmen and Officers list as per the terms and conditions of Group Personal Accident Policy duly reflecting the terms and conditions of the Policy.
25. Upon the happening of any event which may give rise to a claim under this Policy immediate written notice with full particulars should be tendered to your insurance company by KPTCL. All documents including police documents as Police has to be informed in case the terms of the Policy shall be submitted for processing the claim. In case your insurance company has doubt on the extent of disability, the case may be referred to a specialist Doctor not below the rank of District Surgeon for a second opinion by your insurance company.
26. All claims under this policy shall necessarily be routed through KPTCL with the Certification of the coverage of the claimant along with all the relevant documents for processing the Claim.
27. On receipt of all the relevant documents, claim shall be processed by your insurance company and your insurance company will release the payment to the Insured Person/Nominee along with the Claim Discharge Voucher within 15 days of receipt of all the required documents. Bank details of insured person/Nominee are to be submitted to your insurance company for the direct payment.
28. **General:**
- Irrespective of anything stated or implied in your tender, only the conditions specifically set out in this Detailed work award (DWA) will be binding on the corporation.
  - KPTCL is registered under GST.
29. For all the policy related issues and payments, correspondence may be made to the following address:  
The Director(Admin & HR),  
Corporate Office, KPTCL,  
Kaveri Bhavan, K.G.Road,  
Bengaluru-09.
30. **Acknowledgment and Acceptance form:**  
Please return the enclosed acknowledgment and acceptance form duly filled in and signed within 15 days of this Detailed Work Award or within seven days of the date of receipt of Detailed Work Award whichever is earlier failing which, it will be deemed that you have accepted this Detailed Work Award.

Please also note that this Detailed Work Award with your acceptance communicated as above constitutes the contract.

Please quote above DWA Number and date in all future correspondence. All other terms and conditions are as per the tender documents are form part of this Detailed Work Award.

Yours faithfully,

  
**Chief Engineer Electy,  
Tendering and procurement,**

**Copy to:**

1. The Director (Admin & HR), KPTCL, Kaveri Bhavan, Bengaluru for kind information.
2. Financial Advisor (I/A), T&P, KPTCL, Kaveri Bhavan, Bangalore.
3. The Assistant General Manager (Personal), Kaveri Bhavan, Bengaluru.
4. The Controller of Accounts, T&P, KPTCL, Kaveri Bhavan, Bengaluru.
5. MF/OC.