



Integrated Solution for KGID

System Requirement Specification (SRS)

Module: Motor Insurance
Version: 1.6

Prepared by

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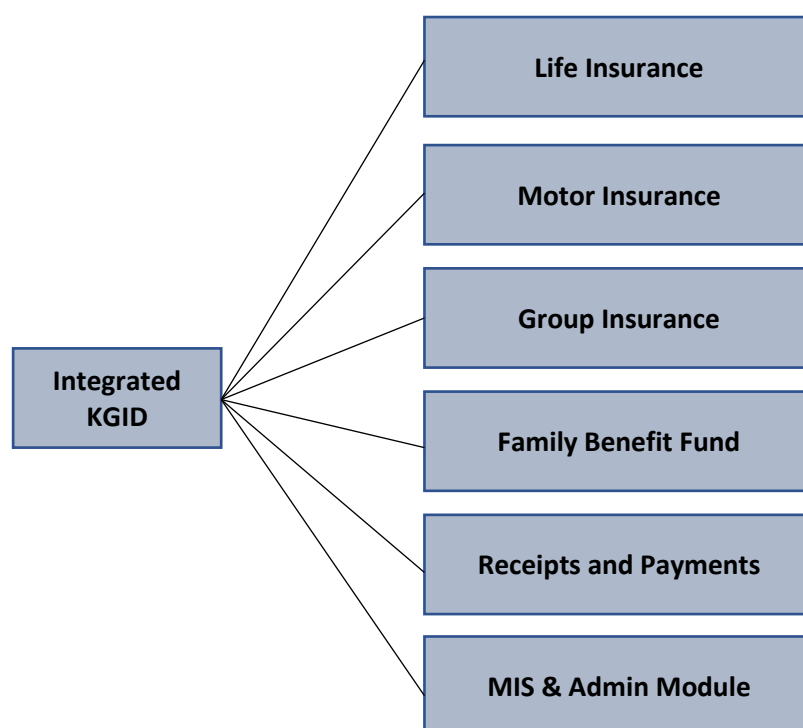
Table of Contents

1. Introduction.....	3
1.1 Motor Insurance Policy Application Process	4
1.2 Motor Insurance Policy Renewal Process.....	6
1.3 Motor Insurance Claim Process (Own Damage).....	8
1.4 Motor Insurance Claim Process (Third Party Damage)	9
2. Use Cases.....	13
<i>Use Case 2.1</i>	<i>14</i>
<i>Department / Agency enters details of vehicle and System displays the amount of premium ...</i>	<i>14</i>
<i>Use Case 2.2</i>	<i>32</i>
<i>Department / Agency / Individual pays the Premium</i>	<i>32</i>
<i>Use Case 2.3</i>	<i>39</i>
<i>KGID issues the Motor Insurance Policy</i>	<i>39</i>
<i>Use Case 2.4</i>	<i>50</i>
<i>Department / Agency verifies the necessary details and uploads documents</i>	<i>50</i>
<i>Use Case 2.5</i>	<i>54</i>
<i>Department / Agency submits renewal form with payment of renewal premium</i>	<i>54</i>
<i>Use Case 2.6</i>	<i>61</i>
<i>KGID issues renewal of Motor Insurance Policy</i>	<i>61</i>
<i>Use Case 2.7</i>	<i>70</i>
<i>Cancellation of Motor Insurance Policy</i>	<i>70</i>
<i>Use Case 2.8</i>	<i>76</i>
<i>Department / Agency submits OD Claim Request</i>	<i>76</i>
<i>Use Case 2.9</i>	<i>83</i>
<i>KGID Admits OD Claim Request, appoints surveyor, issues Work Order for repairs and approves Claims (Bills).....</i>	<i>83</i>
<i>Use Case 2.10</i>	<i>96</i>
<i>KGID receives Summons (Court Notice and Petition) on MVC Claims</i>	<i>96</i>
<i>Use Case 2.11</i>	<i>104</i>
<i>KGID submits response and updates Court Hearings</i>	<i>104</i>
<i>Use Case 2.12</i>	<i>114</i>
<i>KGID disburses Claim amount to Court / Department / Agency as prescribed.....</i>	<i>114</i>
SPECIAL NOTE:.....	120

1. Introduction

The Karnataka Government Insurance Department (KGID) is a department under Finance Department and involves in providing insurance services to all government employees. It also involves in providing insurance services to government owned vehicles. The department is operated through its District offices with headquarters at Bengaluru. The head office at Bengaluru also caters to the requirements of Bengaluru Urban District. The process of submission of applications, processing, approving of policies and maintaining a statement of payments and reconciliation are currently handled manually. A certain level of automation has been achieved by digitization of data. However, such automation is limited to isolated systems and unable to be shared and updated in an integrated manner. The department needs an integrated solution which can automate the application process, payment of premium / instalments, reconciliation, processing of claims and other related functions of the department.

KGID is implementing automated solution for carrying out its core operations and other associated activities. The system will be web-enabled and accessed by employees and staff of KGID with appropriate user privileges. The System has been modularized in order to segregate each core operation and ensure scalability of the system. The various modules of the software are as follows.



Motor Insurance Module

Motor Branch of K.G.I.D deals with compulsory motor insurance coverage for all State Govt. vehicles and vehicles in which Govt. has substantial financial interest. Namely vehicles owned by all the Boards and Corporations, Municipalities, Universities, Govt. Undertakings etc., and vehicles purchased by Government Employees by availing loan facilities (MCA) from Government.

The sub-modules of Motor Insurance Module are as follows.

- ➔ Application and Approval of new vehicle motor insurance policies
- ➔ Renewal of Policies
- ➔ Application and Processing of Own Damage Claims
- ➔ Application and Processing of MACT (motor accident claim tribunal) cases
- ➔ Closure of Policies
- ➔ Generation of Statements

This System Requirement Specification (SRS) document elaborates on the above-mentioned Sub Modules.

1.1 Motor Insurance Policy Application Process

All Vehicles of Government of Karnataka (except KSRTC and BMTC who have their own insurance Scheme) are covered under compulsory insurance scheme. All new vehicles are covered under package policy (Comprehensive policy) unless insured insists only for Liability Policy. Vehicles aged above 10 years are covered under third party risk (Liability Policy).

Vehicles are classified into 5 groups.

- i) Two Wheelers.
- ii) Cars and Jeeps
- iii) Passenger Vehicles (Passenger Carrier)
- iv) Goods Vehicles (Goods Carrier)
- v) 'D' Class specially designed vehicles.

Insurance coverage for all vehicles is for a period of **one year** for OD and **three years** for Third Party Liability. There will be no risk coverage if insurance is not renewed before the due date. The Premia are fixed as per tariff rates fixed by IRDAI guidelines from time to time.

Premium is calculated on the basis of Zones: -

- i) Bangalore Urban
- ii) Rest of Karnataka
- iii) Outside Karnataka

The following are the types of motor vehicle insurances covered by KGID.

- (i) Package Policy (Comprehensive Policy)
- (ii) Act Liability Policy (Third Party Risk)

The following documents are to be submitted for obtaining the motor insurance coverage / policy for new government vehicles.

I) Proposals: (New Business)

For Two Wheelers, Cars and Jeeps: -

- 1) Proposal Form No.1
- 2) Tax invoice
- 3) Allotment copies from Government
- 4) Sales Certificate / Form 21

For Goods Carriers, Passenger Carriers and 'D' Class Vehicles:

- 1) Proposal Form No.2
- 2) Tax invoice
- 3) Allotment copies from Government
- 4) Sales Certificate / Form 21

Underwriting:

On Receipt of filled and duly signed Proposal Form, allotment letter, tax invoice and sales certificate, the Premium payable will be computed, and the owner of the vehicle will be intimated to pay the Premium amount along with applicable GST. After receiving the Premium, the following activities are performed.

- Approval of Policy
- Underwriting by Authorized Officer
- Generation of Policy
- Issuance of Insurance Certificate

The Process of applying and issuance of Motor Insurance Policy is as follows.

- (i) Department / Agency fills motor insurance application form entering details of the vehicle and type of policy. The vehicle details are fetched from Vahan Software based on Chasis No.
- (ii) System displays the amount of insurance premium to be paid.
- (iii) Department / Agency pays insurance premium either by Khajane-II receipt or through Treasury Transfer Receipt (TTR).
- (iv) KGID verifies and approves motor insurance application and issues insurance policy to the Department / Agency.
- (v) After new Vehicle registration, through integration with the RTO Vahan Application Registration Certificate (RC) is integrated with the details available in the KGID Policy.

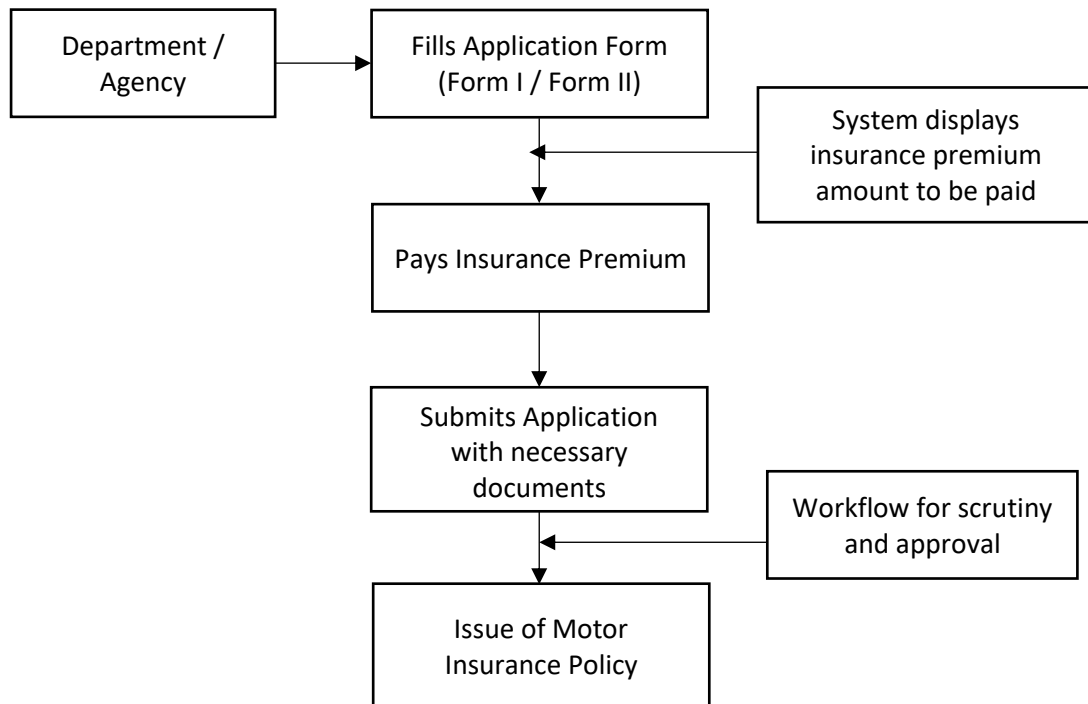
1.2 Motor Insurance Policy Renewal Process

The process for renewing the motor insurance policy is elaborated below.

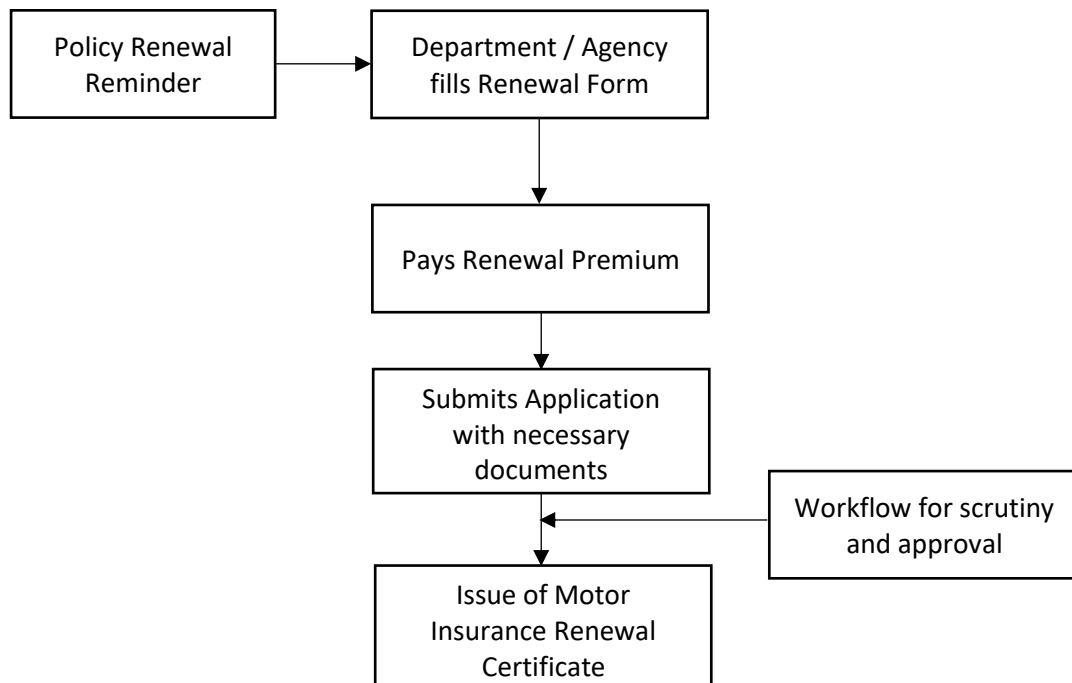
- (i) KGID sends renewal reminder to Department / Agency mentioning details of renewal premium to be paid. The renewal reminders will be periodical prior to renewal and post expiry of policies.
- (ii) Department / Agency pays the renewal premium amount either by Khajane-II receipt or through Treasury Transfer Receipt (TTR).
- (iii) KGID verifies receipt and issues insurance renewal certificate to the Department / Agency.

The process flows for Motor Branch is as follows.

Motor Insurance Policy



Motor Insurance Renewal



1.3 Motor Insurance Claim Process (Own Damage)

Claims in respect of Government owned Vehicles involved in accident, which are damaged are settled under Own Damage Claims (OD Claims).

The following documents required for processing own damage claim.

- (i) Claim Application
- (ii) Declaration of the Driver
- (iii) Copy of the Vehicle Insurance Policy
- (iv) FIR – from the Police
- (v) Inspector Motor Vehicle Report from the RTO
- (vi) Estimate from the Garage / authorized service dealers
- (vii) Copy of Driving License
- (viii) Copy of the Certificate of Registration (R.C)
- (ix) Photos regarding the accident

After approval of the Claim, the following documents are required:-

- i) Bill for Repair
- ii) Claim Discharge form
- iii) Advance Payees Receipt

The process for seeking motor insurance claims under Own Damage is given below.

- 1) Intimation regarding Accident will be received along with FIR from the owner of the vehicle.
- 2) Claim application will be issued to the owner of the vehicle.
- 3) On receipt of completed claim application along with required documents an authorized surveyor will be appointed to conduct survey of the accident vehicle and furnish survey report.
- 4) On receipt of survey report, the liability of the department with regard to new spare parts and labour charges admissible will be calculated on the basis of survey report, photographs, damages and depreciation and the claim is admitted by the Director.
- 5) After the claim admission, work order is issued to the repairers.
- 6) After the repairs, bill with rates for replaced new vehicle spares and labour charges including relevant taxes is submitted to KGID by the insured.

- 7) On receipt of bills after vehicle repairs, the payment for claim is calculated and approval for the payment is obtained by the Director.
- 8) After payment approval claim discharge form, **advance payees' receipt** will be called for from the owner of the vehicle and repairers respectively.
- 9) After receipt of the above documents the claim amount will be paid to the owner of the garage / authorized service dealers or re-imbursed to the owner of the vehicle through submission of TTR bill to the treasury.

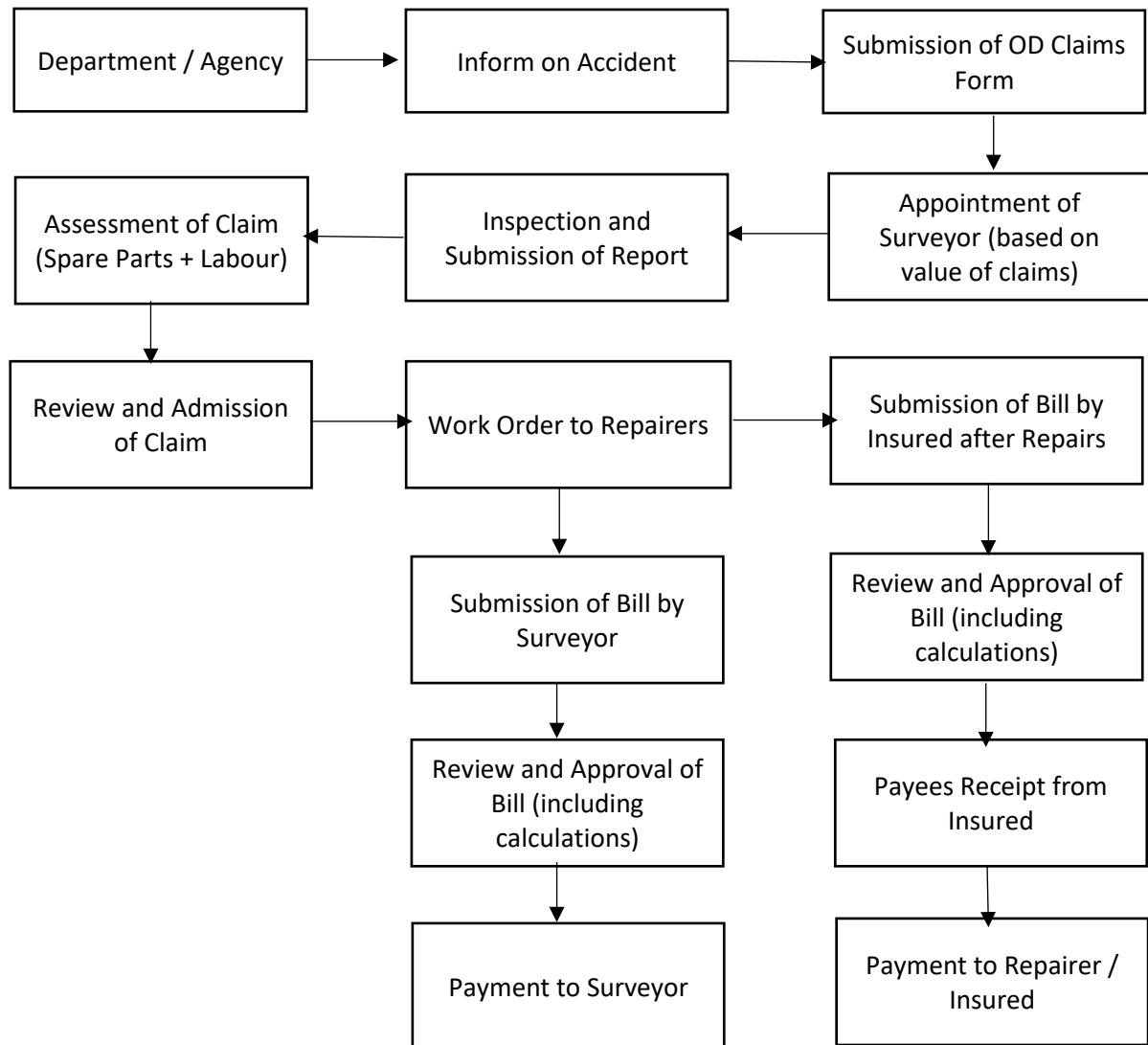
1.4 Motor Insurance Claim Process (Third Party Damage)

The process for seeking motor insurance claims under Third Party Damage (MVC) is given below.

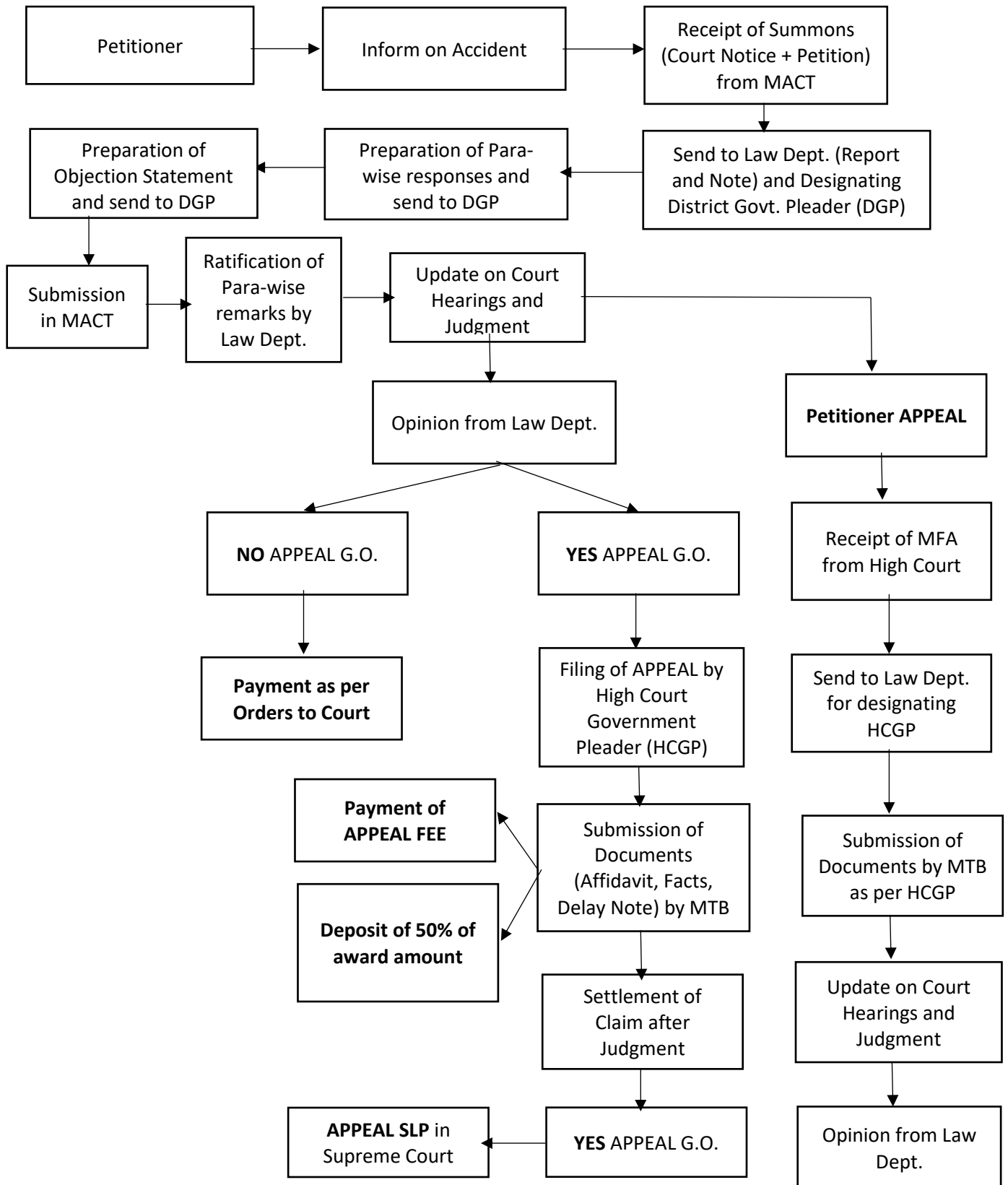
- 1) Owner of the Vehicle will inform about the accident.
- 2) Summons (Court notice and Petition copy of the MVC case) are received from M.A.C.T. (Motor Accident Claim Tribunal) in the Motor Branch Section.
- 3) Government Law Department will be requested to authorise District Government Pleader (DGP) to plead on behalf of the Department.
- 4) Para-wise remarks / written statement will be prepared and sent to the District Government Advocate for submission in MACT
- 5) Para-wise remarks / written statement is sent to Govt. Law Department for ratification.
- 6) KGID is informed on the updates of Court hearings and consequent Court Hearing dates by the DGP.
- 7) On receipt of Judgment from the MACT the same will be sent to Government Law Department for opinion and whether to prefer an APPEAL or not.
- 8) If NO APPEAL G.O. is received, then, the claim amount will be settled as per orders of the MACT and KGID releases payment to Court for onward payment to Petitioner
- 9) If APPEAL G.O. is received, then, an APPEAL will be preferred before the High Court through High Court Government Pleader.

- 10) Law Department authorises the High Court Govt. Pleader to plead on behalf of KGID.
- 11) The Motor Branch D.D. files an affidavit, statement of facts of the case and also, if necessary, a delay note in the High Court.
- 12) The Motor Branch D.D. swears and signs on the above prepared documents before the NOTARY before filing in the High Court.
- 13) After stay is granted and on the HCGP request the APPEAL FEE as per sec173 is paid to High Court.
- 14) The Department pays the 50% of the compensation amount (or Rs25000/- which ever is less) and APPEAL FEE as per Section 173 of MV ACT when Govt prefers APPEAL
- 15) Settlement of the Claim will be made as per Judgement Order of the High Court after obtaining opinion of the Government Law Department.
- 16) The other scenario is THE PETITIONER GOING FOR APPEAL AGAINST THE LOWER COURT JUDGEMENT.
- 17) In case Petitioner goes for APPEAL on the Lower Court order and files an APPEAL in High Court, then Motor Branch Section receives MFA (Miscellaneous First Appeal) notice and petition copy from High Court.
- 18) In such cases, the MTB Section submits all the lower court important documents (the lower court petition copy, the lower court judgement order, copy of the insurance certificate and other documents) as per the HCGP request.
- 19) When the petitioner goes on further appeal, KGID does not pay any APPEAL FEE.
- 20) KGID Writes to Government Law Department to authorize HCGP to attend the case High Court.

Motor Insurance Claims (Own Damage)



Motor Insurance Claims (Third Party Damage)



2. Use Cases

List of Use Cases

Sl. No.	Use Case	Ref. No.
1	Department / Agency enters details of vehicle and System displays the amount of premium	2.1
2	Department / Agency / Individual pays the Premium	2.2
3	KGID issues the Motor Insurance Policy	2.3
4	Department / Agency enters the necessary details and uploads documents.	2.4
5	Department / Agency submits renewal form with renewal premium	2.5
6	KGID issues renewal of Motor Insurance Policy	2.6
7	Cancellation of Motor Insurance Policy	2.7
8	Department / Agency submits OD Claim Request	2.8
9	KGID Admits OD Claim Request, appoints surveyor, issues Work Order for repairs and approves Claims (Bills)	2.9
10	KGID receives Summons (Court Notice and Petition) on MVC Claims	2.10
11	KGID submits response and updates Court Hearings	2.11
12	KGID disburses Claim amount to Court / Department / Agency as prescribed	2.12

Use Case 2.1

Department / Agency enters details of vehicle and System displays the amount of premium

2.1.1 Purpose:

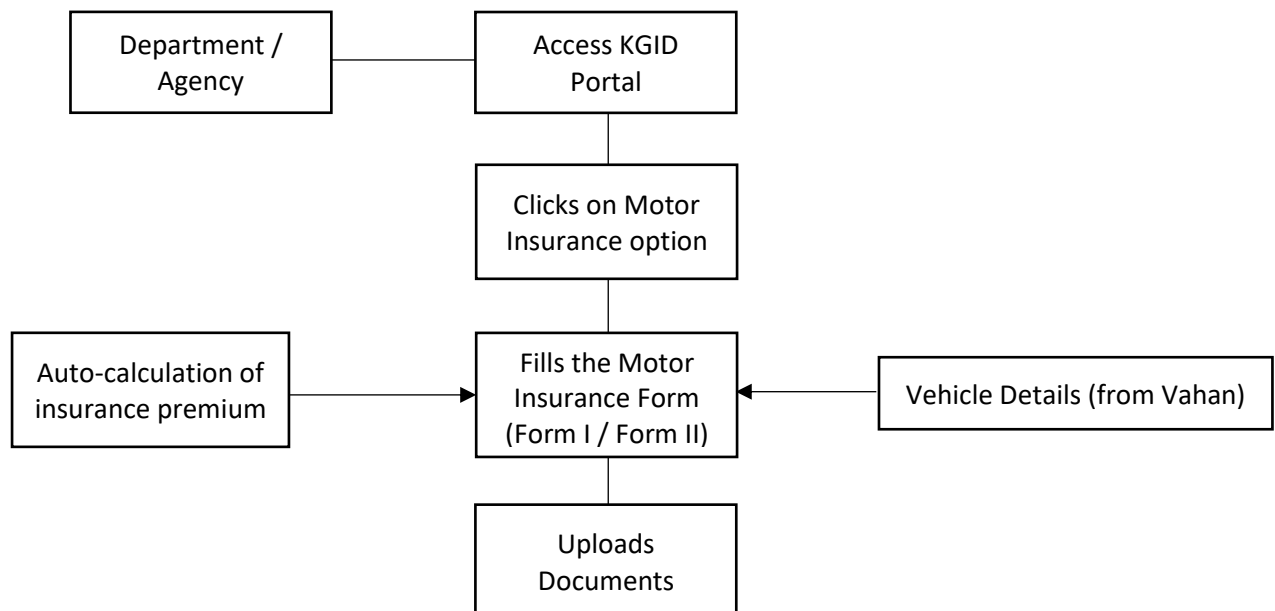
This Use Case enables Department / Agency to access Vehicle Insurance Form and enter the details of the vehicle. This Use Case also enables auto-calculation of premium amount based on the details entered by the Department / Agency.

2.1.2 Pre-Requisites:

The pre-requisites for implementing the Use Case are as follows.

- Availability of Masters (Vehicle Master, Manufacturer Master, Type of Insurance Master etc.)
- Login credentials for Departments / Agencies
- Configuration of rules to calculate Insurance Premium

2.1.3 Process flow:



2.1.4 Step-wise Approach:

Step-1:

Department / Agency accesses KGID portal and clicks on “Motor Insurance” menu option

Step-2:

Department fills the Motor Insurance Form by selecting and entering vehicle details. System is integrated with Vahan Portal of Transport Department to fetch vehicle details. System automatically calculates insurance premium based on details fetched from Vahan Portal / entered by Department / Agency.

Component	Value	Formula	Remarks
Insured Declared Value (IDV)	A		IDV taken from Tax Invoice / Present Vehicle Value certified by RTO
Depreciation	B		% fixed as per Table
Purchase Value of Vehicle (PVV)	C	(A-B)	
Own Damage			
Basic Premium	D	% of C	% value as per IRDAI Chart
Govt. Rebate	E	% of D	% value as per Rules
NCB Claim	N	% of (D-E)	Applicable for Renewal
Malus	M	% of D	Applicable for Renewal
Own Damage Premium	T1	(D+M-E-N)	
Third Party Liability			
Liability to Risk	F		Fixed value as per IRDAI Rules
Govt. Rebate	G	% of F	% value as per Rules
Driver Risk	X1		Absolute Value
Passenger Risk	X2		Absolute Value
Malus	M		Applicable for Renewal
Liability Premium	T2	(F+X1+X2-G)	
If delay in renewal exceeds 90 days		(F+X1+X2-G) +M	Applicable for delay in Renewal in case of L-Type Policy (Third Party Liability Only)

Component	Value	Formula	Remarks
Summary			
Total Premium	T	(T1+T2)	
Tax	H	% of T	% value as per Rules
Payable Premium	P	(T+H)	

The below mentioned table need to be referred for Depreciation.

Age of Vehicle	% of Depreciation
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%
Exceeding 5 years but not exceeding 6 years	55%
Exceeding 6 years but not exceeding 7 years	60%
Exceeding 7 years but not exceeding 8 years	65%
Above 8 years	70%

The below table need to be referred for “No Claim” Bonus details.

Age of Vehicle	% on Net Premium
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	25%
Exceeding 3 years but not exceeding 4 years	35%
Exceeding 4 years but not exceeding 5 years	45%
Exceeding 5 years	50%

The below table need to be referred for “Malus” details.

Delay in Renewal	% on Premium
Not Exceeding 90 days	0%
Exceeding 90 days but not exceeding 120 days	20%
Exceeding 120 days but not exceeding 1 year	30%
1 year and above	50%

RATES OF PREMIUM FOR OWN DAMAGE COVER (TARIFF FOR PRIVATE CARS)

Age of the vehicle	Zone B			Zone A		
	Cubic Capacity			Cubic Capacity		
	Not Exceeding 1000 cc	Exceeding 1000 cc but not Exceeding 1500 cc	Exceeding 1500 cc	Not Exceeding 1000 cc	Exceeding 1000 cc but not Exceeding 1500 cc	Exceeding 1500 cc
Not Exceeding 5 years	3.039 % on IDV	3.191 % on IDV	3.343 % on IDV	3.127 % on IDV	3.283 % on IDV	3.440 % on IDV
Exceeding 5 years but not exceeding 10 years	3.191 % on IDV	3.351 % on IDV	3.510 % on IDV	3.283 % on IDV	3.447 % on IDV	3.612 % on IDV
Exceeding 10 years	3.267 % on IDV	3.430 % on IDV	3.594 % on IDV	3.362 % on IDV	3.529 % on IDV	3.698 % on IDV

LONG TERM MOTOR THIRD PARTY PREMIUM

(A) Private cars

Vehicle category	Long term premium Rates for a 3 year Motor TP policy
Not Exceeding 1000 cc	5,286
Exceeding 1000 cc but not Exceeding 1500 cc	9,534
Exceeding 1500 cc	24,305

(B) Two Wheelers

Vehicle category	Long term premium Rates for a 5 year Motor TP policy
Not Exceeding 75 CC	1,045
Exceeding 75 cc but not Exceeding 150 cc	3,285
Exceeding 150 cc but not Exceeding 350 cc	5,453
Exceeding 350 cc	13,034

Step-3:

Department / Agency uploads necessary documents required for the Motor Insurance application and submits the filled-in form to KGID. The list of documents are as follows.

(A) New Purchased Vehicle

- Proposal Form
- Sanction Letter from Government
- Tax Invoice
- Sale Certificate

(B) Donated Vehicle

- Letter of Donation
- Proposal Form
- Sale Certificate
- Tax Invoice

(C) Seized Vehicle

- “B” Extract from RTO- Certificate
- Proposal Form
- Tax Invoice from Showroom / Vehicle present Value from RTO
- Fitness Certificate from RTO

(D) Insurance previously covered by Private Insurance Companies

- Proposal Form
- Sanction Letter from Government
- Tax Invoice
- Sale Certificate
- Private Insurance Certificate
- RC Copy

2.1.5 Master / Mapping / Reference Tables:

The Master / Mapping / Reference Tables required for this Use Case are as follows.

Vehicle Sector Master:

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Vehicle Sector ID	Int	15	PK
2	Vehicle Sector Desc	Varchar 2	100	

Vehicle Type Master:

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Vehicle Type ID	Int	15	PK
2	Vehicle Type Desc	Varchar 2	100	
3	Vehicle Sector ID	Int	15	FK
4	Form Type	Varchar 2	10	Form 1 / Form 2

Vehicle Manufacturer Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Manufacturer ID	Int	15	PK
2	Name of Manufacturer	Varchar 2	100	

Vehicle Category Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Vehicle Category ID	Int	15	PK
2	Vehicle Category Desc	Varchar 2	100	

Vehicle Sub Type Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Vehicle Sub Type ID	Int	15	PK
2	Vehicle Sub Type Desc	Varchar 2	100	

Zone Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Zone ID	Int	15	PK
2	Zone Desc	Varchar 2	100	
3	Vehicle Sub Type ID	Int	15	FK

Zone Place Mapping Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Zone Place ID	Int	15	PK
2	Zone ID	Int	15	FK
3	Zone Place Desc	Varchar2	100	

Vehicle Age Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Vehicle Age ID	Int	15	PK
2	Vehicle Age Desc	Varchar2	50	
3	Minimum Age	Decimal	10	
4	Maximum Age	Decimal	10	

Cubic Capacity Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	CC ID	Int	15	PK
2	CC Desc	Varchar2	50	
3	Minimum CC	Decimal	10	
4	Maximum CC	Decimal	10	

Gross Vehicle Weight Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	GVW ID	Int	15	PK
2	GVW Desc	Varchar2	50	
3	Unit of Measure	Varchar 2	20	
4	Minimum Value	Decimal	20	
5	Maximum Value	Decimal	20	

Vehicle Value Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Vehicle Value ID	Int	15	PK
2	Vehicle Category ID	Int	15	FK
3	GVW ID	Int	15	
4	CC ID	Int	15	
5	Value	Number	20	

Passenger Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Passenger ID	Int	15	PK
2	Passenger Desc	Varchar2	50	
3	Minimum Value	Decimal	10	
4	Maximum Value	Decimal	10	

Vehicle Model Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Model ID	Int	15	PK
2	Model No.	Varchar 2	50	
3	Model Desc	Varchar 2	100	
4	CC ID	Number	15	
5	GVW ID	Number	15	
6	Passenger ID	Number	3	
7	Vehicle Sector ID	Int	15	FK
8	Vehicle Type ID	Int	15	FK
9	Manufacturer ID	Int	15	FK

Insurance Cover Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Insurance Cover ID	Int	15	PK
2	Insurance Cover Desc	Varchar 2	100	

Own Damage Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Own damage ID	Int	15	PK
2	Vehicle type ID	Int	15	
3	Vehicle age ID	Int	15	
4	Zone ID	Int	15	
5	CC ID	Int	15	
6	Passenger ID	Int	15	
7	Value	Decimal	15	
8	Additional Amount	Decimal	15	
9	From Date	Date		
10	To Date	Date		

Third Party Liability Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Third Party Liability ID	Int	15	PK
2	Vehicle Category ID	Int	15	
3	GVW ID	Int	15	
4	CC ID	Int	15	
5	Value	Decimal	20	
6	Additional Amount	Decimal	20	
7	From Date	Date		
8	To Date	Date		

Department DDO Details:

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	DDO ID	Int	15	PK
2	DDO Code	Varchar 2	15	
3	Name of Office	Varchar 2	100	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Department Code	Varchar 2	20	FK

Agency Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency ID	Int	15	PK
2	Agency Code	Varchar 2	15	
3	Name of Agency	Varchar 2	100	
4	Department Code	Varchar 2	20	

Agency DDO Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency DDO ID	Int	15	PK
2	Agency DDO Code	Varchar 2	15	
3	Name of Agency Office	Varchar 2	100	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Agency ID	Int	15	FK

Year Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Year ID	Int	15	PK
2	Year	Varchar 2	15	

Proposer Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Proposer ID	Int	15	PK
2	Proposer Name	Varchar 2	100	
3	DDO ID	Int	15	
4	Agency DDO ID	Int	15	
5	Occupation	Varchar 2	30	
6	Address of Vehicle	Varchar 2	200	
7	Pincode	Number	6	
8	Telephone No.	Number	10	
9	Fax No.	Number	10	
10	Email	Varchar 2	50	

Form Responses Table:

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Form Response ID	Int	15	PK
2	Form Response Desc	Varchar 2	100	
3	Form Response	Text	5	(Yes / No)
4	Form Comments Text	Varchar 2	100	
5	Form Comments Value	Number	15	
6	Form Document upload	Varchar 2	50	<path>
7	Form Type	Varchar 2	10	Form 1 / Form 2
8	Serial No.	Number	5	(to arrange in sequential order)

Document Table:

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Document ID	Int	15	PK
2	Form Type	Varchar 2	10	Form 1 / For, 2
3	Insurance Cover Id	Int	15	
4	Document Desc	Varchar 2	100	

Vehicle Geographical Extension

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Geo Extension ID	Int	15	
2	Geo Extension Country	Text	20	

Deductible Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Deductible ID	Int	15	
2	Deductible Amount	Number	15	
3	Vehicle Type ID	Int	15	
4	Whether compulsory	Text	3	(Yes / No)

Legal Liability Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	LL ID	Int	15	
2	LL Details	Varchar 2	50	Driver / Cleaner / Conductor Other Employees Non fare paying passengers

Third Party Property Damage Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Vehicle Type ID	Int	15	
2	Statutory TTPD limit	Number	15	
3	TTPD provision	Number	15	1 lakh for 2-wheelers 7.5 lakh for private cars

Personal Accident Cover Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	PA category ID	Int	15	
2	PA category Desc	Varchar 2	50	Driver Other Employees Unnamed Passengers

IDV Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	IDV ID	Int	15	
2	IDV Desc	Varchar 2	100	

Vehicle Previous History Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	History ID	Int	15	PK
2	History Desc	Varchar 2	100	
3	Form Type	Varchar 2	10	

Hire Purchase Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Hire Purchase ID	Int	15	PK
2	Hire Purchase Desc	Varchar 2	100	
3	Form Type	Varchar 2	10	

Driver Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Driver Details ID	Int	15	PK
2	Driver Details Desc	Varchar 2	200	
3	Form Type	Varchar 2	10	

2.1.6 Transaction Tables:

The transaction tables used in this Use Case are as follows.

Vehicle Registration Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	PK
2	Proposer ID	Int	15	FK
3	Vehicle ID	Int	15	FK
4	Engine No.	Varchar 2	30	
5	Chasis No.	Varchar 2	30	
6	Year ID	Int	15	
7	Registration No.	Varchar 2	15	
8	Date of Registration	Date		
9	Registration DDO ID	Int	15	FK
10	Insurance Cover ID	Int	15	FK
11	Insurance From Date	Date		
12	Insurance To Date	Date		

Vehicle Geo Extension Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Geo Extension ID	Int	15	FK

Deductible Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Deductible ID	Int	15	

Automobile Association Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Proposer ID	Int	15	
2	Name of Association	Varchar 2	50	
3	Membership No.	Varchar 2	20	
4	Date of Expiry	Date		

Legal Liability Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	LL ID	Int	15	
3	No. of Persons	Number	10	

Personal Accident Cover Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Inclusion	Text	3	Yes / No
3	PA Category ID	Int	15	
4	Number of Persons	Number	3	

Third Party Liability Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Restricted to TTPD Limit	Text	3	Yes / No

IDV Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	IDV ID	Int	15	
3	Amount	Number	15	
4	Remarks	Varchar 2	100	

Vehicle Previous History Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	History ID	Int	15	
3	Response	Varchar 2	500	
4	Status	Text	3	
5	From Date	Date		
6	To Date	Date		

Hire Purchase Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Hire Purchase ID	Int	15	
3	Response	Varchar 2	300	
4	Status	Text	3	

Document Upload

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Document Type ID	Int	15	
3	Upload Path	Varchar 2	50	<path>

Insurance Policy Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Policy ID	Int	15	
2	Policy No.	Varchar2	20	
3	Application ID	Int	15	
4	Own Damage ID	Int	15	
5	Liability ID	Int	15	
6	Premium	Decimal	20	
7	GST ID	Int	15	
8	GST Amount	Decimal	20	
9	Total	Decimal	20	
10	From Date	Date		
11	To Date	Date		

Insurance Premium Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Value of Vehicle	Number	15	
3	Depreciation	Number	10	
4	PVV	Number	15	
5	OD percentage	Number	10	
6	Govt Rebate percentage	Number	10	

Sl. No.	Data Field	Data Type	Field Length	Remarks
7	OD Amount	Number	15	
8	Govt. Rebate Amount	Number	15	
9	Electrical Accessories (%)	Number	10	
10	Electrical Accessories Amount	Number	15	
11	Handicapped percentage	Number	10	
12	Handicapped Amount	Number	15	
13	Anti Theft percentage	Number	10	
14	Anti Theft Amount	Number	15	
15	Malus percentage	Number	10	
16	Malus Amount	Number	15	
17	NCB percentage	Number	10	
18	NCB Value	Number	15	
19	Third Party Amount	Number	15	
20	Govt Rebate percentage	Number	10	
21	Govt. Rebate Amount	Number	15	
22	Driving Addition percentage	Number	10	
23	Driving Addition Amount	Number	15	
24	LPG Kit percentage	Number	10	
25	LPG Kit Amount	Number	15	
26	Drivers Risk Amount	Number	15	
27	Pillion Rider Risk	Number	15	
28	Passengers Risk	Number	15	
29	Cleaners Risk	Number	15	
30	Coolies Risk	Number	15	
31	Malus percentage	Number	10	
32	Malus Amount	Number	15	
33	MVC Amount	Number	15	
34	Total Premium Amount	Number	15	
35	GST Amount	Number	15	
36	Payable Amount	Number	15	

2.1.7 Controls / Validations:

The applicable controls and validations for this Use Case are as follows.

- System should capture the cubic capacity of the vehicle based on model of vehicle selected.
- The Insured Declared Value (IDV) should be automatically captured by the System based on market prices available in the master table. Else, System should allow entry of Insured Declared Value.
- System should perform validations on passenger details and other details based on type of vehicle.

- System should automatically calculate insurance premium based on rules and validations. The rules should be able to be configured by Admin whenever required. Provision to be made to retain the earlier configuration in case the earlier rules be applicable for some type of vehicles.
- The amount of insurance premium needs to be displayed to the Department / Agency / Individual on entering vehicle details.

2.1.8 Changes / Modification of Data:

The data changes / modifications in this Use Case are as follows.

- Department / Agency should be able to edit / modify details of Vehicle till the final submission of Form.
- Any changes to vehicle details as made available in Masters should be performed by user having Admin role.
- Changes in Form should be uniformly applicable to Form 1 or Form 2 requirements.

2.1.9 Data Exchange:

The details of data exchange in this Use Case are as follows.

- Vehicle Sector Master:
- Vehicle Type Master
- Vehicle Manufacturer Master
- Vehicle Model Master
- Insurance Cover Master
- Department DDO Details
- Agency Details
- Agency DDO Details
- Year Table
- Proposer Details
- Form Responses Table
- Document Table
- Vehicle Geographical Extension
- Deductible Table
- Legal Liability Table
- Third Party Property Damage Table
- Personal Accident Cover Table
- Insurance Calculation Table
- IDV Table
- Vehicle Previous History Table
- Hire Purchase Table
- Driver Table

- Vehicle Registration Details
- Vehicle Geo Extension Details
- Deducible Details
- Automobile Association Details
- Legal Liability Details
- Document Upload Table
- Insurance Premium Table
- Personal Accident Cover Details
- Third Party Liability Details
- IDV Details
- Vehicle Previous History Details
- Hire Purchase Details

2.1.10 EXCEPTIONS

1. User entering details with special characters which needs text / number entry
2. User clicking buttons several times
3. User opening multiple sessions
4. Repeated upload of documents

The screenshot shows the 'Motor Insurance Application' form with Reference Number: 4122020170949. The form is titled 'Application Form' and has a tab 'Upload Required Documents'. The first tab, '1. Proposer Details', is active. The form contains the following fields:

Field	Value
Proposer's Full Name	ba
Email	Ma@gmail.com
Address	address
Fax No	1478523699
Pincode	560058
Occupation/Business	Clerk
Telephone No	9538390687
Type of Cover	Package Policy

At the bottom of the form, there are buttons for 'Previous', 'Save', and 'Next'.

The screenshot shows the 'Motor Insurance Application' form with Reference Number: 4122020170949. The form is titled 'Application Form' and has a tab 'Upload Required Documents'. The second tab, '2. Vehicle Details', is active. The form contains the following fields:

Field	Value
Registration No	
Make of Vehicle	LMV
Date of Registration	DD-MM-YYYY
Type of Manufacturer	BMW
Type of Model	3-series
Registering Authority & Location	
Year of Manufacture	2018
Chassis No	FHFGH78684222222
Vehicle Fuel Type	Petrol
Engine No	FBB4677689
Vehicle Type	Private
Cubic Capacity	0
Vehicle Sub Type	Non-two wheeler
Seating Capacity Including Driver	5
Vehicle Category Type	4 wheeler upto 6 passengers
Vehicle Weight (kgs)	5600
Date of Manufacture	02-10-2018

At the bottom of the form, there are buttons for 'Previous', 'Save', and 'Next'.

1. Proposer Details	2. Vehicle Details	3. Other Details	4. IDV Details	5. Previous History	6. Declaration
Whether the vehicle is driven by non conventional source of power(if Yes, Please give details) Permitted by the concerned RTA			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Whether the vehicle is used for driving tuitions			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Whether extension of geographical area to the following countries required?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Whether the use of vehicle is limited to your own premises?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Whether use of vehicle is used for commercial purpose?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Whether the vehicle belongs to foreign embassy/consulate?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Whether the car is certified as Vintage Car and Classic car Club of India?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Whether the vehicle is designed for use of Blind/Handicapped/Mentally Challenged persons and duly endorsed as such by RTA.			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Whether the vehicle is fitted with fire glass tank?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Whether the vehicle is fitted with bi-fuel system such as petrol/diesel and CNG/LPG permitted by concerned RTA?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Do you wish to opt for higher deductible over and above the Compulsory deductible (Rs. 50 for two wheelers and Rs. 500/- Rs. 1000/- for private cars)			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Are you a member of Automobile Association of India?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Do you wish to cover Legal Liability to?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Are you entitled to No Claim Bonus? If yes, Please submit Proof thereof			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Liability to Third Parties? The policy provides Third Party Property Damage (TPPD) of Rs.1Lakh (Two Wheelers) and Rs. 7.5Lakhs (Private Cars). Do you wish to restrict the above limits to statutory TPPD Liability Limit of Rs. 6000/- only?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Whether higher towing charges is opted over and above the limit prescribed in the policy?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Do you wish to include Personal Accident (P.A.) Cover for name and persons?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Do you wish to include Personal Accident P.A. Cover for Name and Persons?			<input type="radio"/> Yes <input checked="" type="radio"/> No		
Do you wish to include P.A. Cover for unnamed persons / hire / pillion passengers(two wheelers)?			<input type="radio"/> Yes <input checked="" type="radio"/> No		

Previous Save Next

Motor Insurance Application

Reference Number : 8122020162554

Application Form	
1. Proposer Details	2. Vehicle Details
Insured's Declared value of Vehicle Rs.	400.00
Non-electrical accessories fitted to the vehicle Rs.	
Electrical and electronic accessories fitted to the vehicle Rs.	
Side car (Two wheeler Trailer(Pvt cars)) Rs.	
Value of CNG / LPG KIT Rs.	
Total Purchase Value	280.00
Total Amount Payable	
5,145.00	

Previous Save Next

1. Proposer Details	2. Vehicle Details	3. Other Details	4. IDV Details	5. Previous History	6. Declaration
a. Date of purchase of the vehicle by the proposer					
b. Whether the vehicle was New or Second Hand at the time of purchase			<input checked="" type="radio"/> New <input type="radio"/> Second		
c. Will the vehicle be used exclusively for			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> No		
d. Is the vehicle in good condition?			<input checked="" type="radio"/> Yes <input type="radio"/> No		
e. Name and address of the previous insurer					
f. Previous Policy Number					
Period of insurance from:			To:		
g. Type Of Cover :			Package Policy		
h. Has any insurance company ever :			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> No		
31. Details of Hire Purchase / Hypothecation / Lease					
a. If the vehicle proposed for insurance :			<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes <input checked="" type="radio"/> No		
33. Any other relevant information					

Previous Save Next

Motor Insurance Application

Reference Number : 4122020170949

Application Form

Upload Required Documents

1. Upload Required Documents

☒ New Purchased Vehicle

☐ Donated Vehicle

☐ Seized Vehicle

Proposal Form:

Choose File KGID - Khajane Integration Document V1.3 (1).pdf

Sanction Letter from Government:

Choose File ApplicationForm_19_10_2020 (2).pdf

Proforma Invoice:

Choose File ApplicationForm_18_10_2020 (2).pdf

Previous

Next

Finish

Motor Insurance Application

Reference Number : 8122020162554

Application Form

1. Proposer Details

2. Vehicle Details

3. Other Details

4. IDV Details

5. Previous History

6. Declaration

I / We hereby declare that the statement made by me / us in this proposal form are true to the best of my / our knowledge and belief and I / we hereby agree that this declaration shall form the basis of the contract between me / us and the Karnataka Government Insurance Department.

