

## CLAIM INSURANCE

Sr. No.	Insured Name	Policy No.	Claim Ref No.	Date Of Loss	Claim Intimation Date	Loss Location	Current Status	Remarks	Policy Period	Amount Paid	Annexure
1	PRERANA EDUCATIONAL AND SOCIAL TRUST	4005/178921754/00	JPA012765378	12/7/2019 12:00:00	2/4/2020 12:00:00	AM AM	Karnataka	Payment Under Process ok	01-AUG-19 To 31-JUL-20	1,50,000	

SR No	Case Type	Payee Name	Payment Date	Instrument No	Amount Paid	Total Amount Paid Till Date
1	Final Settlement	SIDDALINGE GOWDA			1,50,000	1,50,000

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಪೊಲೀಸ್

ಪ್ರಥಮ ವರ್ತಮಾನ ವರದಿ  
(ದಂಡಪ್ರಕ್ರಿಯೆ ಸಂಹಿತೆ ಕಲಂ 154 ರ ಕೆಳಗೆ)

ಘನ ನ್ಯಾಯಾಲಯ : Addl. Civil Judge (Jr.Dn) & JMFC -1 Court, Bhadravathi,  
Shimoga District

1. ಜಿಲ್ಲೆ : Shivamogga ವ್ಯಕ್ತಿ/ಉಪ ವಿಭಾಗ : Bhadravathi Town Circle ಪೊಲೀಸ್ ಠಾಣೆ : Bhadravathi  
ಆವರಣ ಸಂಖ್ಯೆ : 0036/2017 ಪ್ರ.ವ.ವ.ದಿನಾಂಕ : 23/04/2017 Traffic PS

2. ಕಾಯ್ದೆ ಮತ್ತು ಕಲಂಗಳು : IPC 1860 (U/s-279,304(A)); INDIAN MOTOR VEHICLES ACT, 1988 (U/s-187)

3. (a) ಕೃತ್ಯ ನಡೆದ ದಿನ : Saturday ದಿನಾಂಕ ದಿಂದ : 22/04/2017 ದಿನಾಂಕ ವರೆಗೆ : 22/04/2017  
ವೇಳೆಯಿಂದ : 21:45:00 ವೇಳೆಯವರೆಗೆ : 21:46:00  
(b) ಠಾಣೆಯಲ್ಲಿ ವರ್ತಮಾನ ಸ್ವೀಕರಿಸಿದ ದಿನಾಂಕ : 23/04/2017 09:30:00 ಬರವಣಿಗೆಯಲ್ಲಿ / ಹೇಳಿಕೆ : Written

(c) ಪಿಯಾರ್‌ದುದಾರ / ಬಾತ್ಮೀದಾರ ತಡವಾಗಿ ವರದಿ ಮಾಡಿದಕ್ಕೆ ಕಾರಣಗಳು :

(d) ಜನರಲ್ ಡೈರಿ ಉಲ್ಲೇಖ ಸಂಖ್ಯೆ ಮತ್ತು ಸಮಯ : 3 , 09:30:00

4. (a) ಕೃತ್ಯ ನಡೆದ ಸ್ಥಳ :

N H 206 BYPASS ROAD SIDDAPURA, BHADRAVATHI, Shivamogga, Karnataka.

(b) ಪೊಲೀಸ್ ಠಾಣೆ ಯಿಂದ ಇರುವ ದಿಕ್ಕು ಮತ್ತು ದೂರ : 2 KM EAST

(c) ಗ್ರಾಮ : Bypass road ಗುತ್ತಿನ ಹೆಸರು : 1st Beet

(d) ಸ್ಥಳವು ಬೇರೆ ಪೊಲೀಸ್ ಠಾಣೆ ವ್ಯಾಪ್ತಿಗೆ ಬರುವಂತಹದ್ದು ಆದರೆ ಆ ಪೊಲೀಸ್ ಠಾಣೆಯ ಹೆಸರು :  
ಜಿಲ್ಲೆ :

5. ಪಿಯಾರ್‌ದುದಾರ/ಬಾತ್ಮೀದಾರ :

(a) ಹೆಸರು : VENKATESHA

ತಂದೆ / ನಂದನ ಹೆಸರು : NARAYANAPPA

(b) ವಯಸ್ಸು : 53

(c) ವೃತ್ತಿ : