



ಕರ್ನಾಟಕ ವಿದ್ಯುತ್ ಪ್ರಸರಣ ನಿಗಮ ನಿಯಮಿತ

ನಿಗಮದ ಗುರುತಿನ ಸಂಖ್ಯೆ (ಸಿ.ಐ.ಎನ್) : ಯು40109ಕೆಎ1999ಎಸ್‌ಜಿ025521

(ಕಂಪನಿಯ ಅಧಿಕೃತ ಕಛೇರಿ: ನಿಗಮ ಕಾರ್ಯಾಲಯ, ಕಾವೇರಿ ಭವನ, ಕೆ.ಜಿ.ರಸ್ತೆ, ಬೆಂಗಳೂರು-560 009)

ಪ್ರಸ್ತಾವನೆ:

1. ಕವಿಪ್ರನಿನಿ ಯು ಕರ್ನಾಟಕದಾದ್ಯಂತ ವಿದ್ಯುತ್ ಪ್ರಸರಣಿಯ ಕೆಲಸವನ್ನು ನಿರ್ವಹಿಸುತ್ತಿದೆ. ನಿಗಮದಲ್ಲ ಸುಮಾರು 9050 ಖಾಯಂ ಅಧಿಕಾರಿ/ನೌಕರರು ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿದ್ದಾರೆ. ವಿದ್ಯುತ್ ವಿತರಣೆಯ ನಿರ್ವಹಣೆ ಕಾರ್ಯಕ್ಕೆ ಹೆಚ್ಚು ತಾಂತ್ರಿಕ ಪ್ರಾವೀಣ್ಯತೆ ಹಾಗೂ ಹೆಚ್ಚು ಸುರಕ್ಷತೆ ಮುಂಜಾಗ್ರತೆಯ ಕ್ರಮಗಳು ಅವಶ್ಯಕವಾಗಿರುತ್ತದೆ. ಈ ರೀತಿಯ ವಿದ್ಯುತ್ ವಿತರಣೆ ಜಾಲಗಳನ್ನು ನಿರ್ವಹಿಸುವಾಗ ಯಾವುದೇ ಅನಿರೀಕ್ಷಿತವಾಗಿ ಅಪಘಾತಗಳು ಸಂಭವಿಸಿದಾಗ ನಿಗಮದ ಅಧಿಕಾರಿ/ನೌಕರರಿಗೆ ಅಂಗವೈಕಲ್ಯ ಅಥವಾ ಸಾವು ಉಂಟಾದರೆ, ಅವರ ಅವಲಂಬಿತರಿಗೆ ಆರ್ಥಿಕ ಪರಿಹಾರ ನೀಡುವ ಸಂಬಂಧ ವೈಯಕ್ತಿಕ ಅಪಘಾತ ವಿಮೆ ಯೋಜನೆ(ಗುಂಪು) ಅನ್ನು ನಿಗಮವು ಅನುಷ್ಠಾನಗೊಳಿಸಲು ಉದ್ದೇಶಿಸಿರುತ್ತದೆ. ಈ ಯೋಜನೆ ಮೂಲಕ ಅಪಘಾತದಿಂದ ಅಂಗವೈಕಲ್ಯ ಅಥವಾ ಸಾವು ಉಂಟಾದರೆ, ಅವರ ಅವಲಂಬಿತರಿಗೆ ಆರ್ಥಿಕ ಪರಿಹಾರ ನೀಡುವುದರಿಂದ ಸದರಿಯವರ ಜೀವನ ನಿರ್ವಹಣೆಗೆ ಆರ್ಥಿಕ ನೆರವು ನೀಡಿದಂತಾಗುತ್ತದೆ.
2. ಕವಿಪ್ರನಿನಿಯಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ಎಲ್ಲಾ ಅಧಿಕಾರಿ/ನೌಕರರಿಗೆ ಅಪಘಾತದಿಂದ ಅಂಗವೈಕಲ್ಯ ಅಥವಾ ಸಾವು ಸಂಭವಿಸಿದಾಗ, ಅವರ ಅವಲಂಬಿತರಿಗೆ ವೈಯಕ್ತಿಕ ಅಪಘಾತ ವಿಮೆ ಯೋಜನೆ(ಗುಂಪು) ಯನ್ನು ಅನುಷ್ಠಾನಗೊಳಿಸುವ ಮೂಲಕ ಆರ್ಥಿಕ ಪರಿಹಾರವನ್ನು ನೀಡುವಂತೆ ಕವಿಪ್ರನಿ ನೌಕರರ ಸಂಘ ಹಾಗೂ ಅಧಿಕಾರಗಳ ಒಕ್ಕೂಟವು ನಿಗಮವನ್ನು ಕೋರಿರುತ್ತಾರೆ.
3. ಈ ಸಂಬಂಧವಾಗಿ ಮುಖ್ಯ ಇಂಜಿನಿಯರ್(ವಿ),ಃ & ಪಿ ಶಾಖೆ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು ರವರ ವಿಸ್ತೃತ ಕಾರ್ಯದೇಶ ಸಂಖ್ಯೆ: CEE (T&P)/SEE/EE (P)/AEEP-4/2021-22/4873-77/ದಿನಾಂಕ: 04-08-2021 ರಲ್ಲಿ ತಿಳಿಸಿರುವಂತೆ, ದಿನಾಂಕ:21-9-2021 ರಂದು ವಾರ್ಷಿಕ ವಿಮೆ ಕಂತನ್ನು ಮುಂಗಡವಾಗಿ ಪಾವತಿಸಿದ್ದು, ಕವಿಪ್ರನಿನಿಯ ಅಧಿಕಾರಿ/ನೌಕರರಿಗೆ ದಿನಾಂಕ:22-9-2021 ರಿಂದ 21-9-2022 ರವರೆಗಿನ ವಿಮೆ ಅವಧಿಯೊಳಗೆ ಯಾವುದೇ ಅಪಘಾತದಿಂದ ಮರಣ/ಅಶಕ್ತೆ ಉಂಟಾದಲ್ಲಿ ವೈಯಕ್ತಿಕ ಅಪಘಾತ ವಿಮೆ ಯೋಜನೆ(ಗುಂಪು)/ PERSONAL ACCIDENT POLICY(GROUP) ಅಡಿಯಲ್ಲಿ ವಿಮೆ ಸೌಲಭ್ಯವನ್ನು ಒದಗಿಸಲು ಮೆ. ದಿ ಓರಿಯಂಟಲ್ ಇನ್ಸೂರೆನ್ಸ್ ಕಂಪನಿ ಅಮಿಟೆಡ್ ರವರೊಂದಿಗೆ ಒಪ್ಪಂದವನ್ನು ಮಾಡಿಕೊಳ್ಳಲಾಗಿದೆ.
4. ಸದರಿ ವಿಸ್ತೃತ ಕಾರ್ಯದೇಶ ಹಾಗೂ ಒಪ್ಪಂದವನ್ನು, ವಿಮಾ ಅವಧಿಯೊಳಗೆ ಕವಿಪ್ರನಿನಿಯ ಅಧಿಕಾರಿ/ನೌಕರರಿಗೆ ಯಾವುದೇ ಅಪಘಾತದಿಂದ ಮರಣ/ಅಶಕ್ತೆ ಉಂಟಾದರೆ 60 ತಿಂಗಳ ಒಟ್ಟು ವೇತನವನ್ನು (ಕನಿಷ್ಠ ರೂ.25 ಲಕ್ಷಗಳು ಮತ್ತು ಗರಿಷ್ಠ ರೂ 50 ಲಕ್ಷಗಳ ಮಿತಿಗೊಳಪಟ್ಟು) ಮೆ. ದಿ ಓರಿಯಂಟಲ್ ಇನ್ಸೂರೆನ್ಸ್ ಕಂಪನಿ ಅಮಿಟೆಡ್ ವತಿಯಿಂದ ಪಾವತಿ ಮಾಡಲಾಗುವುದು.
5. ಸದರಿ ವೈಯಕ್ತಿಕ ಅಪಘಾತ ವಿಮೆ ಯೋಜನೆ(ಗುಂಪು)/PERSONAL ACCIDENT POLICY(GROUP) ಯನ್ನು ಅನುಷ್ಠಾನಗೊಳಿಸುವ ಸಂಬಂಧ ನಿಗಮದಿಂದ ಈ ಆದೇಶ ಹೊರಡಿಸಲಾಗಿದೆ.

ಆದೇಶ ಸಂಖ್ಯೆ: ಕವಿಪ್ರನಿನಿ/ಔಬಾ/ಬಿ14/10116/2020-21/ ಬೆಂಗಳೂರು ದಿನಾಂಕ: **22 SEP 2021**

ಕವಿಪ್ರನಿನಿಯಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುತ್ತಿರುವ ಅಧಿಕಾರಿ/ನೌಕರರಿಗೆ ವೈಯಕ್ತಿಕ ಅಪಘಾತ ವಿಮೆ ಯೋಜನೆ (ಗುಂಪು)/PERSONAL ACCIDENT POLICY(GROUP) ಅಡಿಯಲ್ಲಿ ದಿನಾಂಕ: 22-9-2021 ರಿಂದ 21-9-2022 ರವರೆಗಿನ ವಿಮಾ ಅವಧಿಯೊಳಗೆ ಯಾವುದೇ ಅಪಘಾತದಿಂದ ಮರಣ ಅಥವಾ ಅಶಕ್ತೆ ಉಂಟಾದಲ್ಲಿ ಮೆ. ದಿ ಓರಿಯಂಟಲ್ ಇನ್ಸೂರೆನ್ಸ್ ಕಂಪನಿ ಅಮಿಟೆಡ್ ವತಿಯಿಂದ, ಅಧಿಕಾರಿ/ನೌಕರರ ಅವಲಂಬಿತರಿಗೆ ಪರಿಹಾರ ಮೊತ್ತವನ್ನು ಪಾವತಿಸಲು ಈ ಕೆಳಕಂಡ ನಿಯಮ/ಷರತ್ತುಗಳಿಗೆ ಒಳಪಟ್ಟು ನಿಗಮದ ಅನುಮೋದನೆ ನೀಡಲಾಗಿದೆ:-

1. ಕವಿಪ್ರನಿನಿಯ ಆಡಳಿತ ವ್ಯಾಪ್ತಿಯ ಕಛೇರಿಗಳಲ್ಲಿ ಕಾರ್ಯ ನಿರ್ವಹಿಸುತ್ತಿರುವ ಪ್ರತಿ ನೌಕರರು/ ಅಧಿಕಾರಿಗಳಿಗೆ (9050 ಸಂಖ್ಯೆ) ವಾರ್ಷಿಕ ವಿಮಾ ಕಂತು ರೂ.649/- ಗಳಂತೆ ಕವಿಪ್ರನಿನಿಯಿಂದ ಮೆ// ದಿ ಓರಿಯಂಟಲ್ ಇನ್ಸೂರೆನ್ಸ್ ಕಂಪನಿ ಅಮಿಟೆಡ್ ಇವರಿಗೆ ಒಟ್ಟು ಮೊತ್ತ ರೂ.58,73,450/- ಗಳನ್ನು (ಐವತ್ತೆಂಟು ಲಕ್ಷದ ಎಪ್ಪತ್ತೂರು ಸಾವಿರದ ನಾಲ್ಕು ನೂರ ಐವತ್ತು ಮಾತ್ರ) ದಿ: 21-9-2021 ರಂದು ಮುಂಗಡವಾಗಿ ಪಾವತಿ ಮಾಡಲಾಗಿದೆ.

2. ಕವಿಪ್ರನಿನಿಯ ಅಧಿಕಾರಿ/ನೌಕರರಿಗೆ ದಿನಾಂಕ: 22-9-2021 ರಿಂದ 21-9-2022 ರವರೆಗಿನ ವಿಮೆ ಅವಧಿಯಲ್ಲಿ ಯಾವುದೇ ಅಪಘಾತದಿಂದ ಮರಣ ಅಥವಾ ಅಶಕ್ತತೆ ಉಂಟಾದಲ್ಲಿ ಅಧಿಕಾರಿ/ನೌಕರನ ಅವಲಂಬಿತರಿಗೆ ಮೆ. ದಿ ಓರಿಯಂಟಲ್ ಇನ್ಸೂರೆನ್ಸ್ ಕಂಪನಿ ಅಮಿಟೆಡ್ 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 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.

3. ಕವಿಪ್ರನಿನಿ ಪರವಾಗಿ ಮುಖ್ಯ ಇಂಜಿನಿಯರ್(ವಿ), ಟಿ & ಪಿ ಶಾಖೆ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು ರವರು ಮೆ. ದಿ ಓರಿಯಂಟಲ್ ಇನ್ಸೂರೆನ್ಸ್ ಕಂಪನಿ ಅಮಿಟೆಡ್ ನೊಂದಿಗೆ 12.07.2021 ರಂದು ಒಡಂಬಡಿಕೆ ಮಾಡಿಕೊಂಡಿರುತ್ತಾರೆ.
4. ವಾರ್ಷಿಕ ವಿಮಾ ಕಂತಿನ ಮೊತ್ತ ರೂ.649/- (ರೂ. ಆರು ನೂರ ನಲವತ್ತೊಂಬತ್ತು ಮಾತ್ರ) ಗಳನ್ನು ಕವಿಪ್ರನಿನಿಯ ಪ್ರತಿ ಅಧಿಕಾರಿ/ನೌಕರರ ಸೆಪ್ಟೆಂಬರ್-2021 ರ ಮಾಹೆಯ ವೇತನದಲ್ಲಿ ಸಂಬಂಧಿಸಿದ ವೇತನ ಬಟವಾಡೆ ಅಧಿಕಾರಿಗಳು ಖಡ್ಡಾಯವಾಗಿ ಮುರಿಕೆ ಮಾಡುವುದು.
5. ಎಲ್ಲಾ ಮುಖ್ಯ ಇಂಜಿನಿಯರ್(ವಿ), ಪ್ರಸರಣ ವಲಯಗಳು, ಕವಿಪ್ರನಿನಿ ರವರುಗಳು ತಮ್ಮ ವಲಯ ವ್ಯಾಪ್ತಿಯ 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 ಹೊರತು ಪಡಿಸಿ ಇತರೆ ಕಚೇರಿಗಳೂ ಅಂದರೆ ಎಸ್.ಎಲ್.ಡಿ.ಸಿ, ಪಿ.ಸಿ.ಕೆ.ಎಲ್, ನಗದು & ಲೆಕ್ಕಗಳು ಶಾಖೆ/ಆಂತರಿಕ ನಿರ್ವಹಣೆ ಶಾಖೆ, ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ ಸಹ ಇದೇ ಕ್ರಮವನ್ನು ಪಾಲಿಸತಕ್ಕದ್ದು.
6. ಎಲ್ಲಾ ಮುಖ್ಯ ಇಂಜಿನಿಯರ್(ವಿ), ಪ್ರಸರಣ ವಲಯ ರವರುಗಳು ಈ ಆದೇಶದೊಂದಿಗೆ ಲಗತ್ತಿಸಿರುವ 'ಅನುಬಂಧ-1' ರಲ್ಲಿನ ವಿವರಗಳನ್ನು 'ಎಕ್ಸೆಲ್' 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: 15.10.2021 ರ ಒಳಗಾಗಿ ತಲುಪಿಸುವುದು.
7. ಕವಿಪ್ರನಿನಿಯಿಂದ ವರ್ಗಾವಣೆ/ನಿವೃತ್ತಿಯಾದ ಅಧಿಕಾರಿ/ನೌಕರರು ಕವಿಪ್ರನಿನಿಯಲ್ಲಿ ಕರ್ತವ್ಯದಿಂದ ಜಡುಗಡೆಗೊಂಡ ದಿನಾಂಕದಿಂದ ವಿಮೆ ಸೌಲಭ್ಯಕ್ಕೆ ಒಳಪಡುವುದಿಲ್ಲ. ವಲಯವಾರು ನೇಮಕಾತಿ/ವರ್ಗಾವಣೆಯಿಂದ ಹೊಸದಾಗಿ ಸೇರ್ಪಡೆಯಾಗುವ ಅಧಿಕಾರಿ/ನೌಕರರನ್ನು ವಿಮೆಗೆ ಒಳಪಡಿಸಲು, ಸಂಬಂಧಪಟ್ಟ ವೇತನ ಬಟವಾಡೆ ಅಧಿಕಾರಿಗಳು prorata ಆಧಾರದ ಮೇಲೆ (ದಿನಾಂಕ: 22-9-2021 ರ ನಂತರ ನಿಗಮಕ್ಕೆ ವರ್ಗಾವಣೆ/ಸೇರ್ಪಡೆಗೊಂಡ ದಿನದಿಂದ ದಿನಾಂಕ: 21-9-2022 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' ದಲ್ಲಿ ಸದರಿ ವಿವರಗಳನ್ನು ಪ್ರತಿ ತಿಂಗಳು 15 ನೇ ತಾರೀಖಿನ ಒಳಗಾಗಿ ವ್ಯವಸ್ಥಾಪಕರು, ಔದ್ಯಮಿಕ ಬಾಂಧವ್ಯ ಶಾಖೆ, ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು ರವರಿಗೆ ಮುಂದಿನ ಕ್ರಮಕ್ಕಾಗಿ ಸಲ್ಲಿಸತಕ್ಕದ್ದು.

8. ಕವಿಪ್ರನಿನಿಯ ಅಧೀನ ಕಚೇರಿಗಳು ತಮ್ಮ ಆಡಳಿತ ವ್ಯಾಪ್ತಿಯಲ್ಲಿನ ಸಿಬ್ಬಂದಿಯು ಅಪಘಾತದಿಂದ ನಿಧನ ಅಥವಾ ಅಶಕ್ತತೆ ಹೊಂದಿದಲ್ಲಿ, ಕೂಡಲೇ [renuka.k@orientalinsurance.co.in/](mailto:renuka.k@orientalinsurance.co.in) [devikamohan@orientalinsurance.co.in/](mailto:devikamohan@orientalinsurance.co.in) [jayanthip@orientalinsurance.co.in/](mailto:jayanthip@orientalinsurance.co.in) managerir@yahoo.com ಇ-ಮೇಲ್ ವಿಳಾಸಕ್ಕೆ ವಿವರಗಳನ್ನು ಕಳುಹಿಸುವುದು ಹಾಗೂ "ಸೀನಿಯರ್ ಡಿವಿಷನ್ ಮ್ಯಾನೇಜರ್, ದಿ ಓರಿಯಂಟಲ್ ಇನ್ಸೂರೆನ್ಸ್ ಕಂಪನಿ ಲಿಮಿಟೆಡ್, ಆಯೋ ಶಾಪ್ಪಿಂಗ್ ಕಾಂಪ್ಲೆಕ್ಸ್, 3 ನೇ ಮಹಡಿ, 44/45, ರೆಸಿಡೆನ್ಸಿ ರೋಡ್ ಕ್ರಾಸ್, ಬೆಂಗಳೂರು-560025" ರವರಿಗೆ ನೇರವಾಗಿ ಮಾಹಿತಿ ನೀಡಿ, ನಂತರ 30 ದಿನಗಳೊಳಗಾಗಿ ಲಗತ್ತಿಸಿರುವ ಕ್ಲೈಮ್ ಫಾರಂನೊಂದಿಗೆ (ಅನುಬಂಧ-2) ಎಲ್ಲಾ ದಾಖಲಾತಿಗಳನ್ನು ದೃಢೀಕರಿಸಿ, ವಿಮಾ ಪರಿಹಾರಕ್ಕಾಗಿ ಪ್ರಸ್ತಾವನೆಯನ್ನು ಔದ್ಯಮಿಕ ಬಾಂಧವ್ಯ ಶಾಖೆ, ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು ಇಲ್ಲಿಗೆ ಸಲ್ಲಿಸುವುದು. ಈ ಸಂಬಂಧ ವಿಮಾ ಪರಿಹಾರಕ್ಕಾಗಿ ಅಗತ್ಯವಿರುವ ಮಾಹಿತಿಯನ್ನು ಮತ್ತು ದಾಖಲಾತಿಗಳನ್ನು ವಿಮಾ ಕಂಪನಿಗೆ ಹಾಗೂ ಔದ್ಯಮಿಕ ಬಾಂಧವ್ಯ ಶಾಖೆ, ಕಾವೇರಿ ಭವನ ಇಲ್ಲಿಗೆ ವಿಳಂಬ ಮಾಡದೆ ಕಳುಹಿಸುವ ಹೊಣೆಗಾರಿಕೆಯು ಸಂಬಂಧಪಟ್ಟ ವಲಯ/ವೃತ್ತ/ವಿಭಾಗ ಕಚೇರಿಗಳ ಮುಖ್ಯಸ್ಥರದ್ದಾಗಿರುತ್ತದೆ.
9. 'ಅನುಬಂಧ-3' ರಲ್ಲಿ ಮೆ.ಡಿ ಓರಿಯಂಟಲ್ ಇನ್ಸೂರೆನ್ಸ್ ಕಂಪನಿ ಲಿಮಿಟೆಡ್ ವತಿಯಿಂದ ನೀಡಿರುವ ಮಾಹಿತಿ ಪತ್ರದಲ್ಲಿ ನಮೂದಿಸಿರುವ ವಿಳಾಸ/ಪೋನ್ ನಂಬರ್/ಇ-ಮೇಲ್ ಐಡಿ ಗಳನ್ನು ಕ್ಲೈಮ್ ಇತ್ಯರ್ಥ ಹಾಗೂ ಇತರೆ ಗೊಂದಲಗಳ ಸಂದರ್ಭದಲ್ಲಿ ಸಂಪರ್ಕಿಸುವುದು. ಮುಖ್ಯ ಇಂಜಿನಿಯರ್(ವಿ), ಟಿ & ಪಿ ಶಾಖೆ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು ರವರು ಹೊರಡಿಸಿರುವ ವಿಸ್ತೃತ ಕಾರ್ಯದೇಶದ ಪ್ರತಿಯನ್ನು ಹೆಚ್ಚಿನ ಮಾಹಿತಿಗಾಗಿ ಲಗತ್ತಿಸಿದೆ.(ಅನುಬಂಧ-4)
10. ಸದರಿ ಯೋಜನೆಯ ಕಾರ್ಯಭಾರವನ್ನು ವ್ಯವಸ್ಥಾಪಕರು, ಔದ್ಯಮಿಕ ಬಾಂಧವ್ಯ ಶಾಖೆ, ಕವಿಪ್ರನಿನಿ, ನಿಗಮ ಕಚೇರಿ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು ಇವರು ನಿರ್ವಹಣೆ ಮಾಡುವುದು ಹಾಗೂ ಪರಿಹಾರ ಮೊತ್ತವನ್ನು ತ್ವರಿತವಾಗಿ ಪಾವತಿಗೆ ಅಗತ್ಯ ನೆರವು ನೀಡುವುದು.

ಮಾನ್ಯ ವ್ಯವಸ್ಥಾಪಕ ನಿರ್ದೇಶಕರು, ಕವಿಪ್ರನಿನಿ
ರವರಿಂದ ಅನುಮೋದಿಸಲ್ಪಟ್ಟಿದೆ

ನಿರ್ದೇಶಕರು (ಆಡಳಿತ ಮತ್ತು ಮಾ.ಸಂ)
ಕವಿಪ್ರನಿನಿ.

ಪ್ರತಿಯನ್ನು:

1. ವ್ಯವಸ್ಥಾಪಕ 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 ಅಂತರ್ಜಾಲದಲ್ಲಿ ಪ್ರಕಟಿಸಲಾಗಿದೆ.

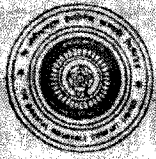
1. ಎಲ್ಲಾ ಅಧೀಕ್ಷಕ ಇಂಜಿನಿಯರ್(ವಿ)/ನಿಯಂತ್ರಣಾಧಿಕಾರಿಗಳು, ಕವಿಪ್ರನಿನಿ.
2. ಎಲ್ಲಾ ಕಾರ್ಯನಿರ್ವಾಹಕ ಇಂಜಿನಿಯರ್(ವಿ)/ ಉಪ ಲೆಕ್ಕ ನಿಯಂತ್ರಣಾಧಿಕಾರಿಗಳು/ ಲೆಕ್ಕಾಧಿಕಾರಿಗಳು ಕವಿಪ್ರನಿನಿ.
3. ವ್ಯವಸ್ಥಾಪಕರು(ಆಂ.ನಿ)/(ನಗದು ಮತ್ತು ಲೆಕ್ಕಗಳು), ಕವಿಪ್ರನಿನಿ, ಕಾವೇರಿ ಭವನ, ಬೆಂಗಳೂರು.

ಪ್ರತಿಯನ್ನು ಮಾಹಿತಿಗಾಗಿ ರವಾನಿಸಿದೆ:-

1. ಶ್ರೀ.ಐ.ಆರ್.ರಾಮಕೃಷ್ಣಯ್ಯ, ಅಧ್ಯಕ್ಷರು ಕವಿಪ್ರನಿನಿ ನೌಕರರ ಸಂಘ (ನೋಂದಣಿ ಸಂಖ್ಯೆ:699), ಬೆಂಗಳೂರು ಮತ್ತು ನಿರ್ದೇಶಕರು ಕವಿಪ್ರನಿನಿ ಮತ್ತು ಎಲ್ಲಾ ಎಸ್ಕಾಂಗಳು.
2. ಶ್ರೀ.ಐ.ಎಂ.ಶಿವಪ್ರಕಾಶ್, ಅಧ್ಯಕ್ಷರು, ಕವಿಮಂ ಇಂಜಿನಿಯರ್‌ಗಳ ಸಂಘ, ಬೆಂಗಳೂರು ಮತ್ತು ನಿರ್ದೇಶಕರು ಕವಿಪ್ರನಿನಿ ಮತ್ತು ಎಲ್ಲಾ ಎಸ್ಕಾಂಗಳು.
3. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕವಿಪ್ರನಿ ನೌಕರರ ಸಂಘ, ಬೆಂಗಳೂರು.
4. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕವಿಪ್ರನಿನಿ ಇಂಜಿನಿಯರ್‌ಗಳ ಸಂಘ, ಬೆಂಗಳೂರು.
5. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕವಿಪ್ರನಿನಿ ಲೆಕ್ಕಾಧಿಕಾರಿಗಳ ಸಂಘ, ಬೆಂಗಳೂರು.
6. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕವಿಮಂ ಪರಿಶಿಷ್ಟ ಜಾತಿ ಮತ್ತು ಪರಿಶಿಷ್ಟ ವರ್ಗಗಳ ಕಲ್ಯಾಣ ಸಂಸ್ಥೆ(ರಿ), ಬೆಂಗಳೂರು.
7. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕವಿಪ್ರನಿನಿ, ಡಿಪ್ಲೋಮಾ ಇಂಜಿನಿಯರ್‌ಗಳ ಸಂಘ, ಬೆಂಗಳೂರು.
8. ಪ್ರಧಾನ ಕಾರ್ಯದರ್ಶಿ, ಕವಿಪ್ರನಿನಿ/ಎಸ್ಕಾಂ ಪರಿಶಿಷ್ಟ ಜಾತಿ ಮತ್ತು ಪರಿಶಿಷ್ಟ ವರ್ಗಗಳ ಅಧಿಕಾರಿಗಳ ಸಂಘ, ಬೆಂಗಳೂರು.

एम्प्लॉय - २

PERSONAL ACCIDENT CLAIM FORM



दि ओरिएण्टल इन्श्योरेन्स कंपनी लिमिटेड
THE ORIENTAL INSURANCE CO. LTD.

Incorporated in India, Subsidiary of General Insurance Corporation of India
 Regd. Office : Oriental House, A-25/27, Asaf Ali Road, New Delhi-110 002.

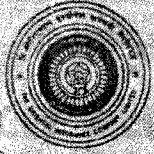
This form is issued will not admission of liability, and must be completed and returned within seven days after its receipt. No claim can be admitted unless a medical Certificate overleaf be furnished a the expenses of the claimant.

पॉलिसी नं. Policy No. _____		दावा नं. Claim No. _____	
1. पूरा नाम Name in full _____ घर का पता Residence _____ उद्योग का पता Business Address _____ Present Business or Occupation _____ If more than one, state all.		Present Age _____ Years Height _____ M. Cms. Weight _____ at _____ Kgs.	
2. (a) When did accident occur? State day, date and hour. (b) Where did it occur? (c) Give full particulars of the cause and the injuries sustained.			
3. Give name and address of the Witnesses of the accident.			
4. (a) Give names and address of the Doctor who attended you (i) Name and address of usual Medical attendant.			
5. State where and when a Medical or other officer of the company can visit you if necessary.			
6. (a) State the number of days have been necessarily and entirely confined to Bed Room or House as the sole and direct result of the injuries sustained and disabled from engaging in any employment or occupation if any description whatsoever.		TO BED OR ROOM for _____ days from _____ to _____ (Both inclusive)	
(b) Have you in any way attended to business or work during the above period?		(b) _____	
(c) If you have been able to attend to any portion of your business or occupation please state from what date?		(c) _____	
7. Have you previously claimed or received compensation under an accident and/or sickness policy? If so, please give particulars.			
8. (a) Are you insured elsewhere?		(a) _____	
(b) If so give the name of each Company or insurer and amount you are entitled to claim.		(b) _____	

I HEREBY DECLARE that I have received the injuries above described, and warrant the truth of the foregoing particulars in every respect and I agree that if I have made, or if shall make false or under statement, suppression or concealment my right to compensation shall be absolutely forfeited.

I claim to be paid sum of _____ per week of the total sum of _____ which I agree to accept in full settlement of my claim on the Company.

Date _____ 200 _____
 Signature _____



दि ओरिएण्टल इन्श्योरेन्स कंपनी लिमिटेड THE ORIENTAL INSURANCE CO. LTD.

टिप्पणी : यह फॉर्म दाखलदार का चिकित्सा करने वाले इलाज करनेवाले चिकित्सक के द्वारा भरे जानी चाहिए जहाँ तक संभव हो उनके जवाब पूर्ण भरे होने चाहिए.

NOTE : This form is to be completed by the Claimant's Medical Attendant whose replies should be as full as possible.

पॉलिसी नं. Policy No.		क्लैम नं. Claim No.	
1. दाखलदार का पूरा नाम CLAIMANT Name in full		उम्र Age	
2. The nature and extent of injuries (I to a limb state whether right or left)			
3. The cause of the accident: so far as known to you			
4. (a) Date of your first attendance upon him in consequence of the injuries sustained (b) Are you still in attendance?		(a) (b)	
5. Are you his usual Medical Attendant and if so how long have you known him and for what have you attended him?			
6. (a) Are his symptoms (i) due exclusively to the accident or (ii) traceable to disease, infirmity or any other cause? (b) Has he ever suffered from Govt. Rheumatism, Diabetes or Fits? (c) Is there anything in his medical history which may have contributed directly or indirectly to the accident or which may be likely to retard his recovery? (d) Have you any reason to suppose that he was under the influence of intoxicants at the time of the accident?		(a) (i) (ii) (b) (c) (d)	
7. State the time within your own knowledge, that the claimant has been, as the direct and sole consequence of the injuries sustained necessary confined to his bed room or house and disabled from engaging in any employment or occupation if any description whatsoever it still so confined state the probable duration of confinement.		TO BED OR ROOM from _____ to _____ (Both inclusive)	
8. (a) Has he been able to attend any portion of his business or occupation? (b) If so from what date (c) If not, please state probable date (i) of his being so able (ii) of his complete recovery		(a) (b) (c) (i) (ii)	
9. Is there now any disability? If not please give date of recovery.			
10. Any further remarks.			

I hereby certify that the above named met with the accident referred to and that foregoing statement are correct.

दिनांक Signature _____ शिक्षण Qualification _____

पता Address _____ दिनांक Date _____

KARNATAKA POWER TRANSMISSION CORPORATION LTD.

Telephone: 080-22274744
Fax : 080-22212456
Grams : "KAPTRANS"
Encl :



Office of the
Chief Engineer, Electricity,
Tendering & Procurement
Kaveri Bhavan, Bangalore-9

No. CEE(T&P)/SEE/EE(P)/AEEP-4/2021-22/4873-77 Date: - 4 AUG 2021

To,

M/s. The Oriental Insurance Company Limited,
Leo Shopping complex, 3rd Floor, 44/45,
Residency Road Cross, Bengaluru-560 025.

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DETAILED WORK AWARD

No. KPTCL/GPAI Policy/2021-22/3750

Sir,

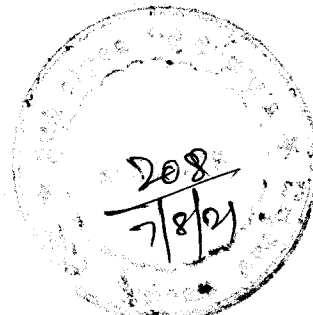
Sub: Implementation of Group personal Accident Insurance policy to all permanent employees/ Officers of KPTCL for a period of one year.

- Ref:**
1. T.O. Enquiry No: KPTCL/CEE/EEP/GPAI Policy/589/2020-21
 2. Technical bid opened on 07.04.2021.
 3. Price bid opened on 22.04.2021.
 4. Approval of Managing Director, KPTCL dated 12.05.2021.
 5. This office LOI No. CEE(T&P)/SEE/EE(P)/AEEP-4/2021-22/1013-17 dated 19-05-2021.
 6. Letter of Acceptance from M/s. The Oriental Insurance Company Limited dated 02.06.2021.
 7. Contract Agreement Executed on 12.07.2021

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.

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

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08/8/21



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Total No. of Employees/Office rs 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)
9791	550	99	649	Rs.63,54,359.00

Total Annual premium for total no of 9791 (Approximate) Employee/officers of KPTCL is Rs. 63,54,359.00 (Rupees Sixty Three Lakhs Fifty Four Thousand Three Hundred Fifty Nine Only) including applicable taxes (GST).

1. 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 31.03.2020. (Approximately)
1	Group-A	1088
2	Group-B	1383
3	Group-C	4099
4	Group-D	3221
Total		9791

There are about 9791 employees /officers Approximately working in KPTCL as on 31.03.2020.

2. PRICES:


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

3. TAXES:

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

4. PAYMENT OF PREMIUM:

KPTCL will make payment of one time Annual Premium including GST to your company in respect of beneficiaries as mentioned in clause-21 below & duly acknowledged by your company for commencement of risk under the scheme.


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Further, additions or deletions are to be effected during the currency of the policy as may be required on periodical basis as mutually agreed & the same shall be effected by your company on pro-rata basis.

5. 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.

6. UNIT OF ENROLMENT:

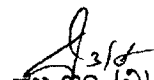
The unit of enrolment for Group Personal Accident Insurance Policy is for all the Permanent Employees/officers of KPTCL. The coverage will be for Personnel under service of the KPTCL till the date of superannuation or till the date of dismissal or termination. Additions or deletions are to be effected 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

7. BENEFITS

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

BENEFITS

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.


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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.

8. ADDITIONAL BENEFITS:

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

9. COMMITMENTS BY KPTCL:


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

- a) KPTCL will authenticate & forward all the Insurance claim documents to your company on receipt of the documents from the concerned unit.
- b) KPTCL will stand as a facilitator between your company and employees/officers of KPTCL.
- c) KPTCL's concerned unit 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

10. COMMITMENTS OF YOUR INSURANCE COMPANY:

- a) Your Insurance Company should cover Group Personal Accident Insurance to workmen and Officers who retire during the currency of the Policy.
- b) Your Insurance Company should inform to this office before entering MOU the required set of documents for the settlement of the claim.


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c) Your Insurance Company should settle the claim within Fifteen days on receipt of complete set of claim documents from KPTCL.

11. CLAIM MANAGEMENT:

Claims under the policy will be routed through the KPTCL offices 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.

12. 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 & your company. The claim amount shall be settled directly to the claimant/nominee against due discharge under intimation to the Director (A&HR), KPTCL.

13. 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.

14. 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.

15. 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

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and is liable to settle the claims and other damages KPTCL and its employees may suffer during the entire contract period.

16. 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.

17. 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.

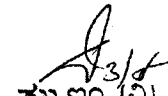
Your insurance company shall be liable to the KPTCL for any losses, excess costs for such/similar services, provided that your insurance company should continue the performance of the Work contract to the extent not terminated under the provisions of this clause. If in the opinion of KPTCL, your insurance 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.

18. KPTCL agrees 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.
19. 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-4/2020-21 dated 25-03-2021 and shall be part of this contract.
20. 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.
21. KPTCL will arrange the payment of Rs.63,54,359.00 /- Inclusive of Tax 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.

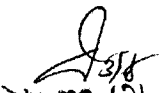
Annual Premium per employee/Officer of KPTCL will be paid as below;

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)
9791	550	99	649	Rs.63,54,359.00

22. If 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.

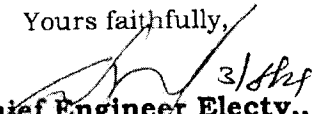

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23. Upon the happening of any event which may give rise to a claim under this Policy immediate written notice with full particulars should be tendered to your insurance company by KPTCL. All documents including police documents as Police has to be 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.
24. 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.
25. 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.
26. **General:**
- a. 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.
- b. KPTCL is registered under GST.
27. All the terms and conditions of the tender document including amendments if any to the tender conditions are also applicable.
28. 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.
29. **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.


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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), KPTCL, Kaveri Bhavan, Bangalore.
3. The General Manager (Personal), Kaveri Bhavan, Bengaluru.
4. The Controller of Accounts, T&P, KPTCL, Kaveri Bhavan, Bengaluru.
5. MF/OC.

Acknowledge & Acceptance of DWA No. _____

Dated _____

For providing _____

From M/s _____

To,

THE CHIEF ENGINEER, ELECTRICITY, (T&P)
Karnataka Power Transmission Corporation Limited
Post Box No. 9990,
Kaveri Bhavan, BANGALORE - 560 009.