I / We also declare that any additions or alterations are carried out after the submission of this proposal form, the same would be conveyed to the insurers immediately. Received a copy of the proposal form duly filled and signed by me/ on my behalf

☒ I agree to the terms and condition mentioned above.

Previous

Save

Finish

Page 31 of 120

Use Case 2.2

Department / Agency / Individual pays the Premium

2.2.1 Purpose:

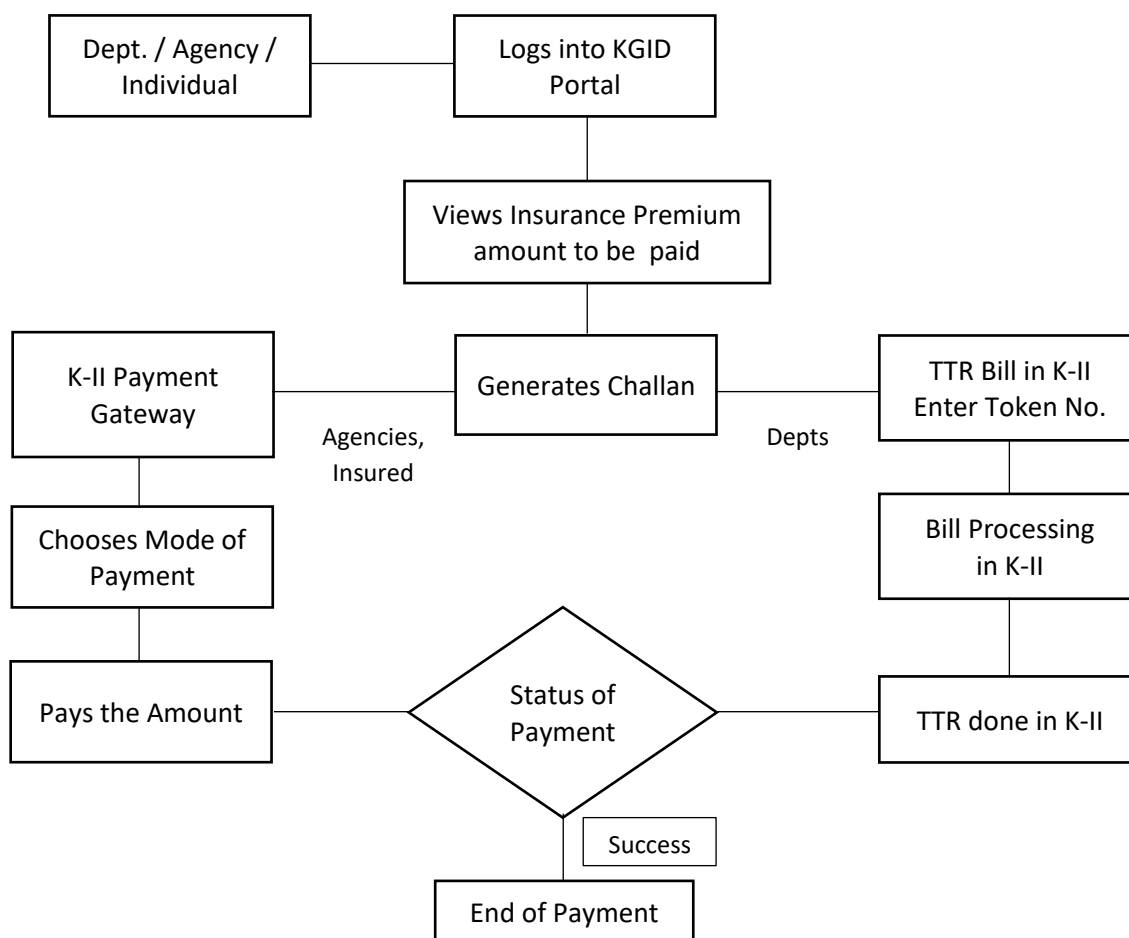
This Use Case enables Departments / Agencies / Individuals to pay insurance premium either using Online Khajane-II Payment Gateway (Agencies and Individuals) or TTR mode of Khajane-II by way of generation of challan.

2.2.2 Pre-Requisites:

The pre-requisites for implementing the Use Case are as follows.

- Details of KGID DDOs and respective Head of Account
- Purpose and Sub Purpose of Payment
- Generation of Challan
- Integration with Khajane-II Receipt Gateway
- Reconciliation mechanism

2.2.3 Process flow:



2.2.4 Step-wise Approach:

Step-1:

Department / Agency / Insured logs into KGID portal and views the Insurance Premium amount to be paid for the Insurance Application submitted.

Step-2:

System allows Department / Agency / Insured to generate Challan in the system. The Challan mentions Challan Ref. No., insurance premium to be paid. Purpose of payment, sub purpose of payment, Revenue Head of Account of KGID and other details.

Department / Agency should be able to **consolidate challans** and generate a common Challan displaying the sum of all the challans generated for each insurance policy application.

Step-3:

Agencies / Individuals should be able to pay the amount using Online K-II Payment Gateway by clicking of “Pay” button. In case of Government Departments, they should submit their bill in K-II system (by entering the details as mentioned in the Challan) and update the Token No. against the Challan / Consolidated Challan in the Portal.

Step-4:

System captures the status of payment from K-II Payment Gateway (using Challan Ref. No.) or K-II System (using Token No. entered by Department)

Step-5:

Departments / Agencies / Insured have the option to retrieve the status of payment in case of any discrepancy in the payment flow or disconnection in payment session.

2.2.5 Master / Mapping / Reference Tables:

The Master / Mapping Tables required for this Use Case are as follows.

Insurance Premium Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Insurance Premium	Number	15	
3	No. of Years	Number	10	

KGID Policy Details:

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Insurance ID	Int	15	PK
2	KGID Policy No.	Varchar 2	15	
3	Employee Id	Int	15	FK
4	First Insurance ID	Int	15	

KGID No. Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Insurance ID	Int	15	PK
2	KGID No.	Varchar 2	15	
3	Employee Code	Varchar 2	20	
4	Sum Assured	Number	10	
5	Age	Number	3	
6	Premium	Number	6	
7	Risk Date	Date		
8	Load Factor ID	Varchar 2	10	FK
9	Sanctioned by KGID User ID	Varchar 2	10	FK

Department DDO Details:

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	DDO ID	Int	15	PK
2	DDO Code	Varchar 2	15	
3	Name of Office	Varchar 2	100	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Department Code	Varchar 2	20	FK

Agency Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency ID	Int	15	PK
2	Agency Code	Varchar 2	15	
3	Name of Agency	Varchar 2	100	
4	Department Code	Varchar 2	20	

Agency DDO Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency DDO ID	Int	15	PK
2	Agency DDO Code	Varchar 2	15	
3	Name of Agency Office	Varchar 2	100	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Agency ID	Int	15	FK

Payment Purpose Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Purpose ID	Int	15	PK
2	Purpose Description	Varchar 2	20	
3	Head of Account	Varchar 2	20	

Payment Sub Purpose Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Sub Purpose ID	Int	15	PK
2	Sub Purpose Description	Varchar 2	20	
3	Purpose ID	Int	15	FK

2.2.6 Transaction Tables:

The transaction tables used in this Use Case are as follows.

Challan Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Payment ID	Int	15	PK
2	Payment Reference No.	Varchar 2	20	
3	Department Code	Varchar 2	20	FK
4	DDO Code	Varchar 2	10	FK
5	Purpose Code	Varchar 2	20	FK
6	Sub Purpose Code	Varchar 2	20	FK
8	System Employee Code	Varchar 2	20	FK
9	Head of Account	Varchar 2	20	
10	Amount	Number	10	
11	Date & Time of Challan	Date		
12	Application ID	Int	15	
13	Token No.	Varchar 2	15	

Consolidated Challan Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Consolidated Challan ID	Int	15	PK
2	Consolidated Challan Ref. No.	Varchar 2	15	
3	Amount	Number	15	
4	Token No.	Varchar 2	15	

Consolidated Challan Mapping Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Consolidated Challan ID	Int	15	
2	Payment ID	Int	15	

Payment Status Details

Sl. No.	Data Field	Data Type	Data Length	Remarks
1	Payment ID	Int	15	
2	Consolidated Challan ID	Int	15	
3	Amount	Number	15	
4	Status of Payment	Text	20	
5	Date & Time	Date		
6	Transaction No.	Varchar 2		

2.2.7 Controls / Validations:

The applicable controls and validations for this Use Case are as follows.

- System automatically selects the purpose of payment, sub-purpose of payment, DDO code and Head of Account while sending payment details to Khajane-II.
- System validates Token No. entered by Departments as per format specified by K-II.
- Departments / Agencies / Insured should be able to retrieve the payment status any time by entering the Token No. / Challan Ref. No. / Consolidated Challan No.
- System should allow for payment of insurance premium as a single amount.

2.2.8 Changes / Modification of Data:

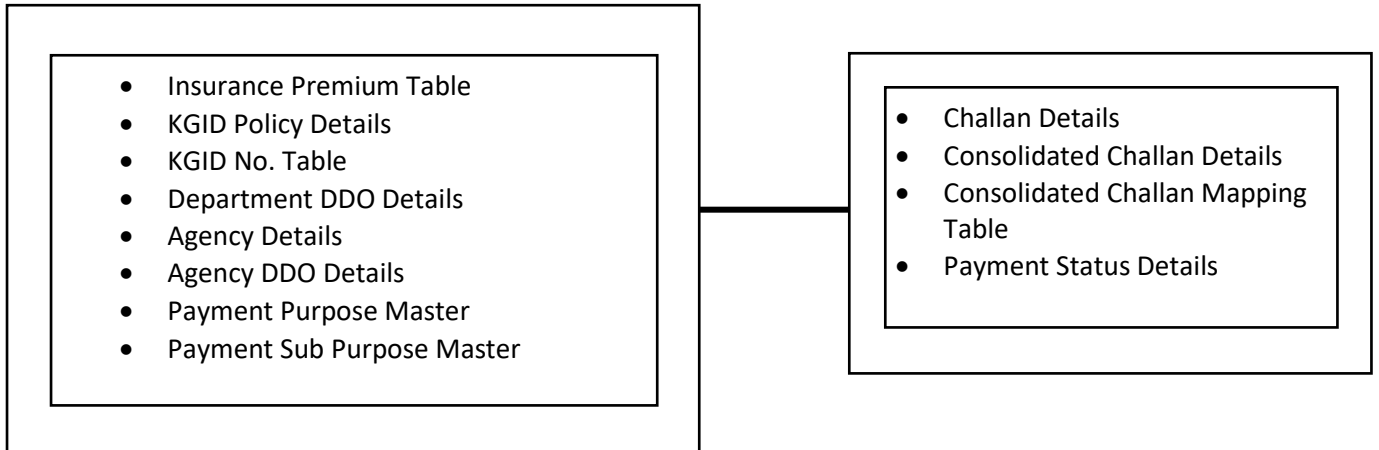
The data changes / modifications in this Use Case are as follows.

- Department / Agencies / Insured should not be able to edit / modify the amount of insurance premium at the time of generation of challan and paying through K-II gateway.

- System allows for retrieval of payment status from Khajane-II system in case of any discrepancy of payment where money is deducted / transferred and status is unsuccessful.

2.2.9 Data Exchange:

The details of data exchange in this Use Case are as follows.



2.9.10 EXCEPTIONS

1. Multiple generation of Challans for same amount amount
2. Repeated Challans without entering into Khajane-II payment gateway
3. Multiple clicking of pay to Khajane-II button without proceeding further in gateway
4. Repeated entry of Token Nos.
5. Entering data in excess to the data field length.

Government of Karnataka
Karnataka Government Insurance Department

Home New Business Loan Group Insurance Motor Insurance Application MI Claim Application

Designation : Clerk Department: CO-OPERATION SECRETARIAT

Motor Insurance Applications List

Application Form Payment Preview Payment

Payment Preview Details

Application Reference Number	Vehicle Details	Insurance Amount	Action
4122020170949	BMW 3 series	4156	<input checked="" type="checkbox"/>
Total Payable Amount			4156.00

[Proceed To Payment](#)

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Home > Motor Payment

Designation : Clerk Department : CO-OPERATION SECRETARIAT

Motor Insurance Applications List

Application Form

Payment Preview

Payment

1. Premium Payment

Premium Amount

4156.00

Payment Reference No

13524644654118

Purpose

KGID Premium

Sub Purpose

Initial Payment

DOO Code

120270

HQA

Revenue Head of Account

Date

08/12/2020

Print Challan

Pay Through KII

Previous

Final

Use Case 2.3

KGID issues the Motor Insurance Policy

2.3.1 Purpose:

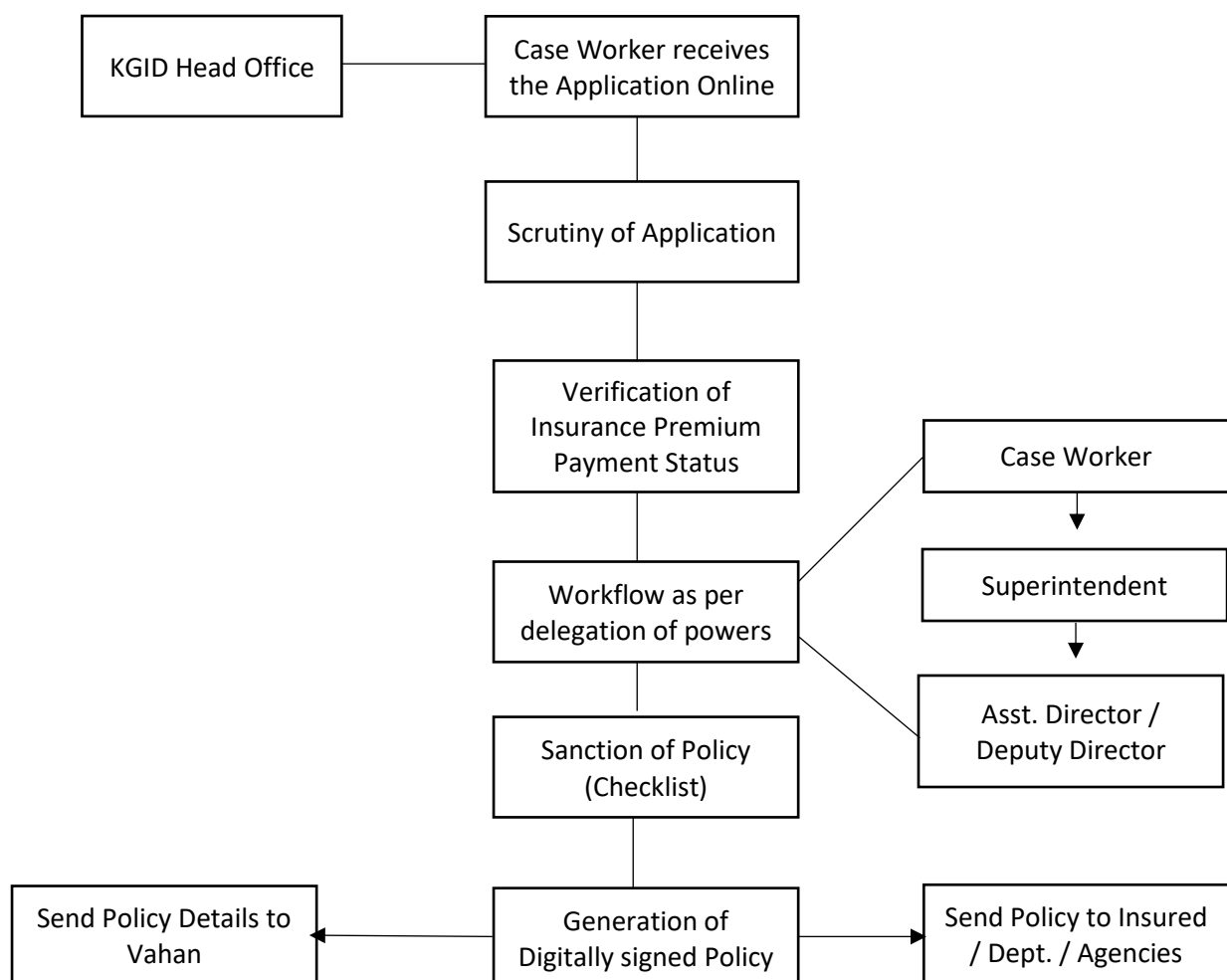
This Use Case enables KGID to scrutinize and approve Motor Insurance Applications and issue Motor Insurance Policy to Departments / Agencies / Insured.

2.3.2 Pre-Requisites:

The pre-requisites for implementing the Use Case are as follows.

- Configuration of workflow as per delegation of work
- Generation of digitally signed Motor Insurance Policy

2.3.3 Process flow:



2.3.4 Step-wise Approach:

Step-1:

Case Worker receives Motor Insurance Application with scanned copies of documents as uploaded by DDOs.

- Dashboard to be made available
- Pending list of applications to be shown
- Processing of applications to be First-in-First-out (FIFO) basis
- Equal distribution of application scrutiny tasks to all case workers

Step-2:

Case Worker scrutinizes the Application and views all documents as uploaded by Departments / Agencies / Insured. Case Worker verifies the status of payments done towards Insurance Premium and ensures reconciliation of payments with K-II data.

- Checklist to be given for mentioning compliance of activities
- Provision to enter comments / observations / objections
- Caseworker to have option only to Forward.
- Caseworker will **not** have option to reject the application

Case Worker forwards the Application to Superintendent.

Step-3:

Superintendent logs into System and views the list of pending applications to be scrutinized.

- Dashboard to be made available
- Pending list of applications to be shown
- Processing of applications to be First-in-First-out (FIFO) basis
- Superintendent to have option to “Forward” or “Send Back” to previous level
- Checklist to be given for ensuring compliance of activities
- Provision to view the comments / observation entered by case worker
- Provision to enter comments / observations / objections
- Superintendent will **not** have option to reject the application

Step-4:

Assistant Director / Deputy Director logs into System and views the list of pending applications to be approved.

- Dashboard to be made available
- Pending list of applications to be shown
- Processing of applications to be First-in-First-out (FIFO) basis
- AD / DD to have option to “Approve” / “Send Back” / “Reject” option
- Checklist to be given for ensuring compliance of activities
- Provision to view the comments / observation entered by case worker and Superintendent
- Provision to enter comments / observations / objections

After approval, System generates Motor Insurance Policy no. based on the pre-defined range of KGID Motor Insurance Policies. with appropriate prefix and suffix as per pre-defined logic. AD / DD digitally signs the Motor Insurance Policy.

Step-5:

System sends digitally signed Motor Insurance Policy to the e-mail of DDO. Also, intimation is sent to the Mobile No. of DDO.

The details of the Policy are sent to Vahan Software through Web Services Integration.

2.3.5 Master / Mapping / Reference Tables:

The Master / Mapping / Reference Tables required for this Use Case are as follows.

Department DDO Details:

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	DDO ID	Int	15	PK
2	DDO Code	Varchar 2	15	
3	Name of Office	Varchar 2	100	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Department Code	Varchar 2	20	FK

Agency Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency ID	Int	15	PK
2	Agency Code	Varchar 2	15	
3	Name of Agency	Varchar 2	100	
4	Department Code	Varchar 2	20	

Agency DDO Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency DDO ID	Int	15	PK
2	Agency DDO Code	Varchar 2	15	
3	Name of Agency Office	Varchar 2	100	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Agency ID	Int	15	FK

Vehicle Registration Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	PK
2	Proposer ID	Int	15	FK
3	Vehicle ID	Int	15	FK
4	Engine No.	Varchar 2	30	
5	Chasis No.	Varchar 2	30	
6	Year ID	Int	15	
7	Registration No.	Varchar 2	15	
8	Date of Registration	Date		
9	Registration DDO ID	Int	15	FK
10	Insurance Cover ID	Int	15	FK
11	Insurance From Date	Date		
12	Insurance To Date	Date		
13	RTO Office ID	Int	15	FK

RTO Office Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	RTO Office ID	Int	15	PK
2	RTO Office Code	Varchar 2	30	
3	RTO Office Name	Varchar 2	100	
4	District ID	Int	15	FK
5	Taluka ID	Int	15	FK

Vehicle Geo Extension Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Geo Extension ID	Int	15	FK

Deductible Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Deductible ID	Int	15	

Automobile Association Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Proposer ID	Int	15	
2	Name of Association	Varchar 2	50	
3	Membership No.	Varchar 2	20	
4	Date of Expiry	Date		

Legal Liability Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	LL ID	Int	15	

3	No. of Persons	Number	10	
---	----------------	--------	----	--

Document Upload

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Document Type ID	Int	15	
3	Upload Path	Varchar 2	50	<path>

Insurance Premium Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Insurance Premium	Number	15	
3	No. of Years	Number	10	

Checklist Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Checklist ID	Int	15	
2	Checklist Desc	Number	15	

Checklist Item Master Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Checklist Item ID	Int	15	
2	Checklist Item Desc	Varchar 2	15	
3	Checklist ID			

2.3.6 Transaction Tables:

The transaction tables used in this Use Case are as follows.

Insurance Premium Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Insurance Premium	Number	15	
3	Start Date	Date		
4	End Date	Date		
5	Sanction Date	Date		
6	Sanctioned by User ID	Varchar 2	15	

Insurance Premium Workflow Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	User ID	Varchar 2	15	
3	Comments	Date		
4	End Date	Date		

Insurance Proposal Checklist Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	User ID	Varchar 2	15	
3	Checklist Item ID	Int	15	
4	Comments	Varchar 2	300	
5	Date	Date		
6	Document Upload	Varchar 2	300	<path>

2.3.7 Controls / Validations:

The applicable controls and validations for this Use Case are as follows.

- Workflow shall be as per delegation of financial powers, if applicable.
- Tasks can be sent back to previous levels to seek clarifications.
- Insurance policy to be sanctioned using Digital Signature Certificate. System should automatically generate digitally signed Insurance Policy.
- Insurance Policy application can be sent back to DDO of Department / Agency / Insured by AD / DD in case of missing documents and need for clarification.

2.3.8 Changes / Modification of Data:

The data changes / modifications in this Use Case are as follows.

- System should not allow for change of any data as entered by Department / Agency / Insured.
- System should allow for Case Worker to upload scanned copies of documents which are required for the Insurance Policy to be reviewed and approved by higher officials.

2.3.9 Data Exchange:

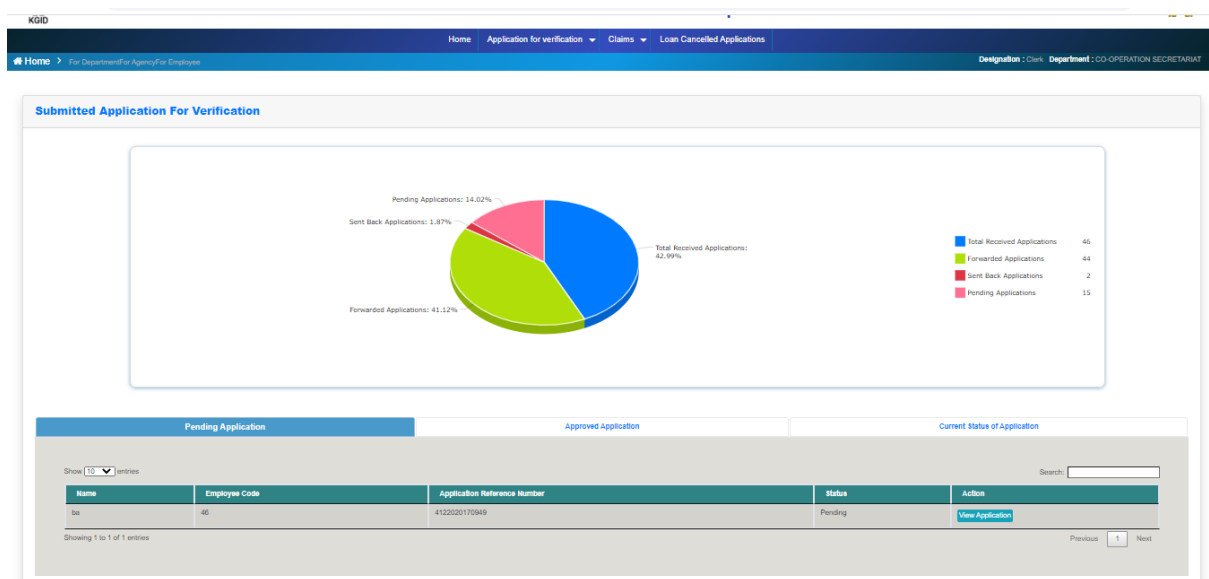
The details of data exchange in this Use Case are as follows.

