



**(<https://kgidonline.karnataka.gov.in>)**

**Life Insurance New Business**

**USER MANUAL**

**Karnataka Government Insurance Department**

**Government of Karnataka**

Prepared by

Centre for Smart Governance (CSG)

No. 2A, Hayes Road

Bengaluru - 560025

## Karnataka Government Insurance Department Web Page:

- Open the web browser.
- Enter the URL (http://49.206.243.82:92/).

help[dot]kgid[at]karnataka[dot]gov[dot]in | +91 080 2237 3845

Karnataka Government Insurance Department  
Government of Karnataka

Language Option

Kannada

Home Life Insurance Motor Insurance Group Insurance Family Benefit MIS & Admin Contact Us

Motor Insurance..

Login > Agency Login

Life Insurance  
Motor Insurance  
Family Insurance  
Group Insurance

Agency Login KGID Login New Employee Login

Username Enter Username

Password Enter Password

Captcha: 8183 Enter Captcha

Login

Forgot Password?

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# Verification and Scrutiny of New Employee Details

## LOGIN PAGE- Superintendent:

1. Select the “KGID Login” Tab.

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Government of Karnataka

Home Life Insurance Motor Insurance Group Insurance Family Benefit MIS & Admin Contact Us

Family Insurance..

HOW TO CLAIM LIFE

Login > KGID Login

Life Insurance  
Motor Insurance  
Family Insurance  
Group Insurance

Agency Login ☒ KGID Login ☐ New Employee Login

KGID Number

Mobile Number

Select the KGID Login Tab

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2. Superintendent has to enter his “KGID number” and the Mobile number is auto-populated.
3. Click on “Authenticate” Button to get the “OTP”.

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## Karnataka Government Insurance Department

Government of Karnataka

Home Life Insurance Motor Insurance Group Insurance Family Benefit MIS & Admin Contact Us

Motor Insurance..

HOW TO CLAIM

Login > KGID Login

Life Insurance  
Motor Insurance  
Family Insurance  
Group Insurance

Enter the KGID number

Mobile number will retrieve automatically

Click on Authenticate button to get the OTP

Agency Login ☒ KGID Login ☐ New Employee Login

KGID Number: 100004

Mobile Number: 33\*\*\*\*\*01

Authenticate

OTP: 1123

Captcha: 3117 3117

Login

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4. Enter the “OTP” and “Captcha” and click on “Login” button.

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## Karnataka Government Insurance Department

Government of Karnataka

Home Life Insurance Motor Insurance Group Insurance Family Benefit MIS & Admin Contact Us