Dear Sir,

Ref: -1. DWA No. _____

Date _____ For providing _____

I/We write to acknowledge herewith receipt of your DWA Noted above for providing _____

_____ as per terms and conditions detailed in your order which we have carefully read and thoroughly understood and agree for the same, and is taken of our acceptance of the said terms and conditions, we are returning herewith the duplicate copy of the DWA, duly signed on every page.

We hereby agree that this acceptance together with your DWA, communicated as above, constitutes a contract legally binding on both the parties.

Yours Faithfully

Place _____

Date _____

Signature of the tenderer

With firm's seal



The Oriental Insurance Company Limited

Head Office: A 25/27, Asaf Ali Road, New Delhi -110002

PERSONAL ACCIDENT POLICY (Group)

WHEREAS the Insured named in the Schedule hereto (herein after called the 'Insured') had made and/or caused to be made to 'The Oriental Insurance Co. Ltd.' (hereinafter called the 'Company') a written proposal and/or declaration dated as stated in the Schedule hereto (warranting the truth of the statements contained therein) has made and/or declaration dated as stated in schedule here to which together with any statements and warranties contained therein shall be the basis of this contract and is/are deemed to be incorporated herein, for the insurance herein after set forth in respect of persons detailed in the schedule of Insured persons (hereinafter called the "Insured Persons").

NOW THE POLICY WITNESSETH that subject to and in consideration of the payment made or agreed to pay the company the premium for the period stated in the schedule or for any further period for which the company may accept payment for the renewal of this policy and subject to the terms, provisions, definitions, exceptions and conditions therein expressed or contained or hereon endorsed the company shall pay to the insured to the extent and in the manner herein after provided that if any of the insured persons shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means the sum herein after set forth in respect of any of the insured specified in the schedule .

(a) If such injury shall within Twelve(12) calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, the Capital Sum Insured (CSI) stated in the Schedule hereto applicable to such insured person.

(b) If such injury shall within Twelve (12) calendar months of its occurrence be the sole and direct cause of the total and Irrecoverable loss of

i) sight of both eyes, or, of the actual loss by physical separation of two entire hands or two entire feet or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Schedule hereto applicable to such insured person.

ii) Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one foot or one hand, the Capital Sum Insured stated in the Schedule hereto applicable to such insured person.

(c) If such injury shall within Twelve (12) calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:

i) the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the schedule hereto applicable to such insured person.

ii) total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Schedule hereto applicable to such insured person.

NOTE: For the purpose of Clause (b) and Clause (c) above, 'physical separation' of a hand or foot means separation at or above the wrist and/or of the foot at or above the ankle.

(d) If such injury shall, as direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in any employment or occupation of any description whatsoever then a lump sum equal to 100% of the capital Sum Insured stated in the schedule hereto applicable to such insured person.

(e) If such injury shall within twelve (12) calendar months of its occurrence be the sole and direct cause of the total and/or partial irrecoverable loss of use or the actual loss by physical separation of the following, then the percentage of the capital Sum Insured applicable to such insured person in the manner indicated below shall be payable:

LOSS		% OF CAPITAL SUM INSURED
i)	Loss of toes – all	20
	Both Great phalanges	5
	One Great phalanx	2
	Other than great, if more than one toe lost each	1
ii)	Loss of hearing both ears	50
iii)	Loss of hearing one ear	15
iv)	Loss of four fingers and thumb of one hand	40
v)	Loss of four fingers	35
vi)	Loss of thumb both phalanges	25
	-one phalanx	10
vii)	Loss of index finger	10
	-three phalanges	8
	-two phalanges	4
viii)	Loss of middle finger	6
	-three phalanges	4
	-two phalanges	2
ix)	Loss of ring finger	5
	-three phalanges	4
	-two phalanges	2
x)	Loss of little finger	4
	-three phalanges	3
	-two phalanges	2
xi)	Loss of metacarpals	3
	-first or second(additional)	2
	-third, fourth or fifth(additional)	
xii)	Any other permanent-Partial disablement	As assessed by the doctor

f) If such injury shall be the sole and direct cause of Temporary Total Disablement, then so long as the Insured Person(s) shall be totally disabled from engaging in any employment or occupation of any description whatsoever, a sum at the rate of Rs. 10,000/- per week is payable under Personal Accident policy of such insured person.

Provided that the compensation payable under the foregoing Sub-Clause (f) shall not be payable for more than 100 weeks in respect of any one injury calculated from the date of commencement of disablement and in no case shall exceed the Capital Sum Insured applicable to such Insured person.

BENEFITS :

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 100 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.

EXPENSES FOR CARRIAGE OF DEAD BODY :

In the event of the death of insured person due to accident, as defined in the policy, outside his/her residence, the company shall reimburse expenses incurred on actual basis and maximum upto Rs 2000/- for transportation of insured's dead body.

Claims Settlement & Related Issues:

Sl. No.	Name	Level of Contact	Full Office Address	Phone No.	Email address
1	Renuka Kumari	First Level Contact	Non Motor Claims Hub, Leo Shopping Complex, 1 st Floor, 44/45, Residency Road Cross, Bangalore	080-46616174	renuka.k@orientalinsurance.co.in
2	MM Devika	Second Level Contact	Non Motor Claims Hub, Leo Shopping Complex, 1 st Floor, 44/45, Residency Road Cross, Bangalore	080-46616167	devikamohan@orientalinsurance.co.in
3	Jayanthi Padmanabhan	Manager, Regional Office	Regional Office, Leo Shopping Complex, 1 st Floor, 44/45, Residency Road Cross, Bangalore	080-46616167	jayanthip@orientalinsurance.co.in

3. DEFINITIONS:

(a) ACCIDENT - An accident is a sudden, unforeseen and involuntary event caused by external and visible and violent means

(b) CONDITION PRECEDENT - Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

(c) DISCLOSURE TO INFORMATION NORM – The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

(d) HOSPITAL / NURSING HOME - A Hospital means any institution established for in-patient care and day care treatment of injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- i. Has qualified nursing staff under its employment round the clock.
 - ii. Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
 - iii. Has qualified medical practitioner(s) in charge round the clock;
 - iv. Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
 - v. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- HOSPITALISATION - Means admission in a Hospital/Nursing Home for a minimum period of 24 In- patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

(e) INJURY - Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

(f) LOSS OF LIMB(S): It shall mean physical separation of one or more hands or feet or permanent and total loss of use of one or more hands or feet.