- Department DDO Details
- Agency Details
- Agency DDO Details
- Vehicle Registration Details
- RTO Office Table
- Vehicle Geo Extension Details
- Deductible Details
- Automobile Association Details
- Legal Liability Details
- Document Upload
- Insurance Premium Table
- Checklist Table
- Checklist Item Master Table

- Insurance Premium Details Table
- Insurance Premium Workflow Table
- Insurance Proposal Checklist Details

2.3.10 EXCEPTIONS

1. Repeated clicking on “Send Back” button
2. Repeated signing of Insurance Policy using Digital Signature Certificate
3. Opening multiple sessions




help@kgsd@gov.karnataka.gov.in


+91 080 2237 3845

Kannada

list



Government of Karnataka
Karnataka Government Insurance Department



HomeApplication for verificationClaimsLoan Cancelled Applications

Home>Designation : ClerkDepartment : CO-OPERATION SECRETARIAT

Case worker verification

Employee/Agency/Dept Name : ba | Application Reference Number : 4122020170949

Workflow Details

Application Form

Scrutiny

Submitted Date	From	To	Remarks	Comments	Status
2020-12-08 16:06:20	Caseworker(I.O.)				Pending
2020-12-08 16:06:20	Applicant	Caseworker(I.O.)	Application Submitted	Application Submitted	Submitted By the Applicant

Next

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Home>

Designation : ClerkDepartment : CO-OPERATION SECRETARIAT

Case worker verification

Employee/Agency/Dept Name : ba | Application Reference Number : 4122020170949

Workflow Details

Application Form

Scrutiny

View Proposer Details

Proposer Details

Proposer's Full Name :ba

Fax No :1478523699

Address :address

Email :Ma@gmail.com

PinCode :560058

Occupation :Clerk

Telephone No :9530390687

Type Of Cover :Packagen Policy

☐ Verify

View Vehicle Details

View Other Details

View IDV Details

View Previous History Details

View Document Details

Case worker verification

Employee/Agency/Dept Name : ba | Application Reference Number : 4122020170949

Workflow Details

Application Form

Scrutiny

View Proposer Details

View Vehicle Details

Vehicle Details

Registration No :

Make of Vehicle :LMV

Date Of Registration :

Manufacturer-Model :BMW - 3 series

Registering Authority & Location :

Manufacturer Year :2018

Chassis No :h1gh7864222222

Type Of Fuel :Petrol

Engine No :tbu4877889

Seating Capacity including driver :5

Vehicle Weight :5600

Vehicle Category :4 wheeler upto 6 passengers

Vehicle Type :Private

Vehicle subType :Non-two wheeler

Cubic Capacity :0

Date of Manufacturer :02-10-2018

☐ Verify

View Other Details

View IDV Details

View Previous History Details

[View Other Details](#)

Other Details

10. Whether the vehicle is driven by non-conventional source of power (If Yes, Please give details) Permitted by the concerned RTA.	No
11. Whether the vehicle is used for driving tuitions.	No
12. Whether extension of geographical area to the following countries required ? :	No
13. Whether the use of vehicle is limited to your own premises?	No
14. Whether use of vehicle is used for commercial purpose?	No
15. Whether the vehicle belongs to foreign embassy/consulate?	No
16. Whether the car is certified as Vintage Car and Classic car Club of India?	No
17. Whether the vehicle is designed for use of Blind/Handicapped/Mentally Challenged persons and duly endorsed as such by RTA.	No
18. Whether the vehicle is fitted with fibre glass tank?	No
19. 20. Whether the vehicle is fitted with bi-fuel system such as petrol/diesel and CNG/LPG permitted by concerned RTA?	No
20. Do you wish to opt for higher deductible over and above the Compulsory deductible (Rs. 50 for two wheelers and Rs. 500/- Rs. 1000/- for private cars)	No
21. Are you a member of Automobile Association of India?	No
Do you wish to cover Legal Liability to ?	No
Are you entitled to No Claim Bonus? If yes, Please submit Proof thereof.	No
Liability to Third Parties? The policy provides Third Party property Damage (TPPD) of Rs. 1 Lakh (Two Wheelers) and Rs. 7.5 Lakh (Private Cars). Do you wish to restrict the above the limits to statutory TPPD Liability Limit of Rs. 6000/- only?	No
Whether higher towing charges is opted over and above the limit prescribed in the policy?	No
Do you wish to Include Personal Accident (P.A.) Cover for name and persons?	No
Do you wish to Include Personal Accident P.A. Cover for Name and Persons?	No
Do you wish to Include P.A. Cover for unnamed persons / hire / pillion passengers (two wheelers)?	No

[View Previous History Details](#)

Previous History Details

30. Previous History	
a. Date of purchase of the vehicle by the proposer :	Now
b. Whether the vehicle was New or Secondhand at the time of purchase :	No
c. Will the vehicle be used exclusively for :	No
A. Private, Social, Domestic, Pleasure & Professional purposes :	No
B. Carriage of goods other than samples or personal luggage :	No
d. Is the vehicle in good condition ? :	No
If 'no' please give full details :	
e. Name and address of the previous insurer :	
f. Previous Policy Number :	
Period of Insurance from :	To
g. Type of Cover :	Package Policy
i. Has any Insurance company ever :	No
a. Declined the proposal :	No
b. Cancelled and refused to renew :	No
c. Imposed special condition of excess :	No
31. Details of Hire Purchase / Hypothecation / Lease	
a. If the vehicle proposed for insurance	No
Under Hire Purchase	No
Under Lease agreement :	No
Under Hypothecation Agreement :	No
33. Any other relevant information	

[+ View Proposer Details](#)
[+ View Vehicle Details](#)
[+ View Other Details](#)
[+ View IDV Details](#)
[+ View Previous History Details](#)
[- View Document Details](#)

Document Details

New Purchased Vehicle

Proposal Form:

Click Here

Sanction Letter from Government:

Click Here

Proforma Invoice:

Click Here

☐ Verify

[+ View Payment Details](#)

Previous

Next

Employee/Agency/Dept Name : ba | Application Reference Number : 4122020170949

Workflow Details

Application Form

Scrutiny

[+ View Proposer Details](#)
[+ View Vehicle Details](#)
[+ View Other Details](#)
[+ View IDV Details](#)
[+ View Previous History Details](#)
[+ View Document Details](#)
[- View Payment Details](#)

Payment Details

Initial Amount :

4156

Purpose :

KGIO Premium

DDO Code :

100060

Date :

08-12-2020 16:09:29

Payment Reference No :

4521027890

Sub Purpose :

Initial Payment

HQA :

Revenue Head of Account

☐ Verify

Previous

Next

Employee/Agency/Dept Name : ba | Application Reference Number : 4122020170949

Workflow Details

Application Form

Scrutiny

Verify Proposal Details

Verified

Whether applicant details are correct.

Verified

Verify Vehicle Details

Verified

Whether vehicle details are correct.

Verified

Verify Other Details

Verified

Whether other details are correct.

Verified

Verify IDV Details

Verified

Whether IDV details are correct.

Verified

Verify Previous History Details

Verified

Whether previous history details are correct.

Verified

Verify Document Details

Verified

Whether applicant signed proposal form.

Verified

Verify Payment Details

Verified

Whether applicant has paid premium.

Verified

Remarks

NO CORRECTION FOUND

Comment

No Correction

☐ Send Back to Employee

☒ Forward to Superintendent/Section Incharge

Send

Clear

Previous

Superintendent verification

Employee/Agency/Dept Name : ba | Application Reference Number : 4122020170649

Workflow Details	Application Form	Scrutiny
Verify Proposal Details <input checked="" type="checkbox"/> Verified	Whether applicant details are correct.	<input checked="" type="checkbox"/> Verified
Verify Vehicle Details <input checked="" type="checkbox"/> Verified	Whether vehicle details are correct.	<input checked="" type="checkbox"/> Verified
Verify Other Details <input checked="" type="checkbox"/> Verified	Whether other details are correct.	<input checked="" type="checkbox"/> Verified
Verify IDV Details <input checked="" type="checkbox"/> Verified	Whether IDV details are correct.	<input checked="" type="checkbox"/> Verified
Verify Previous History Details <input checked="" type="checkbox"/> Verified	Whether previous history details are correct.	<input checked="" type="checkbox"/> Verified
Verify Document Details <input checked="" type="checkbox"/> Verified	Whether applicant signed proposal form.	<input checked="" type="checkbox"/> Verified
Verify Payment Details <input checked="" type="checkbox"/> Verified	Whether applicant has paid premium.	<input checked="" type="checkbox"/> Verified

Remarks
NO CORRECTION FOUND

Comment
forward to DD

☒ Forward to Deputy Director/ Additional Director

Send

Clear

Previous

Deputy Director verification

Employee/Agency/Dept Name : ba | Application Reference Number : 4122020170649

Workflow Details	Application Form	Scrutiny
Verify Proposal Details <input checked="" type="checkbox"/> Verified	Whether applicant details are correct.	<input checked="" type="checkbox"/> Verified
Verify Vehicle Details <input checked="" type="checkbox"/> Verified	Whether vehicle details are correct.	<input checked="" type="checkbox"/> Verified
Verify Other Details <input checked="" type="checkbox"/> Verified	Whether other details are correct.	<input type="checkbox"/> Verified
Verify IDV Details <input checked="" type="checkbox"/> Verified	Whether IDV details are correct.	<input checked="" type="checkbox"/> Verified
Verify Previous History Details <input checked="" type="checkbox"/> Verified	Whether previous history details are correct.	<input checked="" type="checkbox"/> Verified
Verify Document Details <input checked="" type="checkbox"/> Verified	Whether applicant signed proposal form.	<input checked="" type="checkbox"/> Verified
Verify Payment Details <input checked="" type="checkbox"/> Verified	Whether applicant has paid premium.	<input checked="" type="checkbox"/> Verified

Remarks
NO CORRECTION FOUND

Comment
Approve

☐ Send back to Caseworker
☐ Send back to Superintendent
☒ Approve

Send

Clear

Previous

Use Case 2.4

Department / Agency verifies the necessary details and uploads documents

2.4.1 Purpose:

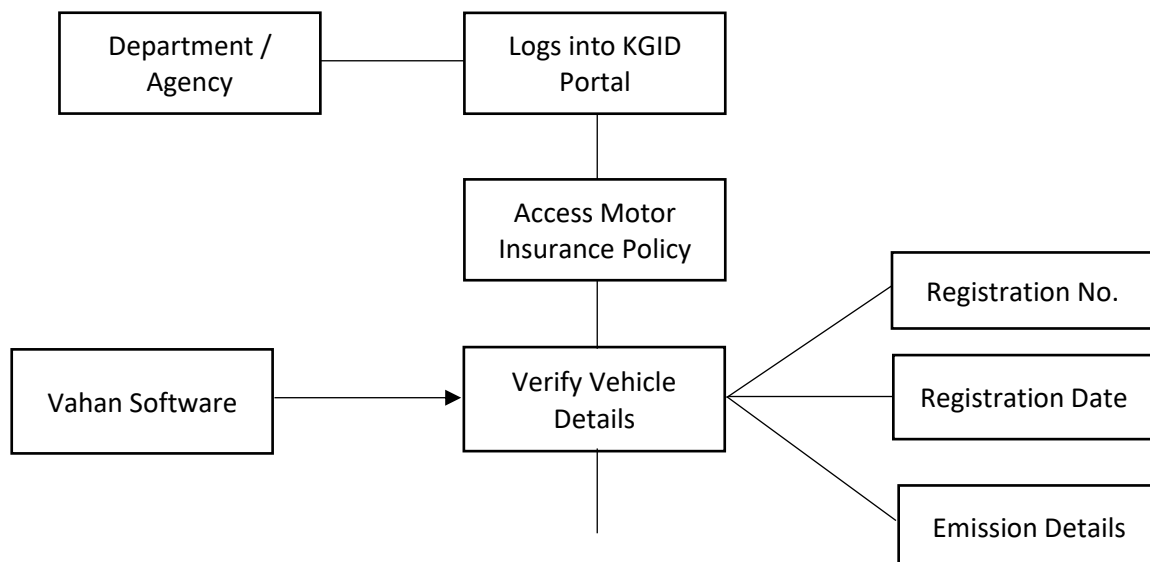
This Use Case enables Departments / Agencies to verify the details of the Vehicle (Registration No., RC Book, Emission Test document etc.) and upload documents.

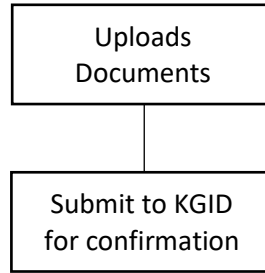
2.4.2 Pre-Requisites:

The pre-requisites for implementing the Use Case are as follows.

- Sanction of Motor Insurance Proposal
- Provision for upload of documents

2.4.3 Process flow:





2.4.4 Step-wise Approach:

Step-1:

Department / Agency log into KGID Portal and accesses the sanctioned Motor Insurance Policy

Step-2:

Department / Agency verifies the following indicative details of the Vehicle as sent by Vahan Software.

- Vehicle Registration No.
- Date of Registration
- Emission Test Document

Step-3:

Department / Agency uploads the documents against the details entered by them and submit to KGID

Step-4:

KGID verifies and confirms the details.

2.4.5 Master / Mapping / Reference Tables:

The Master / Mapping / Reference Tables required for this Use Case are as follows.

Vehicle Registration Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	PK
2	Proposer ID	Int	15	FK
3	Vehicle ID	Int	15	FK
4	Engine No.	Varchar 2	30	
5	Chasis No.	Varchar 2	30	

6	Year ID	Int	15	
7	Registration No.	Varchar 2	15	
8	Date of Registration	Date		
9	Registration DDO ID	Int	15	FK
10	Insurance Cover ID	Int	15	FK
11	Insurance From Date	Date		
12	Insurance To Date	Date		

RTO Office Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	RTO Office ID	Int	15	PK
2	RTO Office Code	Varchar 2	30	
3	RTO Office Name	Varchar 2	100	
4	District ID	Int	15	FK
5	Taluka ID	Int	15	FK

2.4.6 Transaction Tables:

The transaction tables used in this Use Case are as follows.

Vehicle Registration Update Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Vehicle Registration No.	Varchar 2	15	
3	Date of Registration	Date		
4	Other Details	Varchar 2	100	
5	RTO ID	Int	15	

Vehicle Registration Update Workflow

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	User ID	Int	15	
3	Update Comments	Varchar 2	300	
4	Date	Date		
5	Status ID	Int	15	

2.4.7 Controls / Validations:

The applicable controls and validations for this Use Case are as follows.

- Department / Agency should be able to enter details as per specified format.
- The workflow for confirmation of details should be as per hierarchy specified by KGID.

- Confirmation of Vehicle details should be through Digital Signature Certificate.
- Option to be given for submission of Vehicle details to DDOs in case of Government Departments.

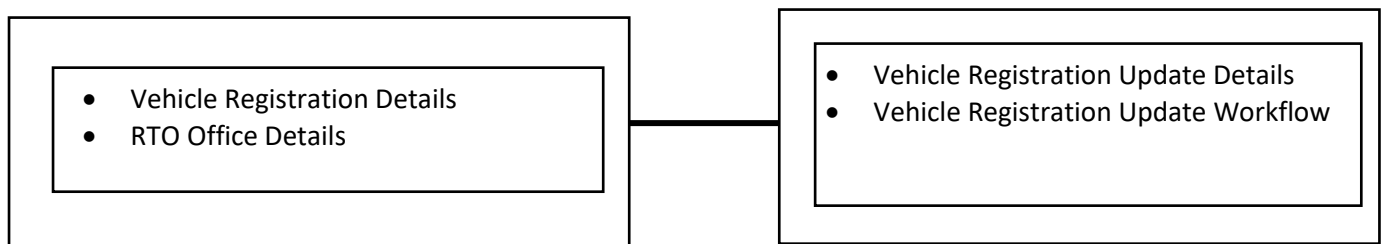
2.4.8 Changes / Modification of Data:

The data changes / modifications in this Use Case are as follows.

- System should NOT allow for any change in modification of vehicle data entered by Department / Agency.

2.4.9 Data Exchange:

The details of data exchange in this Use Case are as follows.



2.4.10 EXCEPTIONS:

1. Department / Agency entering details in excess to the pre-defined field length
2. Opening of multiple sessions
3. Repeated uploading of documents
4. Repeated clicking of forward button

Use Case 2.5

Department / Agency submits renewal form with payment of renewal premium

2.5.1 Purpose:

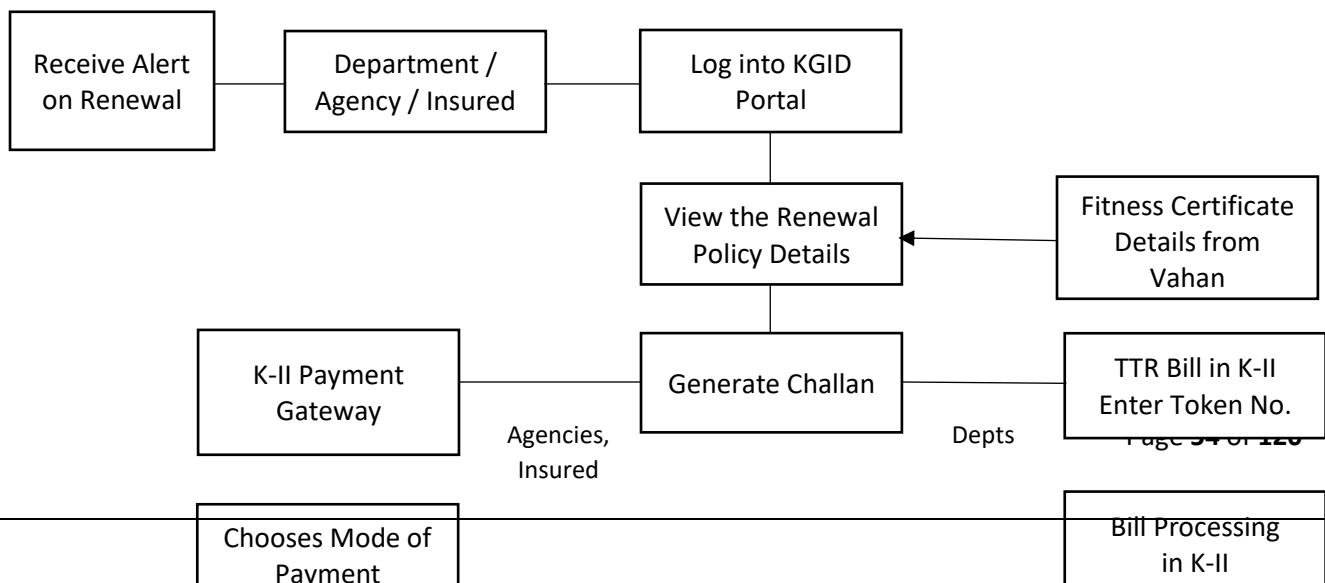
This Use Case enables Departments / Agencies / Insured to renew their Insurance Policies by submitting Renewal Form along with renewal premium

2.5.2 Pre-Requisites:

The pre-requisites for implementing the Use Case are as follows.

- Auto generation of renewal alert to Departments / Agencies / Insured mentioning the Renewal Premium and other details in pre-filled application form.
- Integration with K-II for online payment / TTR bill status
- Copies of Fitness Certificate from RTO

2.5.3 Process flow:



Submit Renewal
Form

2.5.4 Step-wise Approach:

Step-1:

Department / Agency / Insured receive alert on renewal of Motor Insurance Policy.

The alert periods are as follows.

Alert No.	Period
Prior to Expiry	
1	90 days
2	60 days
3	30 days
4	15 days
5	7 days
6	3 days
7	2 days
8	1 day
9	0 day (Expired Message)
Post Expiry	
1	1 day
2	2 days
3	3 days
4	7 days
5	15 days
6	30 days
7	60 days

8	90 days
9	120 days
10	150 days
11	200 days
12	250 days
13	300 days
14	1 year

Department / Agency / Insured log into KGID portal and view the renewal details of the Policy System. System provides feature to view the pre-filled renewal form.

Step-2:

Department / Agency / Insured log into KGID portal and view the renewal details of the Policy.

System retrieves the details of Fitness Certificate from Vahan Software (based on Vehicle Registration No.).

- Department / Agency / Insured upload Fitness Certificate (exceeding 3 years in case of D Class and Passenger Vehicles (Goods Carrier) (Yellow Plate) / exceeding 15 years in case of other vehicles (White Plate))

System provides feature to view the pre-filled renewal form.

Step-3:

- ➔ If Policy is lapsed and is with in < 90 days, there will be no penalty charges for renewal.
- ➔ If Policy is lapsed and is with in = > 90 days <=120 Days, then 20 % of Malus value is added extra to the Premium
- ➔ If Policy is lapsed and is with in = > 120 days <=365 Days, then 30 % of Malus value is added extra to the Premium
- ➔ If Policy is lapsed and is with in = > 365, then 50 % of Malus value is added extra to the Premium

Step-4:

The details of Own Damage claims and MVC are automatically displayed in the renewal form. In case no claims are paid to Department / Agency, the no claim bonus will be deducted from the renewal premium.

The standard rate of year-on-year depreciation will be applied on Insured Declared Value (IDV) (as per depreciation table) after which the renewal premium will be retained till the vehicle is scrapped / discarded.

System also applies the necessary No-Claim deductions (if Claims have not been availed) and Malus charges (in case of delay in renewing the insurance policy)

The Depreciation Rates (Year-on-Year) are as follows.

Age of Vehicle	% of Depreciation
Not exceeding 6 months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%
Exceeding 5 years but not exceeding 6 years	55%
Exceeding 6 years but not exceeding 7 years	60%
Exceeding 7 years but not exceeding 8 years	65%
Above 8 years	70%

The below table need to be referred for “No Claim” Bonus details.

Age of Vehicle	% on Net Premium
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	25%
Exceeding 3 years but not exceeding 4 years	35%
Exceeding 4 years but not exceeding 5 years	45%
Exceeding 5 years	50%

The below table need to be referred for “Malus” details.

Delay in Renewal	% on Premium
Not Exceeding 90 days	0%
Exceeding 90 days but not exceeding 120 days	20%
Exceeding 120 days but not exceeding 1 year	30%
1 year and above	50%

Step-5:

Department / Agency / Insured generates Challan for payment of renewal premium. In case of Agencies / Insured, the payment is made through Online K-II Payment Gateway. In case of Government Departments, the payment is through TTR bill

submitted in Khajane-II. Token no. for TTR Bill is entered by Department in the System. Consolidated Challan can be generated by the System.

Step-6:

The status of payment is captured from Khajane-II. System provides for retrieval of payment status in case of any discrepancy in obtaining status of payment either online or integrated mode.

Step-7:

Department / Agency / Insure submit renewal form after status of payment is successful.

2.5.5 Master / Mapping / Reference Tables:

The Master / Mapping / Reference Tables required for this Use Case are as follows.

Depreciation Master:

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Depreciation ID	Int	15	PK
2	Depreciation Desc	Varchar 2	50	
3	Minimum years	Number	15	
4	Maximum years	Number	15	
5	Depreciation Percentage	Number	15	

IDV Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	IDV ID	Int	15	
3	Amount	Number	15	
4	Remarks	Varchar 2	100	

Insurance Premium Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Insurance Premium	Number	15	
3	Start Date	Date		
4	End Date	Date		
5	Sanction Date	Date		
6	Sanctioned by User ID	Varchar 2	15	

2.5.6 Transaction Tables:

The transaction tables used in this Use Case are as follows.

Renewal Premium Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Renewal Application ID	Int	15	
2	IDV	Number	15	
3	Own Damage	Number	15	
4	Third Party Damage	Number	15	
5	No Claim Bonus	Number	15	
6	Claim availed	Text	3	Yes / No
7	Year ID	Int	15	
8	Depreciation ID	Int	15	
9	Depreciation Amount	Number	15	
10	Start Date	Date		
11	End Date	Date		
12	Sanction Date	Date		
13	Sanctioned by User ID	Varchar 2	15	
14	Application ID	Int	15	

Challan Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Payment ID	Int	15	PK
2	Payment Reference No.	Varchar 2	20	
3	Department Code	Varchar 2	20	FK
4	DDO Code	Varchar 2	10	FK
5	Purpose Code	Varchar 2	20	FK
6	Sub Purpose Code	Varchar 2	20	FK
8	System Employee Code	Varchar 2	20	FK
9	Head of Account	Varchar 2	20	
10	Amount	Number	10	
11	Date & Time of Challan	Date		
12	Application ID	Int	15	
13	Token No.	Varchar 2	15	

Consolidated Challan Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Consolidated Challan ID	Int	15	PK
2	Consolidated Challan Ref. No.	Varchar 2	15	
3	Amount	Number	15	
4	Token No.	Varchar 2	15	

Consolidated Challan Mapping Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Consolidated Challan ID	Int	15	
2	Payment ID	Int	15	

Payment Status Details

Sl. No.	Data Field	Data Type	Data Length	Remarks
1	Payment ID	Int	15	
2	Consolidated Challan ID	Int	15	
3	Amount	Number	15	
4	Status of Payment	Text	20	
5	Date & Time	Date		
6	Transaction No.	Varchar 2		

Renewal Proposal Submission Details

Sl. No.	Data Field	Data Type	Data Length	Remarks
1	Renewal Application ID	Int	15	
2	Proposer ID	Int	15	
3	Submission Date	Date		

2.5.7 Controls / Validations:

The applicable controls and validations for this Use Case are as follows.

- Department should allow consolidation of Challans for multiple renewal proposals of the same Department / Agency.
- Consolidated Challan Reference No. should be mapped to individual Challan Ref. Nos.
- System should allow for submission of renewal proposal form only after status of payment is successful.
- System should display the various components of Renewal Premium and the calculations arriving at renewal premium to be paid by Department / Agency.

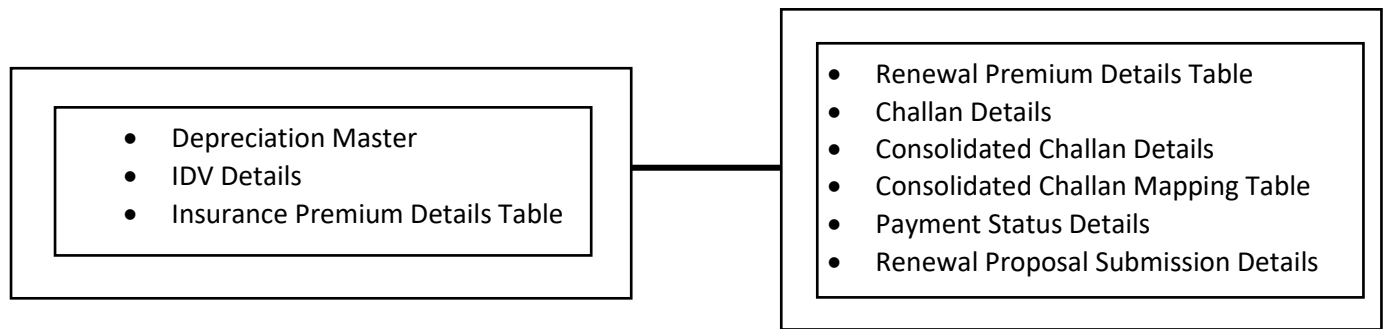
2.5.8 Changes / Modification of Data:

The data changes / modifications in this Use Case are as follows.