### Life Insurance

Login > KGID Login

Life Insurance

Motor Insurance

Family Insurance

Group Insurance

Agency Login ☐ KGID Login ☒ New Employee Login ☐

KGID Number: 1123588

Mobile Number: 70\*\*\*\*\*65

Authenticate

OTP: Enter OTP

Captcha: 5835 Enter Captcha

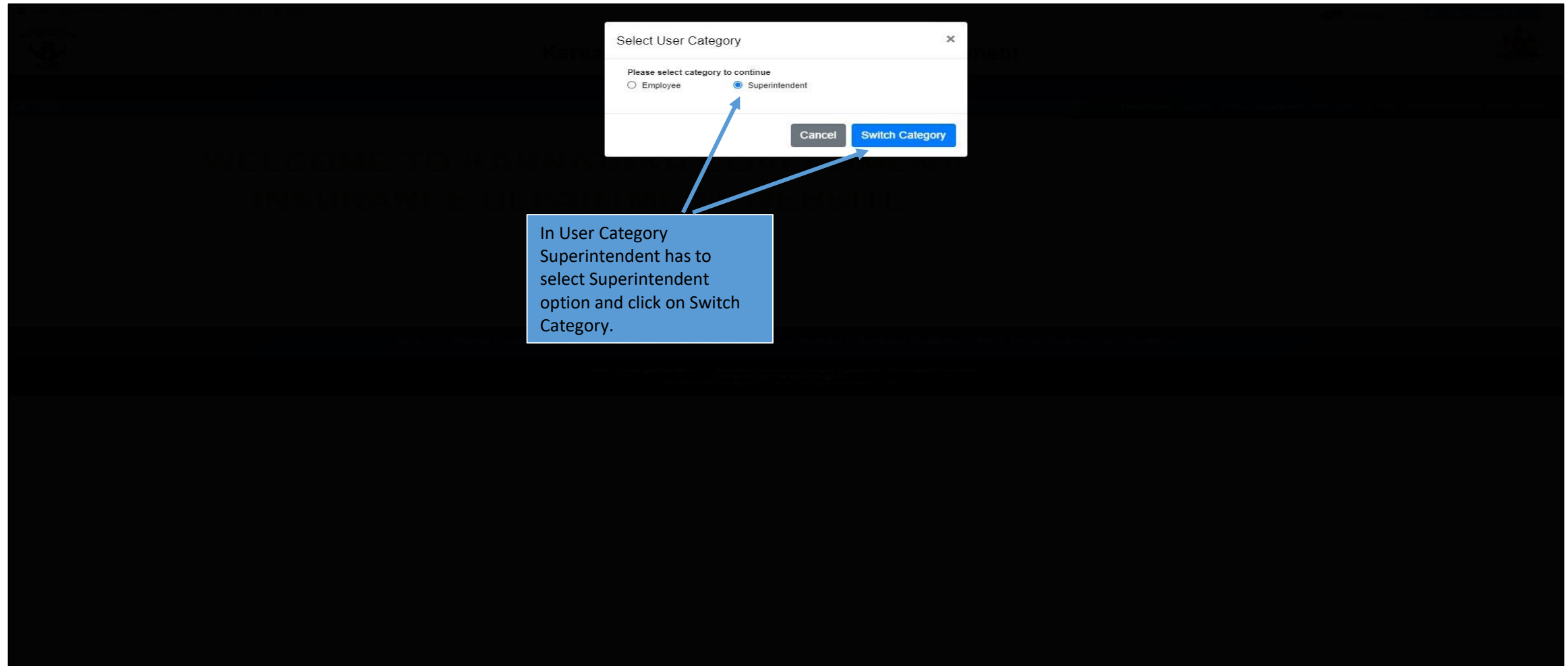
Login

Enter the OTP and Captcha and click on Login button

Click on Login button

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5. After clicking on Login button, the User Category webpage is displayed. Select the **Superintendent** option.
6. Click on **“Switch Category”**.



7. Select the “Application for verification” tab and then click on “NB Applications for verification”.

The screenshot displays the official website of the Karnataka Government Insurance Department. The header includes the department's name in English and Kannada, along with contact information and a language selector. The main navigation bar features tabs for 'Home', 'Application for verification', and 'Reports'. The 'Application for verification' tab is active, showing a dropdown menu with three options: 'NB Applications for verification', 'MI Applications for verification', and 'MI Renewal Applications for verification'. Two blue callout boxes provide instructions: '1. Select the Application for Verification Tab.' points to the 'Application for verification' tab, and '2. Select the NB Application for Verification Details Tab.' points to the 'NB Applications for verification' option in the dropdown. The footer contains various policy links and copyright information.

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Government of Karnataka  
**Karnataka Government Insurance Department**

Home Application for verification Reports

Home Home Home

Designation : Assistant Director Department : KANNADA, CULTURE AND INFORMATION SECRETARIAT