(h).PHYSICAL SEPERATION: It shall mean separation of hand at or above the wrist and/or of the foot at or above the ankle.

(i)PERMANENT TOTAL DISABLEMENT: The bodily injury, which is direct cause of permanently, totally and absolutely disabling the person insured from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever.

(j)PERMANENT PARTIAL DISABLEMENT: The bodily injury which is the sole and direct cause of total and irrecoverable loss of use of or the actual loss by physical separation permanently incapacitating the Insured Person to the extent of 40% or more in aggregate.

(k) **IN-PATIENT CARE** - In-patient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

(l) **MEDICALLY NECESSARY** - Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- i. Is required for the medical management of injury suffered by the insured;
- ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- iii. Must have been prescribed by a Medical Practitioner;
- iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

(m) **MEDICAL PRACTITIONER** - A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).

(n) **REASONABLE CHARGES** - Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of injury involved.

EXCEPTIONS

PROVIDED ALWAYS THAT:

The Company shall not be liable under this Policy for:

1. Compensation under more than one of the foregoing Sub-Clauses i.e. (a), (b), (c) and (d) except (e) in respect of the same period of disablement.
2. Any other payment after a claim under one of the Sub-Clauses (a), (b), (c) or (d) has been admitted and become payable.
3. Any payment, in case of more than one claim in respect of such Insured Person under the Policy, during any one period of insurance by which the maximum liability of the Company specified in the schedule applicable to such Insured Person exceed the sum payable under sub-clauses (a) of this Policy to such Insured Person.
4. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
5. Payment of compensation in respect of Death, Injury or Disablement of the Insured Person:
 - (a) from intentional self-injury, suicide or attempted suicide,
 - (b) whilst under the influence of intoxicating liquor or drugs
 - (c) whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world,
 - (d) directly or indirectly caused by venereal disease/s, or insanity,
 - (e) arising or resulting from the insured person committing any breach of law with criminal intent.
6. Payment of compensation in respect of Death, Injury or Disablement of the Insured Person due to or arising out of or directly or indirectly connected with or traceable to: War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection,

Mutiny, Military or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainment of all kings, princes and people of whatsoever nation, condition or quality.

7. Payment of Compensation in case of death of, or bodily injury to the Insured Person:

- (a) Directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self sustaining process of nuclear fission.
- (b) Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.

Provided also that the due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the insured be a condition precedent to any liability of the Company under this Policy.

8. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child-birth or from pregnancy or in consequence thereof.

CONDITIONS

1. Upon the happening of any event which may give rise to a claim under this Policy, written notice with all particulars must be given to the Company immediately. In case of death, written notice also for the death must, unless reasonable cause is shown be given before internment cremation, and in any case within one calendar month after the death and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation.

2. Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any Medical or other agent of the Company shall be allowed to examine the Insured person(s) on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the company and in the event of death, to make a postmortem examination of the body of the Insured Persons . Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report, if necessary, be furnished within the space of fourteen days after demand in writing and in the event of a claim in respect of loss of sight, the Insured Person (s) shall undergo at the insured's expense such operation or treatment as the Company may reasonably deem desirable.

No sum payable under this policy shall carry

interest. PROVISION

Provided the all sums payable hereunder shall be payable:

- (i) In case of death or permanent total disablement only after deleting by an endorsement the name of insured person in respect of whom such sum shall become payable without any refund of premium.
- (ii) In case of permanent partial disablement only after reduction by an endorsement of the capital sum insured by the amount admissible under the claim in respect of the insured person to whom such shall become payable and
- (iii) In case of temporary total disablement upon termination of such disablement.

3. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement or device, whether by the insured or by any person on behalf of the insured Person(s).

4. (a) The insured shall give immediate notice to the Company of any change in any of the insured Person's business or occupation.

(b) The insured shall, on tendering any premium for the renewal of his Policy, give notice in writing to the Company of any disease, physical defect or infirmity with which any of the insured Person(s) have become affected since the payment of last preceding premium.

5. The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. The Company shall not, however, be bound to give notice that such Renewal Premium is due.

6. The company may at any time, by notice in writing, terminate this Policy, provided that the Company shall in that case return to the insured the then last paid premium in respect of such persons in respect of whom no claim has arisen less a pro-rata part thereof for the portion of the current insurance period which shall have expired. Such notice shall be deemed sufficiently given if posted and addressed to the insured at the address last registered in the Company's books and shall be deemed to have been received by the insured at the time when the same would be delivered in the ordinary course of post.

OR

The Policy may be canceled at any time by the insured by a notice in writing under a certificate of Posting or a Regd. A. D. Such notice shall be deemed to be effective from the date of dispatch of the same by the insured.

PROVIDED no claim has arisen under the within mentioned Policy prior to the dispatch of such notice by the insured to the Company, the insured would be entitled to the return of premium less premium at Company's short period rate for the period the policy has been in force.

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but the receipt of the insured shall in all cases be an effective discharge to the Company.

7. "If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of an sole arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration the same shall be referred to a panel of 3 arbitrators, comprising of two arbitrators one to be appointed by each of the party to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitrations and conciliation Act 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator, arbitrators of the amount of the loss or damage shall be first obtained.

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

8. IRDA REGULATIONS: This policy is subject to IRDA (Health Insurance) Regulations 2013 and IRDA (Protection of Policyholders' Interest) Regulations 2002 as amended from time to time.

9. GRIEVANCE REDRESSAL : In the event of the policyholder having any grievance relating to the insurance, the insured person may submit in writing to the Policy Issuing Office or Grievance cells at Regional Office of the Company for redressal. If the grievance remains unaddressed, the insured person may contact the Officer, Uni-Customer Care Department, Head Office email us at csd@orientalinsurance.co.in.

10. OMBUDSMAN: The Insured person can also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The updated list of Office of Insurance Ombudsman are available on IRDA website www.irda.gov.in and on the website of General Insurance Council www.gicouncil.in

11. IMPORTANT NOTICE

i. The Company may revise any of the terms, conditions and exceptions of this insurance including the premium payable on renewal in accordance with the guidelines/rules framed by the Insurance Regulatory and Development Authority (IRDA) and after obtaining prior approval from the Authority. We shall notify you of such changes at least three months before the revision are to take effect.

ii. The Company may also withdraw the insurance as offered hereunder after following the due process as laid down by the IRDA and after obtaining prior approval of the IRDA and we shall offer to cover you under such revised/new terms, conditions, exceptions and premium for which we shall have obtained prior approval from the Authority.