- System should not allow changes to the renewal premium amount. In case of any error in calculation of renewal premium amount, the problem need to be reported to KGID for rectification.

2.5.9 Data Exchange:

The details of data exchange in this Use Case are as follows.



2.5.10 EXCEPTIONS:

1. Repeated clicking “Pay” button
2. Opening multiple sessions
3. Repeated clicking on challan consolidation button

Use Case 2.6

KGID issues renewal of Motor Insurance Policy

2.6.1 Purpose:

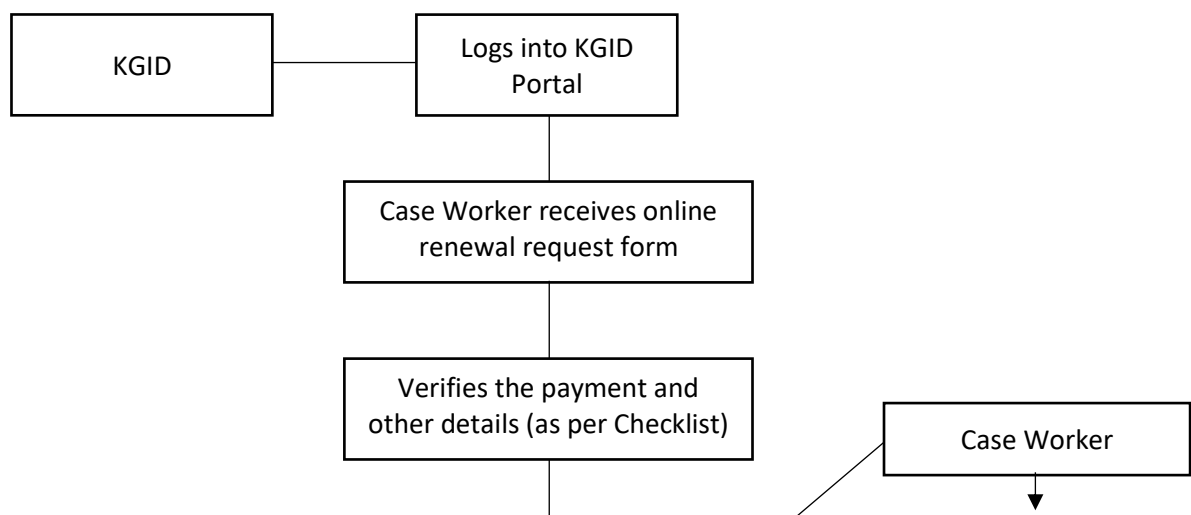
This Use Case enables KGID to renew Motor Insurance Policy after submission of online renewal form by Departments / Agencies / Insured.

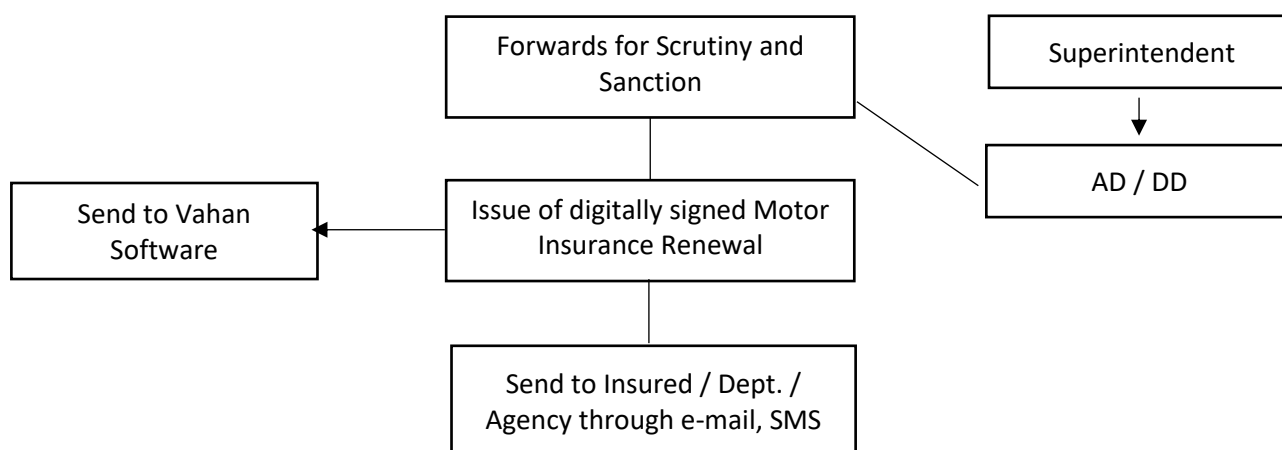
2.6.2 Pre-Requisites:

The pre-requisites for implementing the Use Case are as follows.

- Success Status of renewal premium amount
- Digital Signature Certificate based approvals

2.6.3 Process flow:





2.6.4 Step-wise Approach:

Step-1:

Case Worker receives Motor Insurance Renewal Application with scanned copies of documents as uploaded by DDOs.

- Dashboard to be made available
- Pending list of renewal applications to be shown
- Processing of renewal applications to be First-in-First-out (FIFO) basis
- Equal distribution of renewal application scrutiny tasks to all case workers

Step-2:

Case Worker scrutinizes the Renewal Application and views all documents as uploaded by Departments / Agencies / Insured. Case Worker verifies the status of payments done towards Insurance Premium and ensures reconciliation of payments with K-II data.

- Checklist to be given for mentioning compliance of activities
- Provision to enter comments / observations / objections
- Caseworker to have option only to Forward.
- Caseworker will **not** have option to reject the renewal application

Case Worker forwards the Application to Superintendent.

Step-3:

Superintendent logs into System and views the list of pending renewal applications to be scrutinized.

- Dashboard to be made available
- Pending list of renewal applications to be shown
- Processing of renewal applications to be First-in-First-out (FIFO) basis

- Superintendent to have option to “Forward” or “Send Back” to previous level
- Checklist to be given for ensuring compliance of activities
- Provision to view the comments / observation entered by case worker
- Provision to enter comments / observations / objections
- Superintendent will **not** to have option to reject the renewal application

Step-4:

Assistant Director / Deputy Director logs into System and views the list of pending applications to be approved.

- Dashboard to be made available
- Pending list of renewal applications to be shown
- Processing of renewal applications to be First-in-First-out (FIFO) basis
- AD / DD to have option to “Approve” / “Send Back” / “Reject” option
- Checklist to be given for ensuring compliance of activities
- Provision to view the comments / observation entered by case worker and Superintendent
- Provision to enter comments / observations / objections

After approval, System generates Motor Insurance Renewal Policy no. based on the pre-defined range of KGID Motor Insurance Policies. with appropriate prefix and suffix as per pre-defined logic. AD / DD digitally signs the Motor Insurance Renewal Policy.

Step-5:

System sends digitally signed Motor Insurance Renewal Policy to the e-mail of DDO. Also, intimation is sent to the Mobile No. of DDO.

The details of the Renewal Policy are sent to Vahan Software through Web Services Integration

2.6.5 Master / Mapping / Reference Tables:

The Master / Mapping / Reference Tables required for this Use Case are as follows.

Department DDO Details:

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	DDO ID	Int	15	PK
2	DDO Code	Varchar 2	15	
3	Name of Office	Varchar 2	100	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Department Code	Varchar 2	20	FK

Agency Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency ID	Int	15	PK
2	Agency Code	Varchar 2	15	
3	Name of Agency	Varchar 2	100	
4	Department Code	Varchar 2	20	

Agency DDO Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency DDO ID	Int	15	PK
2	Agency DDO Code	Varchar 2	15	
3	Name of Agency Office	Varchar 2	100	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Agency ID	Int	15	FK

Vehicle Registration Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	PK
2	Proposer ID	Int	15	FK
3	Vehicle ID	Int	15	FK
4	Engine No.	Varchar 2	30	
5	Chasis No.	Varchar 2	30	
6	Year ID	Int	15	
7	Registration No.	Varchar 2	15	
8	Date of Registration	Date		
9	Registration DDO ID	Int	15	FK
10	Insurance Cover ID	Int	15	FK
11	Insurance From Date	Date		
12	Insurance To Date	Date		
13	RTO Office ID	Int	15	FK

Insurance Premium Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Insurance Premium	Number	15	
3	No. of Years	Number	10	

Checklist Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Checklist ID	Int	15	
2	Checklist Desc	Number	15	

Checklist Item Master Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Checklist Item ID	Int	15	
2	Checklist Item Desc	Varchar 2	15	
3	Checklist ID			

Renewal Premium Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Renewal Application ID	Int	15	
2	IDV	Number	15	
3	Own Damage	Number	15	
4	Third Party Damage	Number	15	
5	No Claim Bonus	Number	15	
6	Claim availed	Text	3	Yes / No
7	Year ID	Int	15	
8	Depreciation ID	Int	15	
9	Depreciation Amount	Number	15	
10	Start Date	Date		
11	End Date	Date		
12	Sanction Date	Date		
13	Sanctioned by User ID	Varchar 2	15	
14	Application ID	Int	15	

Challan Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Payment ID	Int	15	PK
2	Payment Reference No.	Varchar 2	20	
3	Department Code	Varchar 2	20	FK
4	DDO Code	Varchar 2	10	FK
5	Purpose Code	Varchar 2	20	FK
6	Sub Purpose Code	Varchar 2	20	FK
8	System Employee Code	Varchar 2	20	FK
9	Head of Account	Varchar 2	20	
10	Amount	Number	10	
11	Date & Time of Challan	Date		
12	Application ID	Int	15	
13	Token No.	Varchar 2	15	
14	Renewal Application ID	Int	15	

Consolidated Challan Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Consolidated Challan ID	Int	15	PK
2	Consolidated Challan Ref. No.	Varchar 2	15	
3	Amount	Number	15	

4	Token No.	Varchar 2	15	
---	-----------	-----------	----	--

Consolidated Challan Mapping Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Consolidated Challan ID	Int	15	
2	Payment ID	Int	15	

Payment Status Details

Sl. No.	Data Field	Data Type	Data Length	Remarks
1	Payment ID	Int	15	
2	Consolidated Challan ID	Int	15	
3	Amount	Number	15	
4	Status of Payment	Text	20	
5	Date & Time	Date		
6	Transaction No.	Varchar 2		

2.6.6 Transaction Tables:

The transaction tables used in this Use Case are as follows.

Renewal Premium Workflow Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Renewal Application ID	Int	15	
2	User ID	Varchar 2	15	
3	Comments	Date		
4	Date	Date		

Insurance Proposal Checklist Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Renewal Application ID	Int	15	
2	User ID	Varchar 2	15	
3	Checklist Item ID	Int	15	
4	Comments	Varchar 2	300	
5	Date	Date		
6	Document Upload	Varchar 2	300	<path>

2.6.7 Controls / Validations:

The applicable controls and validations for this Use Case are as follows.

- Workflow shall be as per delegation of work.
- Tasks can be sent back to previous levels to seek clarifications.

- Renewal Insurance policy to be sanctioned using Digital Signature Certificate.
System should automatically generate digitally signed Renewal Insurance Policy.

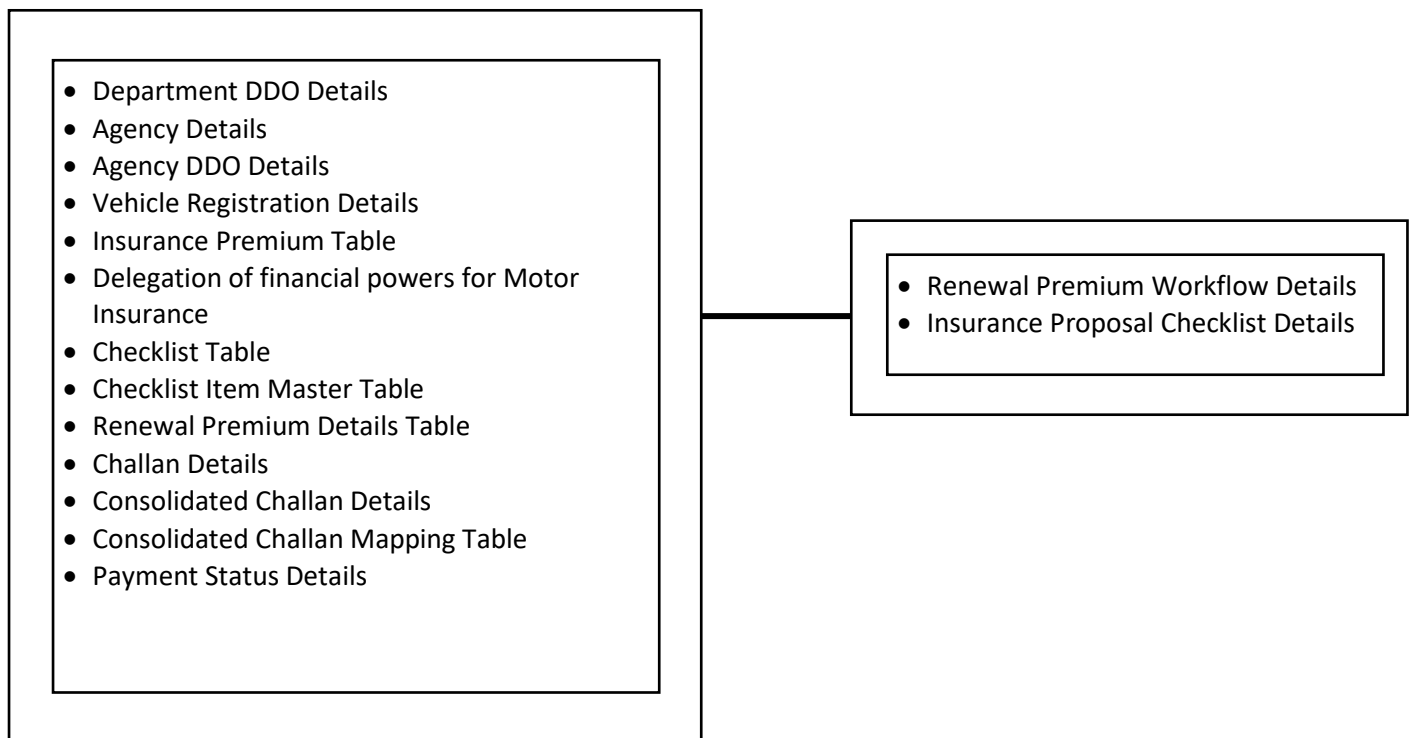
2.6.8 Changes / Modification of Data:

The data changes / modifications in this Use Case are as follows.

- System should not allow for change of any data which has been entered by
Department / Agency / Insured.

2.6.9 Data Exchange:

The details of data exchange in this Use Case are as follows.



2.6.10 EXCEPTIONS

1. Repeated submission of Renewal Policy

2. Repeatedly signing of Renewal Policy using Digital Signature Certificate
3. Opening of multiple sessions

help@goi@gid@karnataka@goi@gov@goi@gov +91 080 2237 3845 Kannada AGENCY001

Government of Karnataka
Karnataka Government Insurance Department

Home Motor Insurance Motor Insurance Application MI Claim Application

Home > Renewal Application

Motor Insurance RenewalApplication

Policy ID	Policy Number	Policy Premium Amount	Policy From Date	Policy To Date	Renewal Application Number	Action
122	BNG202012011131238	28328	01 Dec 2020	30 Jan 2021	1122020102555	Edit Application
122	BNG202012011131238	28328	01 Dec 2020	30 Jan 2021	1122020102555	View Application
124	BNG202012011131545	4893	01 Dec 2020	30 Nov 2020	1122020103853	View Application
124	BNG202012011131545	4893	01 Dec 2020	30 Nov 2020	1122020103853	View Application
124	BNG202012011131545	4893	01 Dec 2020	30 Nov 2020	1122020103853	View Application
124	BNG202012011131545	4893	01 Dec 2020	30 Nov 2020	1122020103853	View Application
149	BNG202012040652448	25450	04 Dec 2020	03 Feb 2021	412202004059	Renewal Application

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Government of Karnataka
Karnataka Government Insurance Department

Home New Business Loan Group Insurance Motor Insurance Application MI Claim Application

Home > Renewal Application Designation : Clerk Department : CO-OPERATION SECRETARIAT

Motor Insurance RenewalApplication

Policy ID	Policy Number	Policy Premium Amount	Policy From Date	Policy To Date	Renewal Application Number	Action
167	BNG202012081621326	4156	08 Dec 2020	07 Jan 2021	4122020170949	Renewal Application

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Motor Insurance Application Reference Number : 4122020170949

Application Form Upload Required Documents

1. Proposer Details 2. Vehicle Details 3. Other Details 4. IDV Details 5. Previous History 6. Declaration

Insured's Declared value of Vehicle Rs. 400

Non-electrical accessories fitted to the vehicle Rs.

Electrical and electronic accessories fitted to the vehicle Rs.

Side car (Two wheeler Trailer(Pvt cars)) Rs.

Value of CNG / LPG KIT Rs.

Total Purchase Value 280.00

Total Amount Payable 5,147.00

Previous Save Next

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IDV details saved successfully

1. Proposer Details
2. Vehicle Details
3. Other Details
4. IDV Details
5. Previous History
6. Declaration

Whether the vehicle is driven by non conventional source of power (If Yes, Please give details)
Permitted by the concerned RTA.

Whether the vehicle is used for driving tuition

Whether extension of geographical area to the following countries required?

Whether the use of vehicle is limited to your own premises?

Whether use of vehicle is used for commercial purpose?

Whether the vehicle belongs to foreign embassy/consulate?

Whether the car is certified as Vintage Car and Classic car Club of India?

Whether the vehicle is designed for use of Blind/Handicapped/Mentally Challenged persons and duly endorsed as such by RTA.

Whether the vehicle is fitted with fire glass tank?

Whether the vehicle is fitted with bi-fuel system such as petrol/diesel and CNG/LPG permitted by concerned RTA?

If Yes, Value Rs.

Do you wish to opt for higher deductible over and above the Compulsory deductible (Rs. 50 for two wheelers and Rs. 500/- Rs. 1000/- for private cars)

Are you a member of Automobile Association of India?

Do you wish to cover Legal Liability to?

Are you entitled to No Claim Bonus? If yes, Please submit Proof thereof

Liability to Third Parties?
The policy provides Third Party Property Damage (TPPD) of Rs.1Lakh (Two Wheelers) and Rs. 7.5Lakhs (Private Cars). Do you wish to restrict the above limits to statutory TPPD Liability, Limit of Rs. 6000/- only?

Whether higher towing charges is opted over and above the limit prescribed in the policy?

Do you wish to include Personal Accident (P.A.) Cover for name and persons?

Do you wish to include Personal Accident P.A. Cover for Name and Persons?

Do you wish to include P.A. Cover for unnamed persons / hire / pillion passengers(two wheelers)?

Previous Save Next

1. Proposer Details
2. Vehicle Details
3. Other Details
4. IDV Details
5. Previous History
6. Declaration

a. Date of purchase of the vehicle by the proposer

b. Whether the vehicle was New or Second Hand at the time of purchase

c. Will the vehicle be used exclusively for

A. Private, Social, Domestic, Pleasure & Professional purposes

B. Carriage of goods other than samples or personal luggage

d. Is the vehicle in good condition?

e. Name and address of the previous insurer

f. Previous Policy Number

Period of insurance from: To:

g. Type Of Cover :

Package Policy

h. Has any insurance company ever :

a). Declined the proposal

b). Cancelled and refused to renew

c). Imposed special condition of excess

31. Details of New Purchase / Hypothecation / Lease

a. If the vehicle proposed for insurance :

Under Hire Purchase

Under Lease agreement

Under Hypothecation Agreement

33. Any other relevant information

Previous history details saved successfully

Home > Motor Payment

Designation : Clerk Department : CO-OPERATION SECRETARIAT

Motor Insurance Applications List

Application Form Payment Preview **Payment**

1. Premium Payment

Premium Amount: 4156.00 [Print Challan](#)

Payment Reference No: 13524644654118

Purpose: KGID Premium

Sub-Purpose: Initial Payment

DDO Code: 120270

HQA: Revenue Head of Account

Date: 08/12/2020

[Pay Through KII](#)

[Previous](#) [Final](#)

Use Case 2.7

Cancellation of Motor Insurance Policy

2.7.1 Purpose:

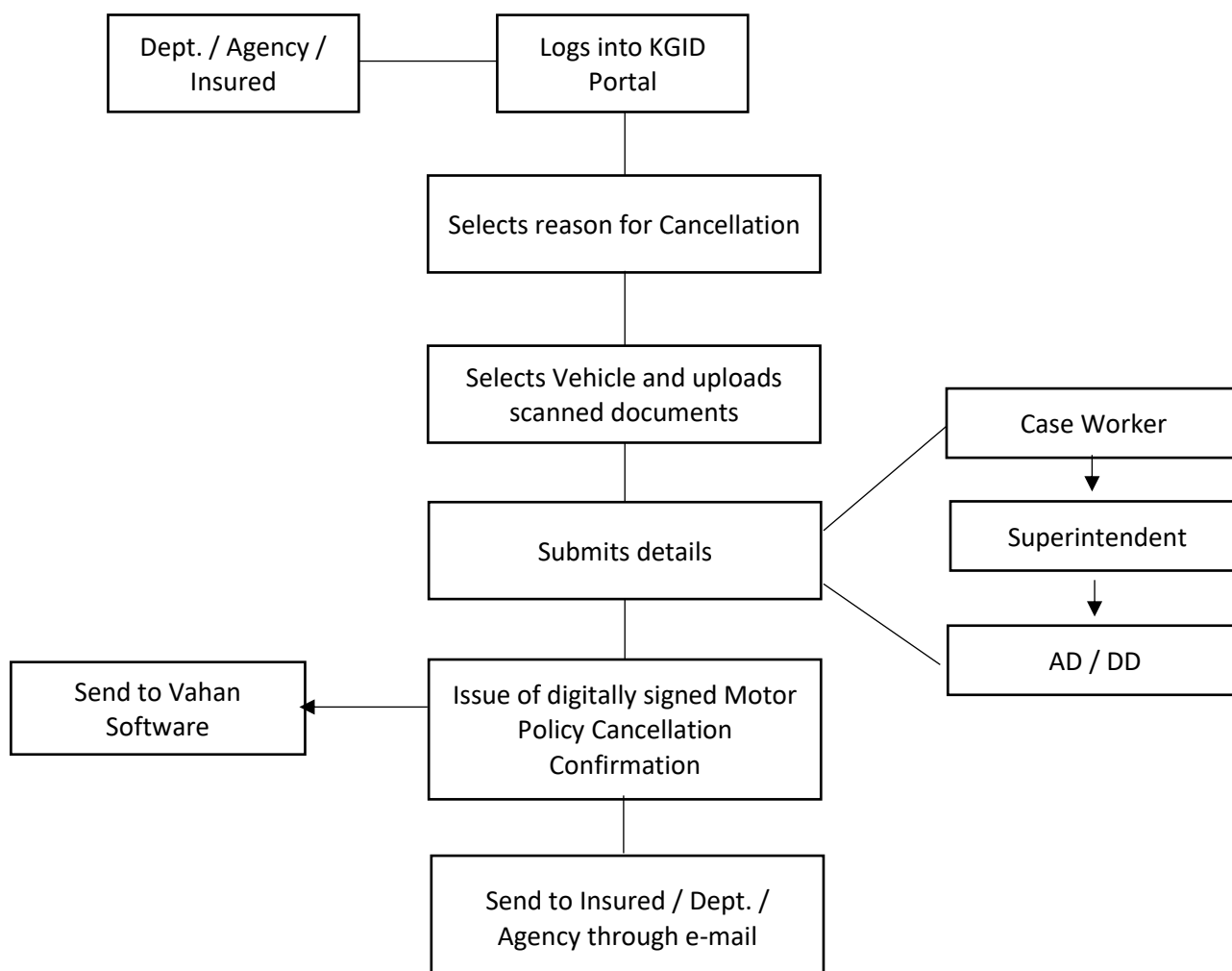
This Use Case enables Departments / Agencies / Insured to cancel Motor Insurance Policy

2.7.2 Pre-Requisites:

The pre-requisites for implementing the Use Case are as follows.

- Master data on type of cancellation
- Digital Signature Certificate based approvals

2.7.3 Process flow:



2.7.4 Step-wise Approach:

Step-1:

Department / Agency / Insured logs into KGID portal and clicks on “Motor Insurance Cancellation” option. They select the following.

- Reason for Cancellation
 - Auction of Vehicle
 - Scrapped Vehicle
 - Repayment of Loan (in case vehicle purchase loan – MCA)
- Vehicle No.

Department / Agency / Insured upload scanned copies of documents which are required to be submitted. System allows “upload documents” as a feature in cancellation screen.

- Auction Details

- Vehicle Inspection Report by RTO
- NOC stating clearance of vehicle purchase loan (MCA) by DDO

Step-2:

Case Worker receives Motor Insurance Cancellation Application with scanned copies of documents as uploaded by Departments / Agencies / Insured.

- Dashboard to be made available
- Pending list of cancellation applications to be shown
- Processing of cancellation applications to be First-in-First-out (FIFO) basis
- Equal distribution of application scrutiny tasks to all case workers

Step-3:

Case Worker scrutinizes the Cancellation Application and views all documents as uploaded by Departments / Agencies / Insured.

- Checklist to be given for ensuring compliance of activities
- Provision to enter comments / observations / objections
- Caseworker to have option only to Forward.
- Caseworker **not** to have option to reject the cancellation application

Case Worker forwards the Cancellation Application to Superintendent.

Step-4:

Superintendent logs into System and views the list of pending cancellation applications to be scrutinized.

- Dashboard to be made available
- Pending list of cancellation applications to be shown
- Processing of cancellation applications to be First-in-First-out (FIFO) basis
- Superintendent to have option to “Forward” or “Send Back” to previous level
- Checklist to be given for ensuring compliance of activities
- Provision to view the comments / observation entered by case worker
- Provision to enter comments / observations / objections
- Superintendent **not** to have option to reject the cancellation application
- Superintendent forwards the Cancellation Application to AD / DD.