1. Select the Application for Verification Tab.

2. Select the NB Application for Verification Details Tab.

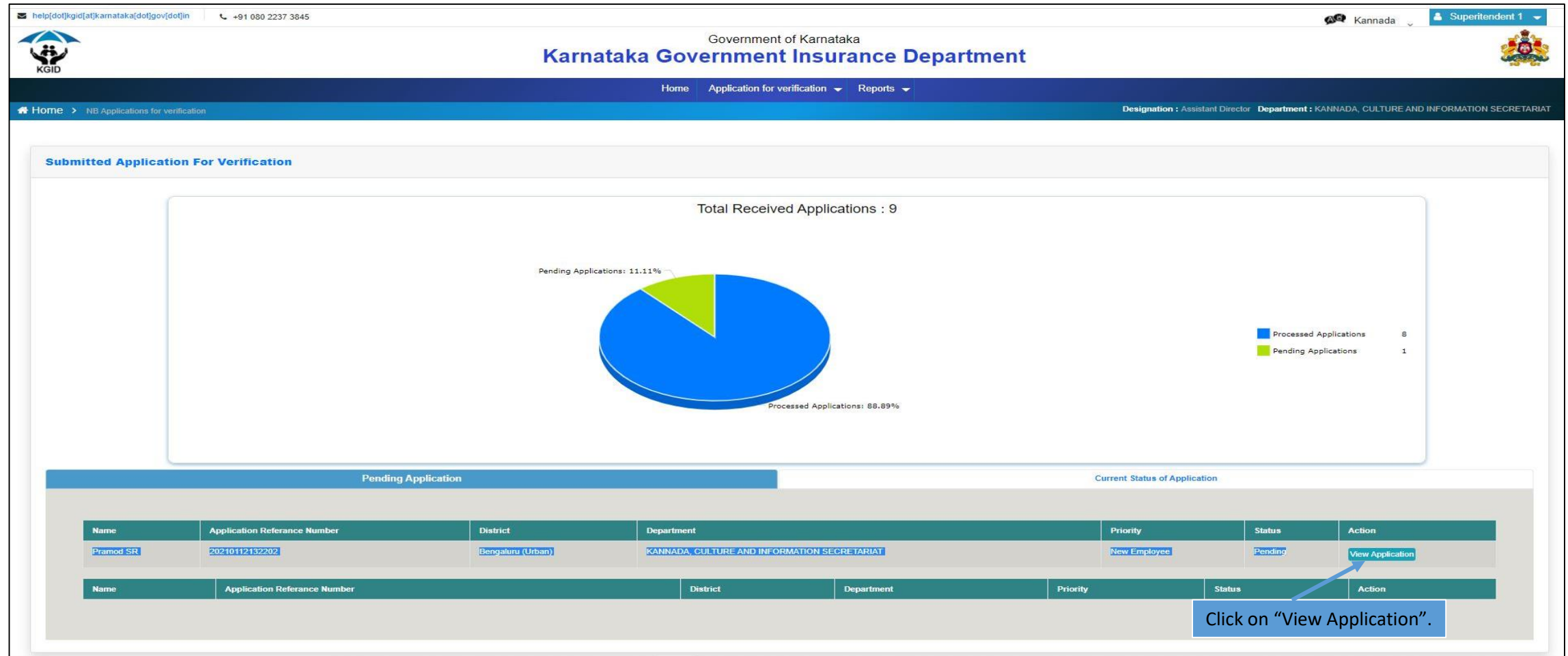
NB Applications for verification  
MI Applications for verification  
MI Renewal Applications for verification

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8. The dashboard displays a report of Processed Applications and the Pending Applications.
9. Applications submitted by employees for verification are displayed.
10. Click on **“View Application”** to open the application submitted by an employee.



11. Workflow Details of the Applications are displayed.
12. Click on **Next** option to proceed further.



Government of Karnataka

Karnataka Government Insurance Department

[Home](#)
[Application for verification](#)
[Reports](#)

Designation : Assistant Director

Department : KANNADA, CULTURE AND INFORMATION SECRETARIAT

Home

Superintendent Verification

Employee Name :Pramod SR | Application Reference Number :20210112132202

Workflow Details

Application Form

Scrutiny

Submitted Date	From	To	Remarks	Comments	Status
12 Jan 2021 15:53:36	Superintendent				Pending
12 Jan 2021 15:53:36	Caseworker	Superintendent	No Correction Found	No Correction Found	Forward to Superintendent
12 Jan 2021 15:33:45	DDO	Caseworker	Issue in both Medical and Application form	Correction required in both forms	Forward to Caseworker
12 Jan 2021 15:07:17	Applicant	DDO			Submitted By the Applicant

Click on Next.

