

# Basic Details

## Karnataka Government Insurance Department

### Facing sheet

<b>Proposal Number</b>	<b>Insurance Letter Number</b>	<b>District Inspector's Office</b>

The Name of the Insurer is Mr. / Mrs.

KRISHNA NAIK K

<p><b>First / Subsequent</b></p> <p><b>Numbers of Insurance Letters that already exist</b></p> <p>1) 3111168</p> <p>2) 1855407</p> <p>3) 2520892</p> <p>4) 1961215</p> <p>5) 1162282</p>	<p><b>Non Medical / Medical</b></p> <p><b>Initial Deposit details</b></p> <p><b>Date:</b> 22-07-2020</p> <p><b>Place:</b> State Bank of Mysore / India / Hyderabad</p> <p><b>Challan No:</b></p>
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Proposal submitted by Mr / Mrs / Kumari Rudresh Naik with Initial Deposit of ₹ : Check Medical Report, District Inspector/ The Deputy Director has approved the order as estimated at ₹ as calculated on the back of this page

Content/ Subject Manager

Date: 22-07-2020

Superintendents

District Inspector / Deputy Directors Office

Date: 22-07-2020

Key points and recommendation noted in the petition / medical report

Order of Passage

	Accurate computations after passage	Corrections
Date of liability	.....	
Date of Birth of Insurer	01-06-1970	
Age of the Insurer	50	
Monthly Insurance Premium	₹ 3174.00	
Insurance Amount	₹ 126960.00	
Effective Month/ Year	.....	
Date of Issue of Insurance letter	.....	

Information on Loans						Signature of Superintendents	Signature of DIO
Sl No	Branch/ Office	Policy Number	Date of Sanction	Alienation Number	Loan Amount of Rs.		
1.	Bengaluru (Urban)	1855407	06-01-2012	25768	19200.00		
2.	Bengaluru (Urban)	1855407	28-02-2014	29333	34600.00		
3.	Bengaluru (Urban)	1855407	28-01-2020	58748	186800.00		
4.	Bengaluru (Urban)	1855407	29-06-2015	73465	91800.00		
5.	Bengaluru (Urban)	1855407	22-11-2016	82547	80000.00		
6.	Bengaluru (Urban)	1855407	22-09-2017	87936	141200.00		
7.	Bengaluru (Urban)	1961215	24-07-2012	26836	13800.00		

SI No	Branch/ Office	Policy Number	Date of Sanction	Alienation Number	Loan Amount of Rs.	Signature of Superintendents	Signature of DIO
8.	Bengaluru (Urban)	1961215	09-03-2015	37840	26700.00		
9.	Bengaluru (Urban)	1162282	23-03-2011	3799	62800.00		
10.	Bengaluru (Urban)	1162282	26-04-2013	12711	82000.00		

**Proposal / Medical Check list**

- |  |                           |                                     |
|--|---------------------------|-------------------------------------|
| 1. Are the Applicants Eligible to be Insured by Law?   | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 2. Does the total insurance premium of the applicant's current insurance premium be proportional to their pay range? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3. Are the doctors who are inspecting the applicants eligible for rulemaking (in terms of rule 11)?                  | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 4. Are all columns of the insurance proposal / medical report clearly answered? And signed?                          | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 5. Do medical leave details provided by petitioners and their bosses match?  | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 6. Are there any adverse reasons in the proposal or medical report to approve the appeal?                            | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

Insurance Amount Calculation: -	Age -	50
	Load Factor -	L-3
	Sum Assured for age -	54
	Load Deduction for age, height and weight -	14
	Insurance Amount -	(Sum Assured - Load Deduction) x Total Premium
		(54 - 14) x 3174.00
		<b>126960.00</b>

Content Manager  
Date: 22-07-2020

Superintendents  
Date: 22-07-2020

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