Step-5:

Assistant Director / Deputy Director logs into System and views the list of pending applications to be approved.

- Dashboard to be made available
- Pending list of cancellation applications to be shown
- Processing of applications to be First-in-First-out (FIFO) basis
- AD / DD to have option to “Approve” / “Send Back” / “Reject”
- Checklist to be given for ensuring compliance of activities

- Provision to view the comments / observation entered by case worker and Superintendent
- Provision to enter comments / observations / objections

After approval, System cancels the Motor Insurance Policy. AD / DD digitally signs the cancellation confirmation of Motor Insurance Policy.

Step-5:

System sends digitally signed Cancellation confirmation of Motor Insurance Policy to the e-mail of DDO. Also, intimation is sent to the Mobile No. of DDO.

The details of the cancelled motor insurance policies are sent to Vahan Software through Web Services Integration

2.7.5 Master / Mapping / Reference Tables:

The Master / Mapping / Reference Tables required for this Use Case are as follows.

Department DDO Details:

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	DDO ID	Int	15	PK
2	DDO Code	Varchar 2	15	
3	Name of Office	Varchar 2	100	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Department Code	Varchar 2	20	FK

Agency Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency ID	Int	15	PK
2	Agency Code	Varchar 2	15	
3	Name of Agency	Varchar 2	100	
4	Department Code	Varchar 2	20	

Agency DDO Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency DDO ID	Int	15	PK
2	Agency DDO Code	Varchar 2	15	
3	Name of Agency Office	Varchar 2	100	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Agency ID	Int	15	FK

Vehicle Registration Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	PK
2	Proposer ID	Int	15	FK
3	Vehicle ID	Int	15	FK
4	Engine No.	Varchar 2	30	
5	Chasis No.	Varchar 2	30	
6	Year ID	Int	15	
7	Registration No.	Varchar 2	15	
8	Date of Registration	Date		
9	Registration DDO ID	Int	15	FK
10	Insurance Cover ID	Int	15	FK
11	Insurance From Date	Date		
12	Insurance To Date	Date		
13	RTO Office ID	Int	15	FK

Insurance Premium Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Insurance Premium	Number	15	
3	No. of Years	Number	10	

Checklist Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Checklist ID	Int	15	
2	Checklist Desc	Number	15	

Checklist Item Master Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Checklist Item ID	Int	15	
2	Checklist Item Desc	Varchar 2	15	
3	Checklist ID			

Cancellation Master Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	MB Cancellation ID	Int	15	
2	Cancellation Type Desc	Varchar 2	30	

2.7.6 Transaction Tables:

The transaction tables used in this Use Case are as follows.

Cancellation Application Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Cancellation Application ID	Int	15	PK
2	DDO ID / Emp ID	Int	15	
3	Cancellation Type	Date		
5	Application ID	Int	15	FK

Cancellation Upload Documents

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Cancellation Upload ID	Int	15	PK
2	Name of Document	Varchar2	30	
3	Doc Upload Path	Varchar2	50	
5	Cancellation Application ID	Int	15	FK

Cancellation Workflow Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Cancellation Application ID	Int	15	
2	User ID	Varchar 2	15	
3	Comments	Date		
4	Date	Date		

Workflow Checklist Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Cancellation Application ID	Int	15	
2	User ID	Varchar 2	15	
3	Checklist Item ID	Int	15	
4	Comments	Varchar 2	300	
5	Date	Date		
6	Document Upload	Varchar 2	300	<path>

2.7.7 Controls / Validations:

The applicable controls and validations for this Use Case are as follows.

- Workflow shall be as per delegation of work.
- Tasks can be sent back to previous levels to seek clarifications.
- Cancellation to be approved using Digital Signature Certificate. System should automatically generate digitally signed Cancellation confirmation.

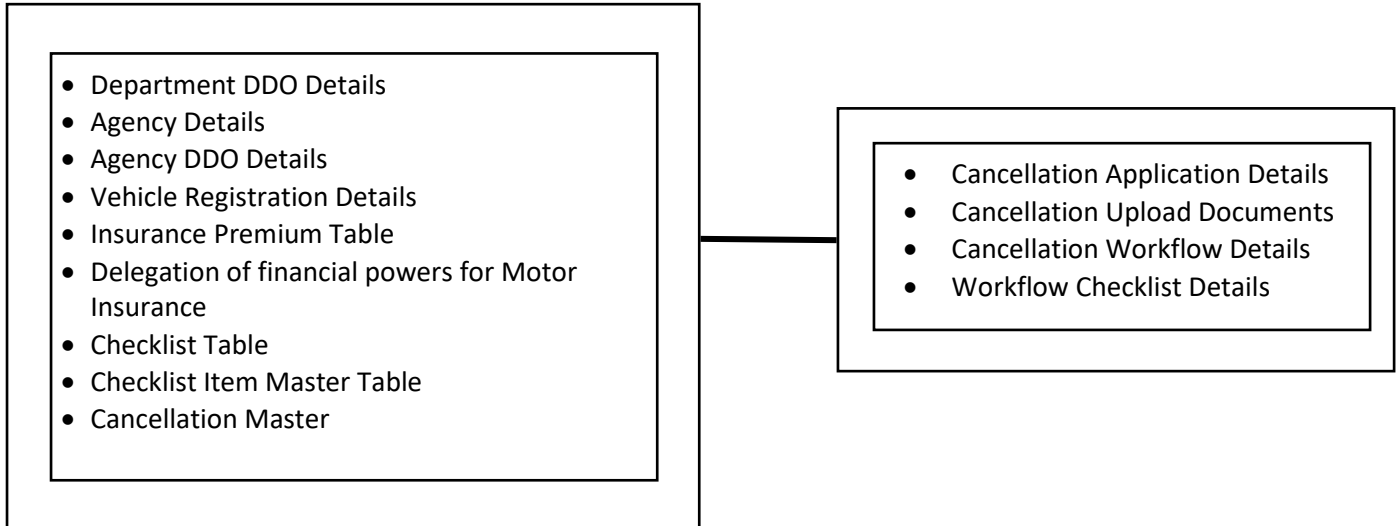
2.7.8 Changes / Modification of Data:

The data changes / modifications in this Use Case are as follows.

- System should not allow for change of any data which has been entered by Department / Agency / Insured.

2.7.9 Data Exchange:

The details of data exchange in this Use Case are as follows.



2.7.10 EXCEPTIONS

1. Repeated submission of Cancellations
2. Repeatedly signing of Cancellation using Digital Signature Certificate
3. Opening of multiple sessions

Use Case 2.8

Department / Agency submits OD Claim Request

2.8.1 Purpose:

This Use Case enables Departments / Agencies to submit Own Damage (OD) Claims whenever Vehicles are met with an accident.

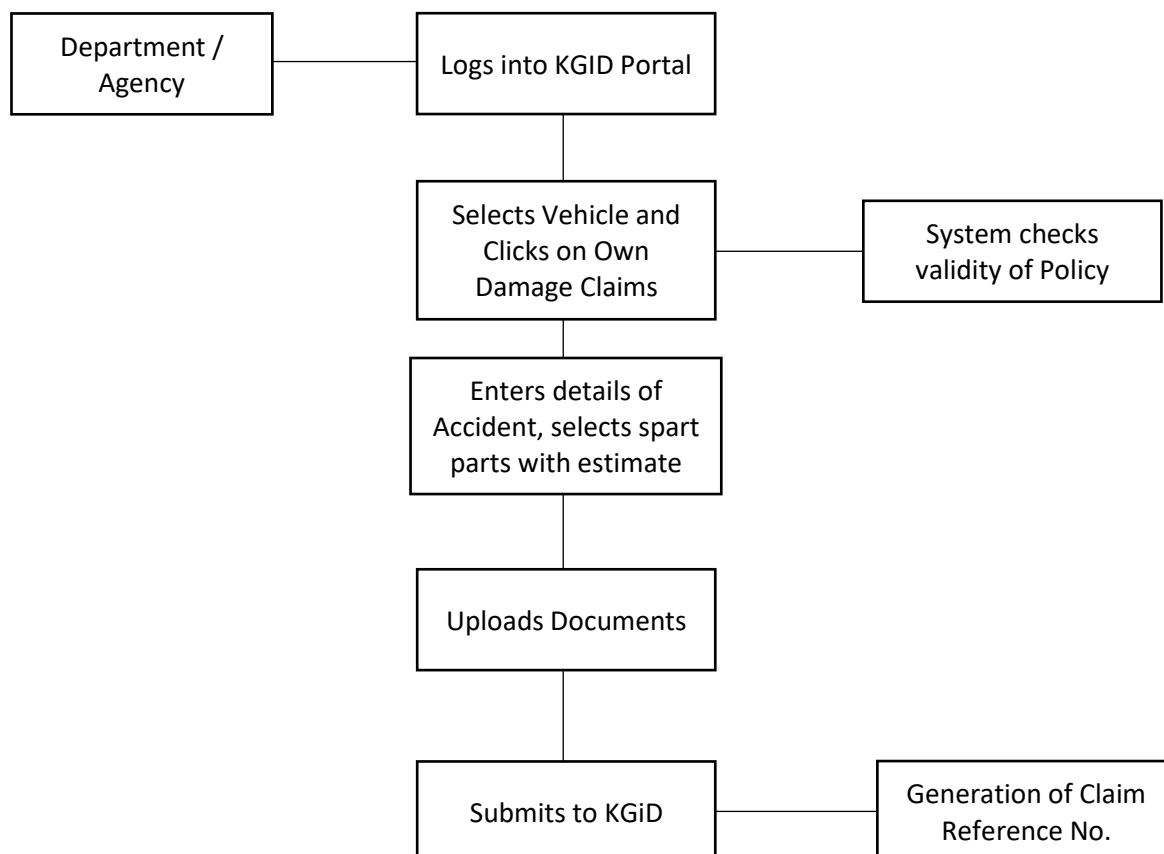
2.8.2 Pre-Requisites:

The pre-requisites for implementing the Use Case are as follows.

- Insurance Policy being active at the time of submission of Claim
- Age of the Vehicle is within 15 years

- Vehicle to be supported with Fitness Certificate if age of Vehicle is more than 15 years

2.8.3 Process flow:



2.8.4 Step-wise Approach:

Step-1:

Department / Agency logs into KGID Portal.

Step-2:

Department / Agency selects the Vehicle (from List) and clicks on “Own Damage” Claim option. System verifies the validity of the Insurance Policy and confirms whether it is active.

Step-3:

Department / Agency enters details of Accident and the cost incurred for repairing the damages caused to the Vehicle.

Department / Agency selects the various cost components (spare parts etc.) and enters the estimated cost for each component. System allows Department / Agency to add more components if not displayed in the list.

Step-4:

Department / Agency uploads necessary documents and submits the Claim Request to KGID.

Step-5:

System generates Claim Reference No. after successful submission of Claim Request.

The documents to be submitted are as follows.

Sl. No	Type of OD Claims	Type of Vehicle	Documents Required	Survey Report Required
1	Fire Accident	2-Wheeler & 4-Wheeler	a) Claim Form	YES
			b) Registration Copy (RC)	
			c) Driving Licence (DL)	
			d) FIR Copy	
			e) Estimation Report	
2	Theft Cases	2-Wheeler & 4-Wheeler	a) Claim Form	NO
			b) Registration Copy (RC)	
			c) Driving Licence (DL)	
			d) FIR Copy	
			e) C-Report	
			f) Affidavit	

			g) Claim Discharge form	
			h) Advance Payee Receipt	
			I) Recipient ID	
3	Natural calamities		a) Claim Form	YES
			b) Registration Copy (RC)	
			c) Driving Licence (DL)	
			d) FIR Copy	
			e) Estimation Report	
4	Accident		a) Claim Form	YES
			b) Registration Copy (RC)	
			c) Driving Licence (DL)	
			d) FIR Copy	
			e) Estimation Report	
			f) RTO Report	

2.8.5 Master / Mapping / Reference Tables:

The Master / Mapping / Reference Tables required for this Use Case are as follows.

Vehicle Registration Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	PK
2	Proposer ID	Int	15	FK
3	Vehicle ID	Int	15	FK
4	Engine No.	Varchar 2	30	
5	Chasis No.	Varchar 2	30	
6	Year ID	Int	15	
7	Registration No.	Varchar 2	15	
8	Date of Registration	Date		
9	Registration DDO ID	Int	15	FK
10	Insurance Cover ID	Int	15	FK
11	Insurance From Date	Date		
12	Insurance To Date	Date		
13	RTO Office ID	Int	15	FK

IDV Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	IDV ID	Int	15	
3	Amount	Number	15	
4	Remarks	Varchar 2	100	

Legal Liability Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	LL ID	Int	15	
3	No. of Persons	Number	10	

Personal Accident Cover Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Inclusion	Text	3	Yes / No
3	PA Category ID	Int	15	
4	Number of Persons	Number	3	

Vehicle Previous History Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	History ID	Int	15	
3	Response	Varchar 2	500	
4	Status	Text	3	
5	From Date	Date		
6	To Date	Date		

Insurance Premium Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Insurance Premium	Number	15	
3	Start Date	Date		
4	End Date	Date		
5	Sanction Date	Date		
6	Sanctioned by User ID	Varchar 2	15	

Renewal Premium Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Renewal Application ID	Int	15	
2	IDV	Number	15	
3	Own Damage	Number	15	
4	Third Party Damage	Number	15	
5	No Claim Bonus	Number	15	
6	Claim availed	Text	3	Yes / No
7	Year ID	Int	15	
8	Depreciation ID	Int	15	
9	Depreciation Amount	Number	15	
10	Start Date	Date		
11	End Date	Date		
12	Sanction Date	Date		
13	Sanctioned by User ID	Varchar 2	15	

14	Application ID	Int	15	
----	----------------	-----	----	--

Vehicle Registration Update Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Vehicle Registration No.	Varchar 2	15	
3	Date of Registration	Date		
4	Other Details	Varchar 2	100	

OD Cost Component Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	OD Cost Component ID	Int	15	
2	Spare Part / Component	Varchar 2	50	

2.8.6 Transaction Tables:

The transaction tables used in this Use Case are as follows.

OD Claim Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Claim Ref. ID	Int	15	
2	OD Claim Ref. No..	Varchar 2	15	
3	Vehicle Registration No.	Varchar 2	15	
4	Application ID	Int	15	
5	Date of Submission	Date		
6	Claim Amount	Number	15	

OD Claim Accident Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Claim Ref. ID	Int	15	
2	Date of Accident	Date		
3	Details of Accident	Varchar 2	1000	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Hobli ID	Int	15	
7	Gram Panchayat ID	Int	15	
8	Village ID	Int	15	

OD Claim Cost Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Claim Ref. ID	Int	15	

2	OD Cost Component ID	Int	15	
3	Cost of Repair	Number	15	

OD Other Claim Cost Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Claim Ref. ID	Int	15	
2	OD Cost Component	Varchar2	50	
3	Cost of Repair	Number	15	

OD Claim Document Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Claim Ref. ID	Int	15	
2	Document Type ID	Int	15	
3	Document Upload	Varchar 2	50	<path>
4	Remarks	Varchar 2	100	

2.8.7 Controls / Validations:

The applicable controls and validations for this Use Case are as follows.

- System should ensure the amount of OD Claim does not exceed the permissible limit as fixed for the vehicle.
- Department / Agency should be able to submit OD Claims any number of times during the term of the Policy.

2.8.8 Changes / Modification of Data:

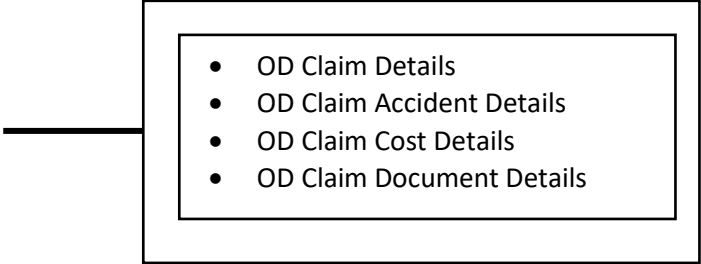
The data changes / modifications in this Use Case are as follows.

- Department / Agency should be able to edit / modify data any number of times prior to submission of OD Claim.
- System shall not maintain trail of such changes made by Department / Agency till submission of OD Claim.

2.8.9 Data Exchange:

The details of data exchange in this Use Case are as follows.

- Vehicle Registration Details
- IDV Details
- Legal Liability Details
- Personal Accident Cover Details
- Vehicle Previous History Details
- Insurance Premium Details Table

- 
- OD Claim Details
 - OD Claim Accident Details
 - OD Claim Cost Details
 - OD Claim Document Details

2.8.10 EXCEPTIONS:

1. Uploading document beyond the pre-defined size (example: 5 MB per document)
2. Repeated clicking of “Submit” button
3. Opening multiple sessions

Use Case 2.9

KGID Admits OD Claim Request, appoints surveyor, issues Work Order for repairs and approves Claims (Bills)

2.9.1 Purpose:

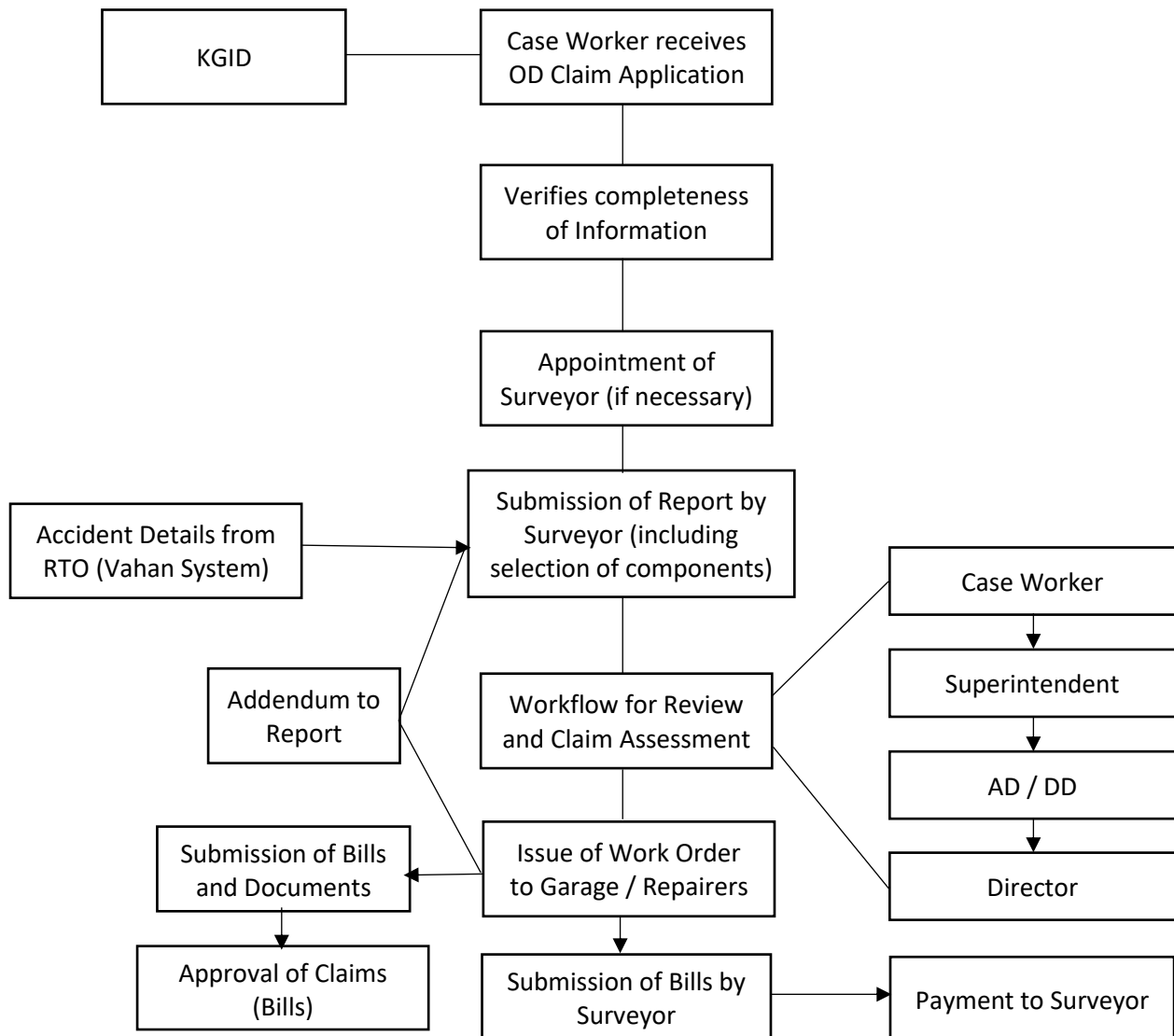
This Use Case enables KGID Head Office to receive and admit OD Claims Application, appoint surveyor, review claim assessment, issue work order for repairs and approve Claims (Bills)

2.9.2 Pre-Requisites:

The pre-requisites for implementing the Use Case are as follows.

- List of surveyors for Districts
- PKI-enabled workflows for Digitally signed verification / approval by users

2.9.3 Process flow:



2.9.4 Step-wise Approach:

Step-1:

Caseworker receives the OD claims request and verifies the completeness of the information submitted by Department / Agency.

System should display all the OD claims request which are only pending in Case Worker Login. System will allow viewing of OD claims request Form details and Survey Reports online along with viewing of scanned copies as uploaded by the surveyor.

System should have a provision to allocate the OD claims to all the case workers equally.

Step-2:

KGID appoints a Surveyor to assess the damage of the vehicle and submit report. Surveyor is not appointed if the type of damage is “windshield / glass”

Step-3:

Surveyor logs into KGID portal and submits the following.

- Photographs
- Survey Report
- Survey Fee

Surveyor mentions one of the following categories in the submitted Report

1. Repairs Category
2. Salvage Loss Category
3. Cash Loss Category
4. Total Loss Category

The details of each of the above-mentioned category are as follows.

Sl. No.	Category	Bills Required	Remarks
1	Repairs	Yes	Work Order given to Repairer. Submission of Bills for Claim Approval
2	Salvage Loss	No	Owner of Vehicle is paid an amount as suggested by Surveyor or as approved by Motor Branch of KGID.
3	Cash Loss	No	Owner of Vehicle is paid some percentage of Present Value
4	Total Loss	No	Vehicle transported to KGID (Cost of Repair exceeds the Present Value of Vehicle) 75% of Present Value paid to Owner.

Surveyor selects the cost components on the screen (spare parts and labour), as mentioned by the Insured, and enter the assessed cost estimate for each component. System allows creation of Master Table of cost components commonly used for vehicles.

Surveyor should be able to add additional items which need repair and enter the estimated cost of repair.

Step-4:

Caseworker reviews the details submitted by Surveyor. The features available in Caseworker login are as follows.

- Case Worker is given a Check List during scrutiny of OD claims with a provision to enter objections, if any
- Case Worker is given an option to send back to surveyor if there is any clarification required in the survey report.
- After verifying the details, Caseworker forwards the OD claims Form to Superintendent
- Case worker cannot reject the proposal. Case Worker can forward the OD claims for acceptance or can raise objection in case of discrepancy prior to forwarding

Step-5:

Superintendent logs into the System and views the OD claims Form and remarks by Caseworker.

Step-6:

Superintendent verifies the details and forwards to AD/DD. In case of any clarifications, Superintendent sends back Proposal to Caseworker.

The features available in Superintendent Login are as follows.

- Provision to be given for Superintendent for a Check List during scrutiny the OD claims Form with entry of objections.
- Superintendent can view the case worker objections and can only forward the proposal. Superintendent cannot reject the proposal.
- Superintendent can forward the Motor Insurance OD claims Form application for acceptance or can raise objection in case of discrepancy prior to forward

Step-7:

AD/DD logs into the System and views the Motor Insurance OD Claims Form Application with remarks sent by Caseworker and Superintendent.

The features available in AD / DD login

- Provision to be given for AD/DD to have a Check List during scrutiny the proposals and also there should be a provision to enter the objections
- AD/DD should be able to view the objections entered by Caseworker and Superintendent
- Provision for the Proposer to upload or modify the required changes
- Superintendent should have option to send back to the superintendent and case worker with objections

- AD/DD should have provision to recommend approval / rejection of OD claims (based on Survey Report) while forwarding to Director.

Step-8:

Director, KGID logs into the System and views the Motor Insurance OD Claims Form Application with remarks sent by Caseworker, Superintendent and AD / DD. Director admits OD Claim.

Step-9:

Caseworker enters details of garage / repairers. System generates draft Work Order. The Work Order is sent to Superintendent for scrutiny and further to AD / DD for approval.

Caseworker to have option to send intimation to the Owner of the Vehicle with copy of Work Order

Step-10:

Surveyor has option to upload Addendum to the Report / Supplementary Report at the time of repair of damages. The additional amount as proposed by Surveyor should be reviewed and admitted as per above-mentioned hierarchy.

Step-11:

Owner uploads the following documents after repair of the vehicle.

- Claim Discharge Form
- After Repair Bills
- Account Details of Garage / Repairer
- Advance Payees Receipt

The repair bills should not exceed the admitted claim amount (including additional amount claimed through addendum to report)

Surveyor generates Bill in the System and submits the Bill along with documents.

Step-12:

Caseworker receives the document online and reviews on completeness of documents and calculations. Caseworker ensures the claimed amount (bills) is within the admitted claim amount.

- Case Worker is given a Check List during scrutiny of OD claims after the repair is done with a provision to enter objections, if any.
- After verifying the details, Caseworker forwards the OD claims after the repair is done to Superintendent.
- Case worker can only forward the OD claims after the repair is done, Case Worker can forward the Motor Insurance Applications for acceptance or can raise objection in case of discrepancy prior to forwarding

Caseworker reviews the Bill submitted by Surveyor, verifies the calculations and forwards to Superintendent.