Next

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13. Superintendent has to verify the following details in the Application form:

- \* Basic & KGID Details
- \* Family Details & Nominee Details
- \* Personal Details
- \* Payment Details
- \* Medical Examination Report

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Government of Karnataka  
**Karnataka Government Insurance Department**

Home Application for verification Reports

Home > Designation : Assistant Director Department : KANNADA, CULTURE AND INFORMATION SECRETARIAT

### Superintendent Verification

Employee Name :Pramod SR | Application Reference Number :20210112132202

Workflow Details Application Form Scrutiny

Application Form Click Here Medical Form Click Here

- + View Basic & KGID Details
- + View Family Details & Nominee Details
- + View Personal Details
- + View Payment Details
- + View Medical Examination Report

Each of the following details has to be verified by Superintendent

Previous Next

14. To verify the “Basic Details” & “KGID Details” tick the check box **verify**.

Workflow Details

Application Form

Scrutiny

Application Form [Click Here](#)

Medical Form [Click Here](#)

View Basic & KGID Details

Basic Details

Proposer Name	:	Pramod SR	Spouse Name	:	
Present Working office	:	DISTRICT INSURANCE OFFICER, KARNATAKA GOVERNMENT INSURANCE DEPARTMENT, BANGALORE URBAN DISTRICT, BANGALORE	Residential Address	:	Hassan
Father Name	:	Ramesh	Date of Birth	:	13-12-1987
Place of Birth	:	Hassan	Gender	:	Male
Pincode	:	576201	Phone	:	8975641238
Joining Date of Government Service	:	19-12-2020	Permanent / Temporary	:	Permanent
Present Designation	:	Trainee	Present Pay Scale	:	25800.00 - 51400.00
Marital Status	:	Unmarried	Divorce / Remarried	:	N/A
Is spouse government employee?	:	No	Group	:	C
Are you an orphan?	:	No			

KGID Details

Employee Pay Scale :

25800.00 - 51400.00

KGID Premium Details

KGID Policy Number / Application Ref Number	Sanction Date	KGID Premium
20210112132202		2410
	Total:	2410

☒ Verify

Click on “Verify” Check Box.

15. To verify the “Family Details” & “Nominee Details” tick the check box **verify**.

Superintendent Verification

Employee Name :Pramod SR | Application Reference Number :20210112132202

Workflow Details

Application Form

Scrutiny

Application Form Click Here

Medical Form Click Here

+ View Basic & KGID Details

- View Family Details & Nominee Details

Family Details

Name of family member	Relation	Date of Birth	Age of Family Member	Alive / Dead	Is Sibling Married?	Alive (Health Condition)	Date of Death	Dead (Death Reason)
Latha	Mother	25-05-1965	55	Alive	N/A	GOOD		
Ramesh	Father	20-05-1955	65	Alive	N/A	GOOD		

Number of Brother's :0

Number of Sister's :0

Number of Children's :0

Nominee Details

Name of Nominee	Age of Nominee	Relation	% Share	Name of Guardian	Relation with Guardian
Latha	55	Mother	50		
Ramesh	65	Father	50		

☒ Verify

Click on Verify Check Box.