Step-13:

Superintendent logs into the System and views the OD claims after the repair is done with viewing of remarks as submitted by Caseworker

- Superintendent verifies the details and forwards to AD/DD. In case of any clarifications, Superintendent sends back Proposal to Caseworker.
- Provision to be given for Superintendent for a Check List during scrutiny the OD claims after the repair is done with entry of objections
- Superintendent can view the case worker objections and can only forward the OD claims after the repair is done.
- Superintendent can forward the OD claims after the repair is done for acceptance or can raise objection in case of discrepancy prior to forward

Superintendent verifies the details of Bill submitted by Surveyor and forwards to AD / DD.

Step-14:

AD / DD logs into the System and views the OD claims after the repair is done with remarks sent by Caseworker and Superintendent

- Provision to be given for DD to have a Check List during scrutiny the OD claims after the repair is done and also there should be a provision to enter the objections.
- DD should be able to view the objections entered by Caseworker and Superintendent.
- In case of any objections sent to the proposer he should have the provision to upload or modify the required changes.
- OD Claim can be sent back to previous level for seeking more clarifications.
- After approval, task is sent to case worker to start the payment process.

AD / DD verifies and approves the Bill of Surveyor (with or without corrections) and the task is sent to Case Worker to initiate payment to Surveyor.

2.9.5 Master / Mapping / Reference Tables:

The Master / Mapping / Reference Tables required for this Use Case are as follows.

Vehicle Registration Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	PK
2	Proposer ID	Int	15	FK

3	Vehicle ID	Int	15	FK
4	Engine No.	Varchar 2	30	
5	Chasis No.	Varchar 2	30	
6	Year ID	Int	15	
7	Registration No.	Varchar 2	15	
8	Date of Registration	Date		
9	Registration DDO ID	Int	15	FK
10	Insurance Cover ID	Int	15	FK
11	Insurance From Date	Date		
12	Insurance To Date	Date		
13	RTO Office ID	Int	15	FK

IDV Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	IDV ID	Int	15	
3	Amount	Number	15	
4	Remarks	Varchar 2	100	

Legal Liability Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	LL ID	Int	15	
3	No. of Persons	Number	10	

Personal Accident Cover Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Inclusion	Text	3	Yes / No
3	PA Category ID	Int	15	
4	Number of Persons	Number	3	

Vehicle Previous History Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	History ID	Int	15	
3	Response	Varchar 2	500	
4	Status	Text	3	
5	From Date	Date		
6	To Date	Date		

Insurance Premium Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Insurance Premium	Number	15	
3	Start Date	Date		
4	End Date	Date		
5	Sanction Date	Date		
6	Sanctioned by User ID	Varchar 2	15	

Renewal Premium Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Renewal Application ID	Int	15	
2	IDV	Number	15	
3	Own Damage	Number	15	
4	Third Party Damage	Number	15	
5	No Claim Bonus	Number	15	
6	Claim availed	Text	3	Yes / No
7	Year ID	Int	15	
8	Depreciation ID	Int	15	
9	Depreciation Amount	Number	15	
10	Start Date	Date		
11	End Date	Date		
12	Sanction Date	Date		
13	Sanctioned by User ID	Varchar 2	15	
14	Application ID	Int	15	

Vehicle Registration Update Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Vehicle Registration No.	Varchar 2	15	
3	Date of Registration	Date		
4	Other Details	Varchar 2	100	

OD Claim Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Claim Ref. ID	Int	15	
2	OD Claim Ref. No..	Varchar 2	15	
3	Vehicle Registration No.	Varchar 2	15	
4	Application ID	Int	15	
5	Date of Submission	Date		
6	Claim Amount	Number	15	

OD Claim Accident Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Claim Ref. ID	Int	15	
2	Date of Accident	Date		
3	Details of Accident	Varchar 2	1000	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Hobli ID	Int	15	
7	Gram Panchayat ID	Int	15	
8	Village ID	Int	15	

OD Claim Cost Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Claim Ref. ID	Int	15	
2	Vehicle Part / Component	Varchar 2	50	
3	Cost of Repair	Number	15	

OD Claim Document Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Claim Ref. ID	Int	15	
2	Document Type ID	Int	15	
3	Document Upload	Varchar 2	50	<path>
4	Remarks	Varchar 2	100	

Checklist Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Checklist ID	Int	15	
2	Checklist Desc	Number	15	

Checklist Item Master Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Checklist Item ID	Int	15	
2	Checklist Item Desc	Varchar 2	15	
3	Checklist ID			

Surveyor Master Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Surveyor ID	Int	15	
2	Name of Surveyor	Varchar 2	50	
3	Mobile No.	Number	10	
4	E-mail	Varchar 2	50	
5	Address	Varchar 2	200	
6	District ID	Int	15	
7	Taluka ID	Int	15	
8	Hobli ID	Int	15	
9	Gram Panchayat ID	Int	15	

10	Village ID	Int	15	
11	From Date	Date		
12	To Date	Date		

Garage Master Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Garage ID	Int	15	PK
2	Name of Garage	Varchar 2	100	
3	District ID	Int	15	FK
4	Taluka ID	Int	15	FK
5	Authorized Person	Varchar 2	50	
6	Mobile No.	Number	10	
7	e-mail ID	Varchar 2	50	
8	GSTIN	Varchar2	18	
9	PAN	Varchar 2	10	

Surveyor Bill Component Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Surveyor Bill Component ID	Int	15	PK
2	Bill Component Desc	Varchar 2	100	
3	Min Value	Int	15	
4	Max Value	Int	15	
5	Rate	Decimal	15	

2.9.6 Transaction Tables:

The transaction tables used in this Use Case are as follows.

OD Claims Surveyor Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	OD Claim Surveyor ID	Int	15	PK
2	Surveyor ID	Int	15	FK
3	Start Date	Date		
4	End Date	Date		
5	Report Submission Date	Date		
6	Document Upload	Varchar 2	50	<path>
7	Claim Ref. ID	Int	15	FK

OD Claims Surveyor Report

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	OD Claim Surveyor Report	Int	15	PK

	ID			
2	OD Claim Surveyor ID	Int	15	FK
3	Vehicle Component	Varchar 2	100	
4	Cost of Repair	Number	15	

OD Claims RTO Report

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	OD Claim RTO ID	Int	15	PK
2	RTO ID	Int	15	
3	Report Submission Date	Date		
4	Document Upload	Varchar 2	50	<path>
5	Claim Ref. ID	Int	15	FK

OD Claims Verification Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	OD Claim Verification ID	Int	15	PK
2	Claim Ref. ID	Int	15	FK
3	OD Claim Surveyor ID	Int	15	FK
4	User ID	Int	15	
5	Checklist Item ID	Int	15	
6	Comments	Varchar 2	500	
7	Upload Document	Varchar 2	50	<path>

OD Claim Workflow Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	OD Claim Workflow ID	Int	15	PK
2	Claim Ref. ID	Int	15	FK
3	OD Claim Surveyor ID	Int	15	FK
4	User ID	Int	15	
5	Date	Date		
6	Comments	Varchar 2	100	
7	Status	Varchar 2	30	

Bill Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Bill Reference No.	Int	15	PK
2	Agency ID	Int	15	
3	DDO ID	Int	15	
5	Claim Reference No.	Int	15	

6	Bill Sector ID	Int	15	
7	Bill Type ID	Int	15	
8	Claim Type ID	Int	15	
9	CTS Bill ID	Int	15	
10	Purpose ID	Int	15	
11	Sub Purpose ID	Int	15	
12	HoA ID	Int	15	
13	Object Id	Int	15	
14	Amount	Int	15	
15	Date of Initiation	Date		
16	Date of Sending to K-II	Date		
17	Status of K-II	Text	20	
18	Other details	Varchar 2	50	
19	Document Upload	Varchar 2	50	<path>

Bill Documents Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Bill Reference No.	Int	15	PK
2	Name of Document	Varchar2	50	
3	Document Upload Path	Varchar2	50	<path>

Bill Workflow Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Bill Reference No.	Int	15	PK
2	User ID	Int	15	
3	Comments	Varchar 2	100	
4	Date	Date		
5	Status			Forwarded / sent back / Approved

Surveyor Bill Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Surveyor Bill Ref. ID	Int	15	PK
2	Surveyor Bill No.	Int	15	
3	Surveyor ID	Int	15	FK
4	OD Claim Surveyor ID	Int	15	FK
5	Surveyor Bill Component ID	Int	15	FK
6	Amount	Decimal	15	
7	Date of Submission	Date		

Surveyor Bill Document Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Surveyor Bill Document ID	Int	15	PK
2	Surveyor Bill Ref. ID	Int	15	FK
3	Document Name	Varchar2	50	
4	Document Path	Varchar2	50	<path>

Surveyor Bill Workflow Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Surveyor Bill Workflow ID	Int	15	PK
2	Surveyor Bill Ref. ID	Int	15	FK
3	User ID	Int	15	
4	Comments	Varchar 2	100	
5	Date	Date		
6	Status			Forwarded / sent back / Approved

2.9.7 Controls / Validations:

The applicable controls and validations for this Use Case are as follows.

- Workflow hierarchy should be as per requirement of KGID with delegation of financial powers mapped so that the competent officials gets “Approve” button for approving OD Claim.
- Claim request can be sent back through Department DDO (in case of Departments) or directly to KGID (in case of Agencies).

2.9.8 Changes / Modification of Data:

The data changes / modifications in this Use Case are as follows.

- System should not allow for editing / modifying any data entered by Department / Agency at the time of submission of OD Claim.

2.9.9 Data Exchange:

The details of data exchange in this Use Case are as follows.

- Vehicle Registration Details
- IDV Details
- Legal Liability Details
- Personal Accident Cover Details
- Vehicle Previous History Details
- Insurance Premium Details Table
- Renewal Premium Details Table
- Vehicle Registration Update Details
- OD Claim Details
- OD Claim Accident Details
- OD Claim Cost Details
- OD Claim Document Details
- Surveyor Master Table
- Surveyor Bill Component Master

- OD Claims Surveyor Details
- OD Claims Surveyor Report
- OD Claims RTO Report
- OD Claims Verification Details
- OD Claim Workflow Details
- Bill Details Table
- Bill Documents Table
- Bill Workflow Table
- Surveyor Bill Details Table
- Surveyor Bill Document Details
- Surveyor Bill Workflow Table

2.8.10 EXCEPTIONS:

1. Opening multiple sessions
2. Sending back OD Claims multiple times
3. Repeated signing using Digital Signature Certificate

Note:

Payment process and tables for payments are the same as adopted for Loan Payments and NB Claims payment to insured.

Use Case 2.10***KGID receives Summons (Court Notice and Petition) on MVC Claims*****2.10.1 Purpose:**

This Use Case enables KGID to receive Summons (Court Notice with Court Petition copy) from concerned Motor Accident Claim Tribunal / Court and processing of Summons for settlement of case in M.A.C.T. / Court.

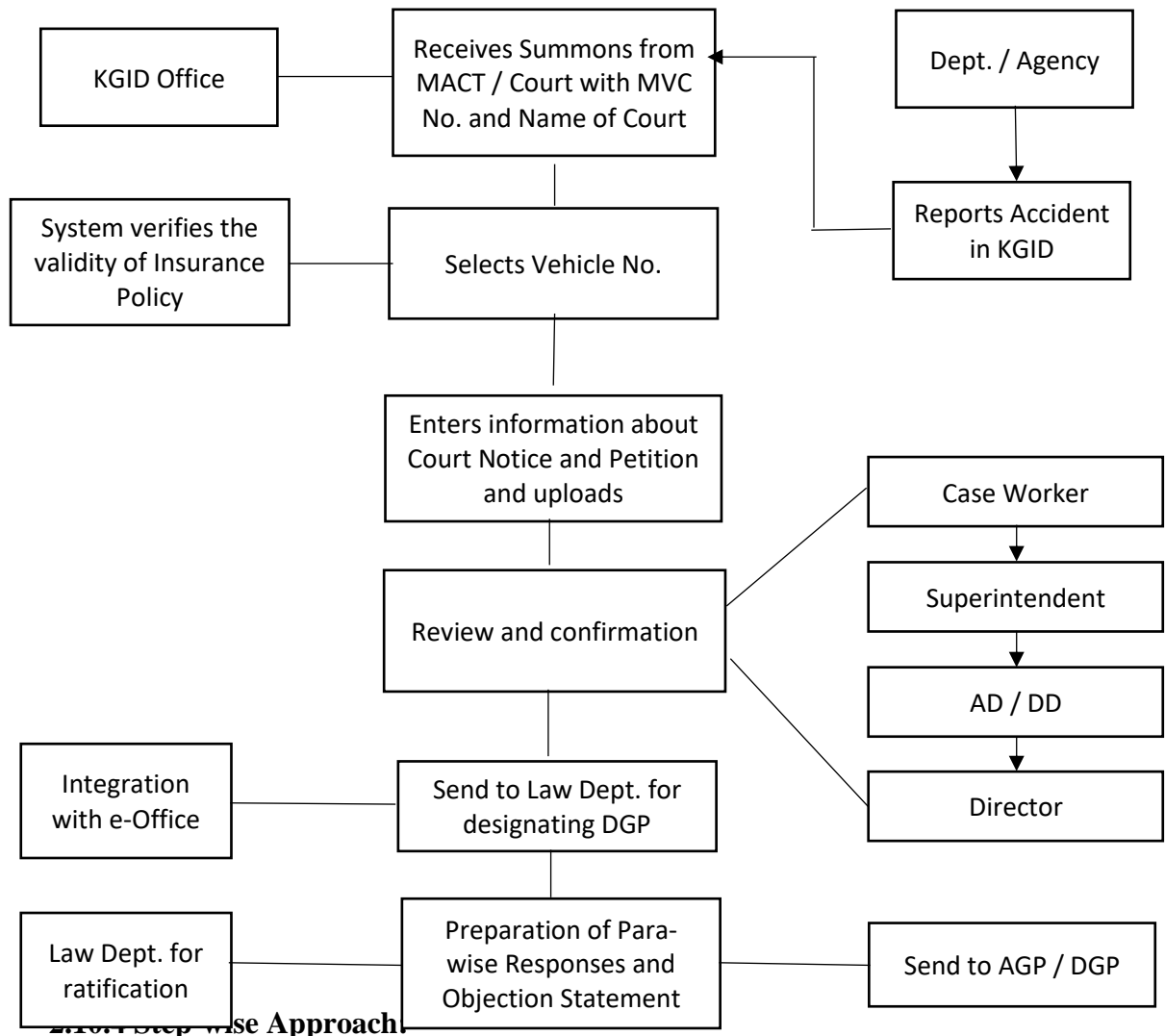
2.10.2 Pre-Requisites:

The pre-requisites for implementing the Use Case are as follows.

- Motor Insurance Policy to be valid at the time of accident
- Login provision for users of KGID Head Office

- PKI-enabled workflows for Digitally signing of tasks in the System

2.10.3 Process flow:



2.10.4 Step wise Approach

Step-1:

Case Worker receives the Summons (Court Notice and Petition) and enters the following indicative information in the System.

- MVC No.
- Date of filing of Petition
- Details of Court
- Petitioner Details
- Respondent Details
- Vehicle Registration No.
- Place of Accident (District, Taluka, Hobli, Gram Panchayat, Village)
- Details of Accident
- Claim Amount
- RC
- DL

- FIR
- Panchnama

Case Worker uploads the Summons along with other Annexures / documents in the System.

Step-2:

System verifies whether the Motor Vehicle Insurance issued against the Vehicle Registration No. is valid or expired. System displays message accordingly.

Step-3:

In case Motor Insurance Policy is expired, System auto-generates cover letter addressed to the concerned stating the claims cannot be admitted. The necessary information as required to be filled up in the cover letter is automatically updated by the System.

The workflow is as per pre-defined hierarchy.

Case Worker → Superintendent → AD / DD → Director

- Caseworker sends the details of Summons to higher officials for scrutiny and confirmation.
- Summons are sent to Law Department for designating District Government Pleader (DGP) for the case. The details of DGP are entered in the System,
- Whenever DGP is changed for the case, Caseworker updates the details of DGP.
- Case Worker forwards the Petition and Para-wise Remarks to higher officials within KGID prior to sending them to AGP/DGP.
- AGP / DGP prepares Objection Statement based on Para-wise responses and send to KGID
- Case Worker verifies the Objection statement and enters suitable response where ever needed prior to forwarding the Draft Objection Statement to Superintendent.
- After verifying the details, Superintendent forwards the Draft Objection statement to Deputy Director.
- After verifying the details, Deputy Director approves the Draft Objection statement and sends the task to Caseworker for final Copy.
- Based on the comments received from Deputy Director, Caseworker modifies the Objection Statement and forwards the Final Objection statement to Superintendent.
- After verifying the details, Superintendent forwards the Final Objection statement to Deputy Director.
- After verifying the details, Deputy Director forwards the Final Objection statement to Director.
- After verifying the details, Director Approves the Final Objection statement and sends to DGP/AGP.

Step-4:

Caseworker uploads the documents, including Objection Statement, submitted to the Court.

Intimation is given to DIO and DDO whenever Objection Statement is submitted to the Court. Caseworker sends the details to Law Department for ratification.

System integrates with e-Office to view the details of the Petition by Law Department.

Step-5:

Case Worker send Objection Statement to Law Department.

2.10.5 Master / Mapping / Reference Tables:

The Master / Mapping / Reference Tables required for this Use Case are as follows.

Vehicle Registration Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	PK
2	Proposer ID	Int	15	FK
3	Vehicle ID	Int	15	FK
4	Engine No.	Varchar 2	30	
5	Chasis No.	Varchar 2	30	
6	Year ID	Int	15	
7	Registration No.	Varchar 2	15	
8	Date of Registration	Date		
9	Registration DDO ID	Int	15	FK
10	Insurance Cover ID	Int	15	FK
11	Insurance From Date	Date		
12	Insurance To Date	Date		

IDV Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	IDV ID	Int	15	
3	Amount	Number	15	
4	Remarks	Varchar 2	100	

Legal Liability Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	LL ID	Int	15	
3	No. of Persons	Number	10	

Vehicle Previous History Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
---------	------------	-----------	--------------	---------

1	Application ID	Int	15	
2	History ID	Int	15	
3	Response	Varchar 2	500	
4	Status	Text	3	
5	From Date	Date		
6	To Date	Date		

Insurance Premium Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Insurance Premium	Number	15	
3	Start Date	Date		
4	End Date	Date		
5	Sanction Date	Date		
6	Sanctioned by User ID	Varchar 2	15	

Renewal Premium Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Renewal Application ID	Int	15	
2	IDV	Number	15	
3	Own Damage	Number	15	
4	Third Party Damage	Number	15	
5	No Claim Bonus	Number	15	
6	Claim availed	Text	3	Yes / No
7	Year ID	Int	15	
8	Depreciation ID	Int	15	
9	Depreciation Amount	Number	15	
10	Start Date	Date		
11	End Date	Date		
12	Sanction Date	Date		
13	Sanctioned by User ID	Varchar 2	15	
14	Application ID	Int	15	

Vehicle Registration Update Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Vehicle Registration No.	Varchar 2	15	
3	RC Book Detail 1	Varchar 2	50	
4	RC Book Detail 2	Varchar 2	50	
5	RTO Office ID	Int	15	

Third Party Property Damage Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Vehicle Type ID	Int	15	
2	Statutory TTPD limit	Number	15	
3	TTPD provision	Number	15	1 lakh for 2-

				wheelers 7.5 lakh for private cars
--	--	--	--	---

Third Party Liability Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Restricted to TTPD Limit	Text	3	Yes / No

Court Master Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Court ID	Int	15	
2	Name of Court	Varchar 2	100	
3	District ID	Int	15	
4	Taluka ID	Int	15	

2.10.6 Transaction Tables:

The transaction tables used in this Use Case are as follows.

Petition Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition ID	Int	15	
2	MVC No.	Varchar 2	30	
3	Court ID	Int	15	
4	Date of filing Petition	Date		
5	Vehicle Registration No.	Varchar 2	30	
6	Accident Place	Varchar 2	50	
7	District ID	Int	15	
8	Taluka ID	Int	15	
9	Hobli ID	Int	15	

10	Gram Panchayat ID	Int	15	
11	Village ID	Int	15	
12	Accident Details	Varchar 2	1000	
13	Claim amount	Number	15	
14	Document	Varchar 2	50	<path>
15	Application ID	Int	15	

Petitioner Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition ID	Int	15	
2	Name of Petitioner	Varchar 2	50	
	Address	Varchar 2	200	
4	Mobile No.	Number	10	
5	Pin Code	Number	6	

Respondent Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition ID	Int	15	
2	Name of Respondent	Varchar 2	50	
3	Designation	Varchar 2	50	
4	Department ID	Int	15	
5	Agency ID	Int	15	
6	Address	Varchar 2	200	
7	Mobile No.	Number	10	
8	Pin Code	Number	6	

Law Department Forward Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition ID	Int	15	
2	Date of sending to Law Dept.	Date		
3	Letter No.	Varchar 2	20	
4	Designation ID	Int	15	(sent by desig.)
5	Upload Document	Varchar 2	100	<path>
6	e-Office No.	Varchar2	20	
7	e-Office Date	Date		

Objection Forward Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition ID	Int	15	

2	Date of sending to concerned	Date		
3	Letter No.	Varchar 2	20	
4	Designation ID	Int	15	(sent by desig.)
5	Upload Document	Varchar 2	100	<path>

Letter Update Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition ID	Int	15	
2	Name of Sender	Varchar 2	20	
3	Letter No.	Varchar 2	20	
4	Date	Date		
5	Response details	Varchar 2	300	
6	Document upload	Varchar 2	100	<path>

2.10.7 Controls / Validations:

The applicable controls and validations for this Use Case are as follows.

- Workflow to be as per organisation hierarchy
- Case Worker to enter the details of Petition and communication to Law Department.
- Case Worker to enter details of responses received from Law Department and Departments.

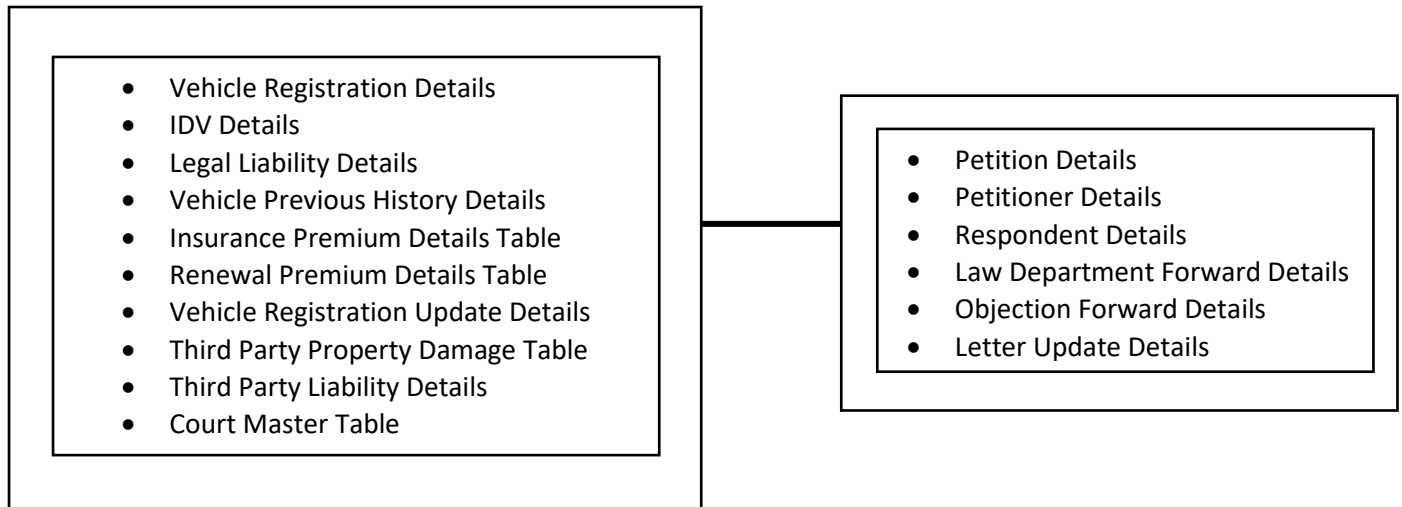
2.10.8 Changes / Modification of Data:

The data changes / modifications in this Use Case are as follows.

- System should NOT allow any changes to the data as entered by Case Worker. Any changes to the details entered by Case Worker should be sent back to Case Worker for correcting the details.
- System should maintain trail of activities performed during workflow and modification of details.

2.10.9 Data Exchange:

The details of data exchange in this Use Case are as follows.



2.10.10 EXCEPTIONS:

1. Opening multiple sessions
2. Sending back Application multiple times
3. Repeated signing of tasks using Digital Signature Certificate

Use Case 2.11

KGID submits response and updates Court Hearings

2.11.1 Purpose:

This Use Case enables KGID to update details of responses submitted to Court and the Court Hearings.

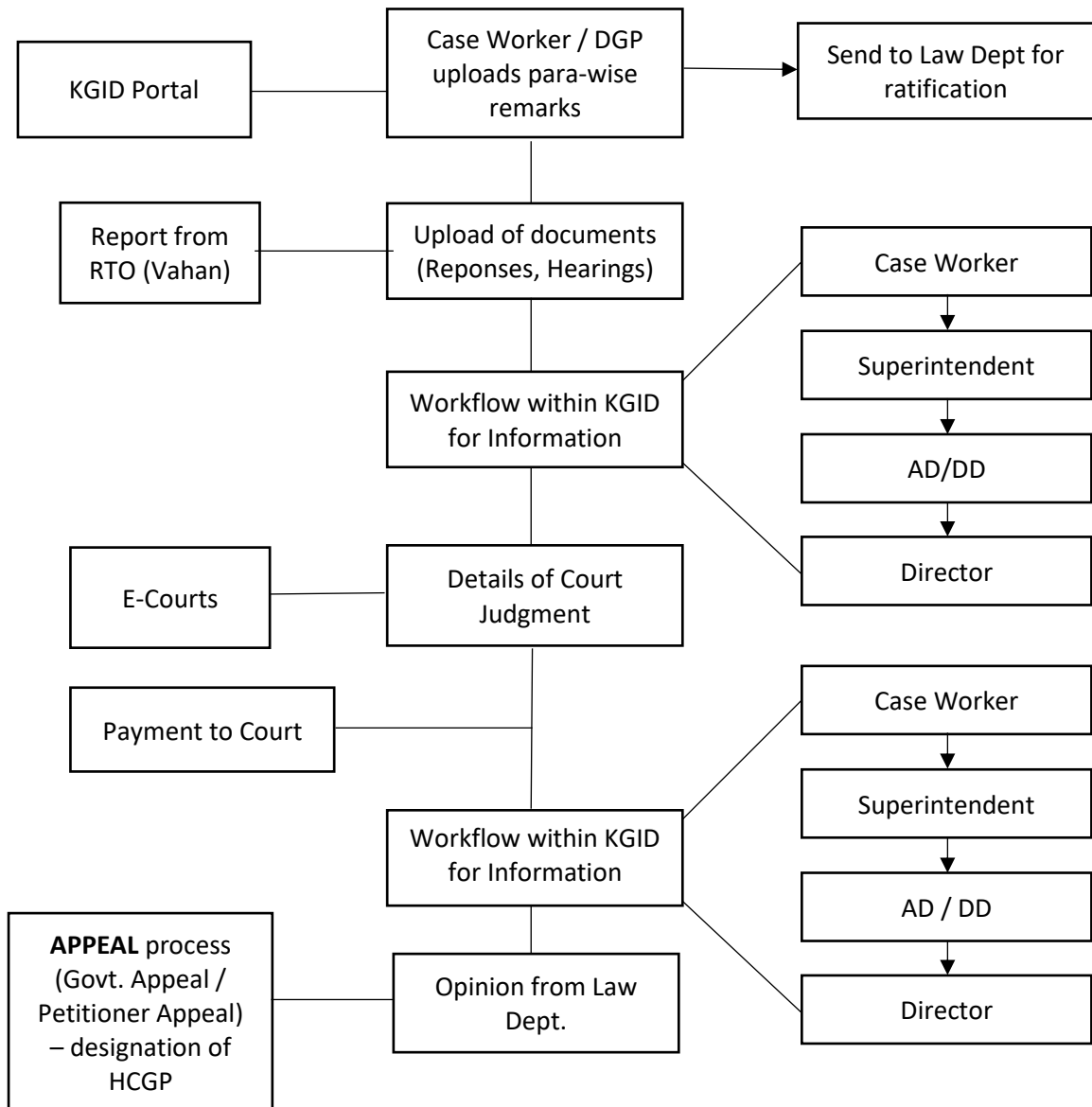
2.11.2 Pre-Requisites:

The pre-requisites for implementing the Use Case are as follows.

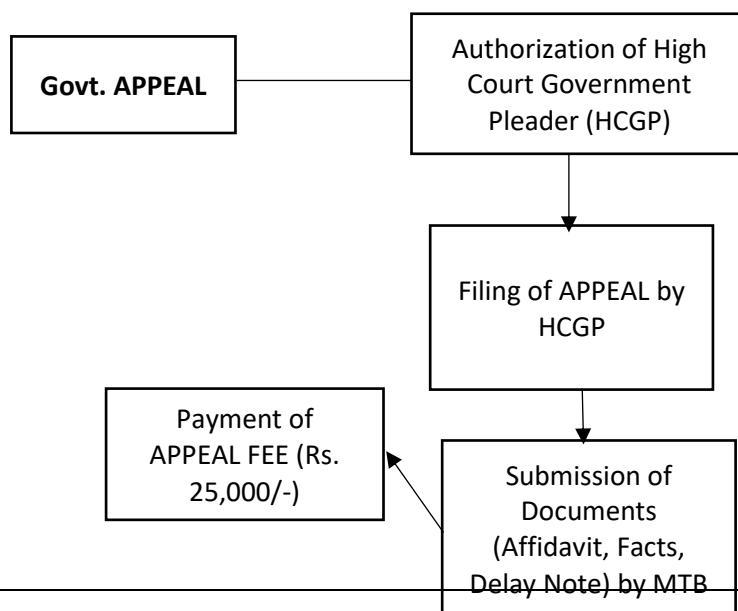
- Integration with e-Office to update details of Court Hearings

- Integration with Vahan Software
- Integration with e-Courts for update of details.

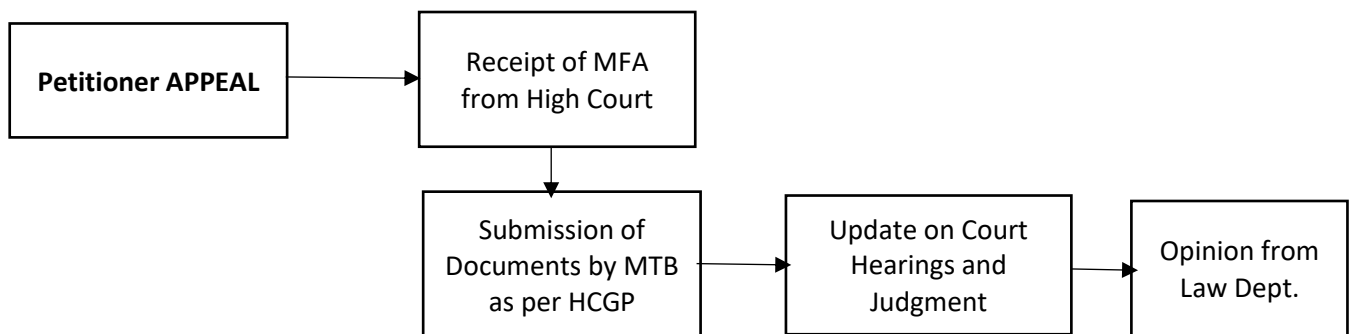
2.11.3 Process flow:



Appeal Process:



Payment of 50% of compensation amount (or Rs. 25,000/- whichever is less)



2.11.4 Step-wise Approach:

Step-1:

Case Worker / DGP updates the information with regard to the following.

- Submission of Responses to Court
- Hearings of Court

System integrates with e-Courts for online update of information.

Case Worker / DGP uploads documents against the information updated in the system / information updated from e-Courts.

Step-2:

Case Worker forwards Responses and Hearings to higher officials (in workflow hierarchy) for information and instructions.

System retrieves the details of Report from Vahan Software of Transport Department with regard to accident and damages.

Step-3:

Case Worker enters details of Final Judgement delivered by Court and uploads the copy of the Judgement.

Details of Court Hearing are retrieved from e-Courts by way of integration.

Also, the details of file noting with regard to Court Hearing are retrieved from e-Office System with the help of e-Office No. and File No.

Step-4:

Case Worker forwards the Judgement copy (in workflow hierarchy) for information and instructions. Copy is sent to Law Department for opinion.

On receiving “NO APPEAL G.O.”, System allows for initiation of payment to Court (payment process elaborated in subsequent Use Case)

On receiving “YES APPEAL G.O.”, System allows the process of filing APPEAL to High Court.

On receiving the “Appeal”, KGID initiates process of Govt appeal. (Miscellaneous First Appeal). (Law department issues GO and send the concern Judgment copy and ground of appeal to High court pleader for defending the case)

Step-5:

The Advocate general writes a letter to KGID stating make payment of Rs 25,000 on the MVC case for acceptance of the case and Stay order for MVC Judgement. In case the High court Orders to pay 50 % of the awarded amount in the MVC, the same will be paid to the court.

In case of Delay in filing the case Affidavit, Facts of case will be sent to the Advocate general the same has to be verified and made correction if necessary, by Case worker

- Case worker Makes the corrections and forwards to the Superintendent
- Superintendent verifies the corrections and forwards to the Deputy Director.
- Deputy Director confirms
- Notary is done and sent to the Advocate general

Step-6:

DGP / HCGP uploads copy of Judgment in KGID portal. The details are made available for all KGID officials in the hierarchy.

System should be able to retrieve Court Hearing details from e-Courts System.

Step-7:

If Petitioner files APPEAL against the Judgment of lower court, the process from Step-4 to Step-6 are repeated.

This includes filing APPEAL till Supreme Court.

2.11.5 Master / Mapping / Reference Tables:

The Master / Mapping / Reference Tables required for this Use Case are as follows.

Vehicle Registration Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	PK
2	Proposer ID	Int	15	FK
3	Vehicle ID	Int	15	FK
4	Engine No.	Varchar 2	30	
5	Chasis No.	Varchar 2	30	
6	Year ID	Int	15	
7	Registration No.	Varchar 2	15	
8	Date of Registration	Date		
9	Registration DDO ID	Int	15	FK
10	Insurance Cover ID	Int	15	FK
11	Insurance From Date	Date		
12	Insurance To Date	Date		

IDV Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	IDV ID	Int	15	
3	Amount	Number	15	
4	Remarks	Varchar 2	100	

Legal Liability Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	LL ID	Int	15	
3	No. of Persons	Number	10	

Vehicle Previous History Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	History ID	Int	15	
3	Response	Varchar 2	500	
4	Status	Text	3	
5	From Date	Date		
6	To Date	Date		

Insurance Premium Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Insurance Premium	Number	15	
3	Start Date	Date		
4	End Date	Date		
5	Sanction Date	Date		
6	Sanctioned by User ID	Varchar 2	15	

Renewal Premium Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Renewal Application ID	Int	15	
2	IDV	Number	15	
3	Own Damage	Number	15	
4	Third Party Damage	Number	15	
5	No Claim Bonus	Number	15	
6	Claim availed	Text	3	Yes / No
7	Year ID	Int	15	
8	Depreciation ID	Int	15	
9	Depreciation Amount	Number	15	
10	Start Date	Date		
11	End Date	Date		
12	Sanction Date	Date		
13	Sanctioned by User ID	Varchar 2	15	
14	Application ID	Int	15	

Vehicle Registration Update Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Vehicle Registration No.	Varchar 2	15	
3	RC Book Detail 1	Varchar 2	50	
4	RC Book Detail 2	Varchar 2	50	
5	RTO Office ID	Int	15	

Third Party Property Damage Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Vehicle Type ID	Int	15	
2	Statutory TTPD limit	Number	15	

3	TTPD provision	Number	15	1 lakh for 2-wheelers 7.5 lakh for private cars
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Third Party Liability Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Application ID	Int	15	
2	Restricted to TTPD Limit	Text	3	Yes / No

Court Master Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Court ID	Int	15	
2	Name of Court	Varchar 2	100	
3	District ID	Int	15	
4	Taluka ID	Int	15	

Petition Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition ID	Int	15	
2	Writ Petition No.	Varchar 2	30	
3	Court ID	Int	15	
4	Date of filing Petition	Date		
5	Vehicle Registration No.	Varchar 2	30	
6	Accident Place	Varchar 2	50	
7	District ID	Int	15	
8	Taluka ID	Int	15	
9	Hobli ID	Int	15	
10	Gram Panchayat ID	Int	15	
11	Village ID	Int	15	
12	Accident Details	Varchar 2	1000	
13	Claim amount	Number	15	

Petitioner Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition ID	Int	15	
2	Name of Petitioner	Varchar 2	50	
	Address	Varchar 2	200	
4	Mobile No.	Number	10	
5	Pin Code	Number	6	

Respondent Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition ID	Int	15	

2	Name of Respondent	Varchar 2	50	
3	Designation	Varchar 2	50	
4	Department ID	Int	15	
5	Agency ID	Int	15	
6	Address	Varchar 2	200	
7	Mobile No.	Number	10	
8	Pin Code	Number	6	

Law Department Forward Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition ID	Int	15	
2	Date of sending to Law Dept.	Date		
3	Letter No.	Varchar 2	20	
4	Designation ID	Int	15	(sent by desig.)

Lawyer Master Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Lawyer ID	Int	15	
2	Name of Lawyer	Varchar 2	50	
3	Address	Varchar 2	200	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Hobli ID	Int	15	
7	Gram Panchayat ID	Int	15	
8	Village ID	Int	15	
9	Mobile No	Number	10	
10	E-mail	Varchar 2	30	

2.11.6 Transaction Tables:

The transaction tables used in this Use Case are as follows.

Petition Lawyer Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition Lawyer ID	Int	15	PK
2	Petition ID	Int	15	FK
3	Lawyer ID	Int	15	
4	Date of Appointment	Date		

Response Filing Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Response Filing ID	Int	15	PK
2	Petition ID	Int	15	FK
3	Date of Response Filing	Date		
5	e-Office No.	Varchar 2	20	
6	e-Office Date	Date		

Response Document Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Response Doc ID	Int	15	
2	Petition ID	Date		
3	Document	Varchar 2	50	<path>

Court Hearing Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition ID	Int	15	
2	Date	Date		
3	Court Hearing Status	Text	30	
4	Court Hearing Details	Varchar 2	500	
5	Remarks	Varchar 2	100	
6	Document	Varchar 2	50	<path>

Final Judgement Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Petition ID	Int	15	
2	Date of Judgement	Date		
3	Court ID	Int	15	
4	Final Claim Amount	Number	15	
5	Interest Rate	Number	15	
6	Effective Date	Date		
7	Document	Varchar 2	50	<path>

Appeal Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Appeal ID	Int	15	
2	Petition ID	Int	15	Original Petition
3	Date of Filing	Date		
4	Court ID	Int	15	
5	Document	Varchar 2	50	<path>
6	Status			

Note:

In case of Appeal, the process adopted for Petition will be enabled for preparation of responses, scrutiny and approval, intimation to DIO, DDO and Law Department, update of

responses and court hearings, upload of judgement copies, opinion of Law Department on judgement and payment to Court.

2.11.7 Controls / Validations:

The applicable controls and validations for this Use Case are as follows.

- Workflow to be as per organisation hierarchy
- Limited access need to be given to Lawyer for updating details with regard to specific Petition no.
- System should allow upload of documents, reports etc. by Case Worker

2.11.8 Changes / Modification of Data:

The data changes / modifications in this Use Case are as follows.

- System should NOT allow any changes to the data as entered by Case Worker / Lawyer. Any changes to the details entered by Case Worker should be sent back to Case Worker / Lawyer for correcting the details.
- System should maintain trail of activities performed during workflow and modification of details.

2.11.9 Data Exchange:

The details of data exchange in this Use Case are as follows.

- Vehicle Registration Details
- IDV Details
- Legal Liability Details
- Vehicle Previous History Details
- Insurance Premium Details Table
- Renewal Premium Details Table
- Vehicle Registration Update Details
- Third Party Property Damage Table
- Third Party Liability Details
- Court Master Table
- Petition Details
- Petitioner Details

- Petition Lawyer Details
- Response Filing Details
- Response Document Details
- Court Hearing Details
- Final Judgement Details
- Appeal Details

2.11.10 EXCEPTIONS:

1. Opening multiple sessions
2. Sending back Application multiple times
3. Repeated signing of tasks using Digital Signature Certificate
4. Repeated upload of documents

Use Case 2.12

KGID disburses Claim amount to Court / Department / Agency as prescribed

2.12.1 Purpose:

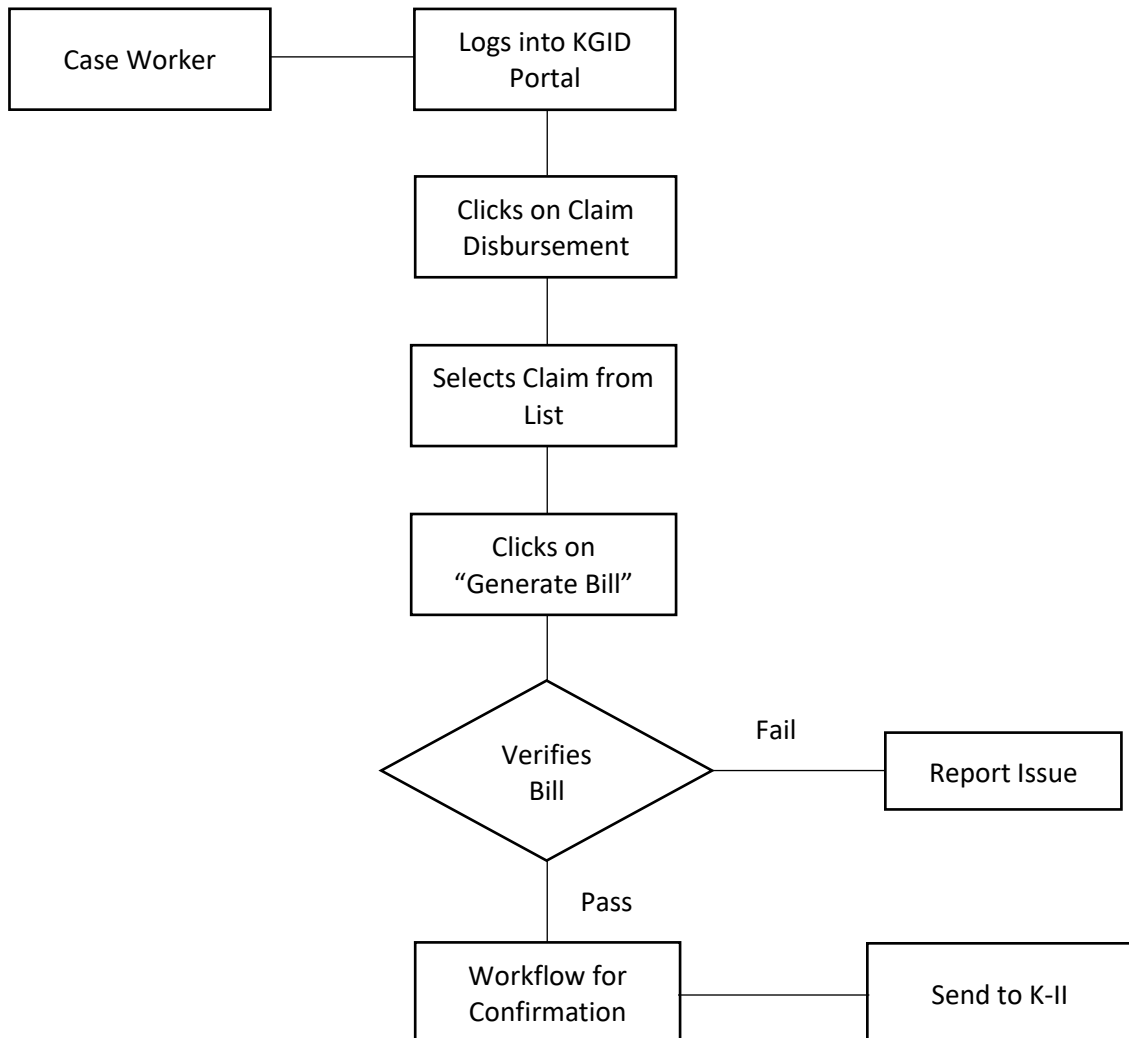
This Use Case enables KGID to disburse Claimed Amount (OD and MVC) through Khajane-II.

2.12.2 Pre-Requisites:

The pre-requisites for implementing the Use Case are as follows.

- Generation of Bill (Normal Bill and TTR Bill) in the System
- Integration of KGID with Khajane-II for sending Bill and updating the status

2.12.3 Process flow:



2.12.4 Step-wise Approach:

Step-1:

Case Worker logs into KGID portal and clicks on Claim Disbursement

Step-2:

Case Worker selects Claim (OD / MVC) from the list.

Step-3:

Case Worker clicks on "Generate Bill" option and generates Bill in the format as required by Khajane-II. System automatically generates Bill Reference No. System

provides option to generate Normal Bill (for Agencies) or TTR Bill (for Departments and Courts)

Step-4:

Case Worker verifies the correctness of information. If successfully verified, the bill is moved in workflow for scrutiny and confirmation. In case of any errors in the Bill, the issue is reported for resolving.

Step-5:

Bill is sent to Khajane-II for processing and payment.

2.12.5 Master / Mapping / Reference Tables:

The Master / Mapping / Reference Tables required for this Use Case are as follows.

DDO Master:

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	DDO ID	Int	15	PK
2	DDO Code	Varchar 2	10	
3	Name of Office	Varchar 2	100	
4	Taluka	Text	100	
5	District	Text	100	
6	Department ID	Int	15	FK

Agency Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency ID	Int	15	PK
2	Agency Code	Varchar 2	15	
3	Name of Agency	Varchar 2	100	
4	Department Code	Varchar 2	20	

Agency DDO Details

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency DDO ID	Int	15	PK
2	Agency DDO Code	Varchar 2	15	
3	Name of Agency Office	Varchar 2	100	
4	District ID	Int	15	
5	Taluka ID	Int	15	
6	Agency ID	Int	15	FK

HoA Master Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
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1	HoA ID	Int	15	PK
2	HoA	Varchar 2	20	
3	Name of HoA	Varchar 2	100	
4	Purpose ID	Int	15	
5	Sub Purpose ID	Int	15	

Object Code Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Object Code ID	Int	15	PK
2	Object Code	Varchar 2	3	
3	Object Code Desc	Varchar 2	100	

DDO – HoA Mapping

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	DDO ID	Int	15	PK
2	HoA ID	Int	15	

Bill Type Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Bill Type ID	Int	15	PK
2	Bill Type Desc	Varchar 2	50	

Claim Type Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Claim Type ID	Int	15	PK
2	Claim Type Desc	Varchar 2	50	

Bill Sector Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Bill Sector ID	Int	15	PK
2	Bill Sector Desc	Varchar 2	50	

CTS Bill Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	CTS Bill ID	Int	15	PK
2	CTS Bill Desc	Varchar 2	50	

Agency Recipient Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Agency ID	Int	15	PK
2	Recipient ID	Int	12	

DDO Revenue HoA Master

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	DDO ID	Int	15	PK
2	HoA	Varchar 2	20	

2.12.6 Transaction Tables:

The transaction tables used in this Use Case are as follows.

Bill Details Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Bill Reference No.	Int	15	PK
2	Agency ID	Int	15	
3	DDO ID	Int	15	
4	Petition ID	Int	15	
5	Claim Reference No.	Int	15	
6	Bill Sector ID	Int	15	
7	Bill Type ID	Int	15	
8	Claim Type ID	Int	15	
9	CTS Bill ID	Int	15	
10	Purpose ID	Int	15	
11	Sub Purpose ID	Int	15	
12	HoA ID	Int	15	
13	Object Id	Int	15	
14	Amount	Int	15	
15	Date of Initiation	Date		
16	Date of Sending to K-II	Date		
17	Status of K-II	Text	20	
18	Other details	Varchar 2	50	
19	Document Upload	Varchar 2	50	<path>

Bill Workflow Table

Sl. No.	Data Field	Data Type	Field Length	Remarks
1	Bill Reference No.	Int	15	PK
2	User ID	Int	15	
3	Comments	Varchar 2	100	
4	Date	Date		
5	Status			Forwarded / sent back / Approved

2.12.7 Controls / Validations:

The applicable controls and validations for this Use Case are as follows.

- The Bill confirmation workflow should be as per pre-defined hierarchy with option to send back for any clarifications.
- System should keep trail of comments / remarks at every stage of workflow.
- System should allow Bill to be kept “on hold” in case of any discrepancy observed in Bill details.

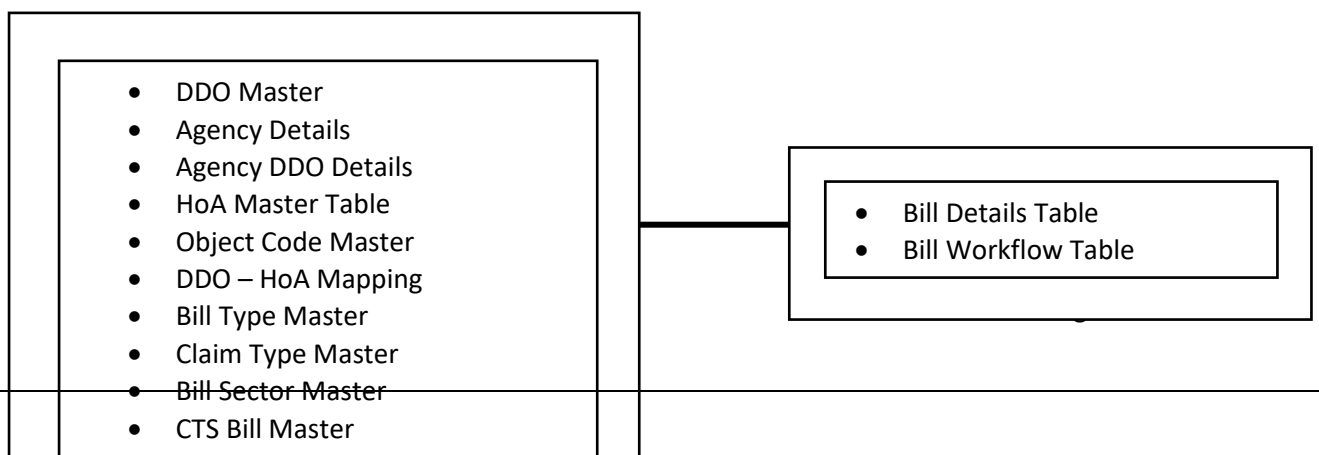
2.12.8 Changes / Modification of Data:

The data changes / modifications in this Use Case are as follows.

- System should not allow changes to the details as populated by the System (including Petition No. and Total Claim Amount).
- In case of changes to Total Claim Amount, the Super Admin should be given to option to modify the details with sending of Intimation to Director, KGID

2.12.9 Data Exchange:

The details of data exchange in this Use Case are as follows.



2.12.10 EXCEPTIONS

1. Repeated click of forward / send back
2. Opening of multiple sessions
3. Documents should not exceed pre-defined size.

SPECIAL NOTE:

In case of insured taking vehicle loan to purchase vehicles, the insurance policy period shall be applicable till the period of repayment of Loan. The process of policy issuance, policy renewal and claims are the same as mentioned in the above-mentioned Use Cases.

***** End of Document *****