+ View Personal Details

+ View Payment Details

16. To verify the “Personal Details” tick the check box **verify**.

Personal Details

Is your health in good condition :

Yes

Height [cms] :

165

Weight [kgs] :

70

Are you married ? If so,

No

Details about personal health

Health Details	Comments	Documents(if any)
On what occasion and for what diseases or injuries have you received medical advice, when and by whom?	No	
Has any relative (member of your family) living or, dead, been affected with diabetes, Cancer, Gout, Consumption, epilepsy, Insanity, Apoplexy, Heart failure ? If so, give particulars.	No	
Have you lived in the same house or been associated in any way with a person suffering from consumption or any other infectious diseases within the last two years ? If so, give details.	No	
Have you ever suffered from diseases of the Brain or from Paralysis, Insanity, Epileptic or other fits, or any other nervous disorder ?	No	
Have you ever suffered from Sore-throat, Spitting of blood, Chronic Cough, Asthma, Bronchitis or other diseases of the Lungs ?	No	
Have you ever suffered from Dropsy or diseases of the Liver Kidney or Urinary Organs ?	No	
Have you ever vomited or passed blood or suffered from Diarrhoea, Dysentery or Stomach ache ? If so, since when, how often and how long each time ?	No	
Have you ever suffered from Rheumatic fever or chronic Rheumatism? If so, what joints were attacked? do you suffer from shortness of breath, giddiness or palpitation of heart? If so, since when how often and how long each time ?	No	
Have you ever passed blood, pus, sugar, or albumen in urine? How often do you get up at night to pass urine?	No	
Have you had any other illnesses considered by you to be important or not? If so, give details.	No	
Do you drink wine, spirits or malt liquors? Are you addicted to the use of any narcotic drugs like opium, cocaine, etc. If so, give particulars. Do you smoke tobacco? If so, to what extent ?	No	
[a] Have you remained absent from your work on grounds of health during the last 3 years? If so, state when, how long and or what ailments?	No	
[b] Were you medically advised to have a change of place for health reasons? If so, give reasons and state when and how long.	No	
Has any proposal on your life been previously made to official Branch or Life Insurance Corporation, or Postal Insurance, or Hyderabad state Life Insurance fund? If so, state.	No	

☒ Verify

Click on Verify

+ View Payment Details



17. To verify the “Payment Details” tick the check box **Verify**.

Employee Name:Pramod SR | Application Reference Number:20210208130605

Workflow Details Application Form Scrutiny Uploaded Documents

+ View Basic & KGID Details

+ View Family Details & Nominee Details

+ View Personal Details

- View Payment Details

### Payment Details

Initial Amount :	1440	Payment Reference No :	4521027890
Purpose :	KGID Premium	Sub Purpose :	Initial Payment
DDO Code :	120270	HOA :	Revenue Head of Account
Date :	12-02-2020		
<input checked="" type="checkbox"/> Verify			

+ View Medical Examination Report

Previous Next

Click on Verify

18. To verify the “Medical Examination Report” tick the check box **Verify**. Click on **Next** to proceed further.

[View Medical Examination Report](#)

### Physical Details

Proposer's Height [Cm] : 165	Proposer's Weight [Kgs] : 70
Proposer's Pulse Rate [No's/Min] : 54	Proposer's Breathing Rate [No's/MIN] : 72
Proposer's Blood Pressure : 72	Low / Diastolic : 72
HIGH Systolic : 72	Remarks : good

### Other Details

Was Proposer Admitted To Hospital?	No
Has Proposer Met With an Accident?	No
Has Proposer Undergone Test Like Ecg, X-Ray, Lasseray?	No
At Present Has Proposer Undergone Any Treatment?	No

### Health Details

4) Is there any symptoms of having illness in chest, heart and lungs?	No
5) Is there any symptoms of disease in teeth,gums,tongue,ear,nose,Throat, eyes?	No
6) Does the Proposer have any deficiency or disability	No
Does the Proposer have Thyroid,lymph node in joint, or have scars from surgery	No
7) Any indication of enlargement of Spleen or Liver	No
8) Is there any abnormality in any part of the Gastrointestinal track	No
9) Does proposer suffer from Hernia?	No
10) Is there any abnormalities found in the urinary tract	No
11) Does the proposer have any indication of having diseases or ailments with respect to the Nervous System	No
12) Does the proposer have any indication of having undergone a surgery	No
13) Does the proposer have any marks of which might have occurred accidentally,or done due to any other reason	No
14) Is there any important adverse symptom in the very nature of the proposer's health	No
Does the Proposer have a good life cycle? If not, please give the specific reason	No

### Doctor Details

<input checked="" type="radio"/> Within state doctor	<input type="radio"/> Other state doctor	Doctor Name :	DR MANJIA NAIK R
KMC Code :	49164	Designation :	SPECIALIST
Doctor KGID :	1794429		
Doctor Hospital Name :			
<input checked="" type="checkbox"/> Verify			

Click on Next Button

Click on Verify

PreviousNext

19. In Scrutiny Superintendent has to verify:
- \* Whether applicant details are correct.
  - \* Whether applicant has paid initial deposit premium.
  - \* Whether applicant signed proposal form.
  - \* Whether doctor signed medical report form.
  - \* Whether load factor is correct.
  - \* Whether medical report is mandatory/ not mandatory.
  - \* Whether medical opinion required or not.
20. Tick the check box **“Verified”**, if the above mentioned details are correct.

### Superintendent Verification

Employee Name :Pramod SR | Application Reference Number :20210112132202

Workflow Details

Application Form

Scrutiny

[Verify Basic & KGID Details](#)  
[Verify Family Details & Nominee Details](#)  
[Verify Personal Details](#)  
[Verify Payment Details](#)  
[Verify Medical Examination Report](#)

☒ Verified  
☒ Verified  
☒ Verified  
☒ Verified  
☒ Verified  
[View Facing Sheet](#)

**Facing Sheet**

Leave From	Leave To	Number Of Days	Remarks	Supporting Document (if any)	Reimbursement Document (if any)
01-01-2021	06-01-2021	6		<a href="#">View Document</a>	<a href="#">View Document</a>

**Medical Leave Details**

Medical Leave	Remarks	Comment
6	<div> <div>No Correction Found</div> <div>No Correction Found</div> <div>Issue in Application Form</div> <div>Issue in Medical Form</div> <div>Issue in both Medical and Application form</div> </div>	<div>No Correction Found</div>

☐ Forward to DIO

☒ Verified  
☒ Verified  
☒ Verified  
☒ Verified  
☒ Verified  
☒ Verified  
☒ Verified

Click on Verified Boxes

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21. Superintendent can verify the “Medical Leave Details” uploaded by DDO.
22. After verification, Superintendent can forward the application to DIO by selecting the suitable Remarks and providing a comment in the Comment Box.

### Superintendent Verification

Employee Name : Pramod SR | Application Reference Number : 20210112132202

Workflow Details

Verify Basic & KGID Details

Verify Family Details & Nominee Details

Verify Personal Details

Verify Payment Details

Verify Medical Examination Report

Facing Sheet

Medical Leave Details

Leave From	Leave To	Number Of Days	Remarks
01-01-2021	06-01-2021	6	

Medical Leave: 6

☐ Forward to DIO

Application Form

Whether applicant details are correct. ☒ Verified

Whether applicant has paid initial deposit premium. ☒ Verified

Whether applicant signed proposal form. ☒ Verified

Whether doctor signed medical report form. ☒ Verified

Whether load factor is correct. ☒ Verified

Whether medical report is mandatory/ not mandatory. ☒ Verified

Whether medical opinion required or not. ☒ Verified

Supporting Document (if any)

Reimbursement Document (if any)

Scrutiny

Click here to view the Facing Sheet

Click here to View the Supporting Document

Click here to View the Reimbursed Document

Select the Remarks.

Comment section.

Send Clear Previous

Page 19 of 20

23. Superintendent can click on “**Uploaded Documents**” to View and Download the “**Application Form**” and “**Medical Form**”.

Employee Name:Pramod SR | Application Reference Number:20210208130605

Workflow Details	Application Form	Scrutiny	Uploaded Documents
Application Form	Click Here	Medical Form	Click Here
Click to Download the Application Form		Click to Download the Medical Form	
			Previous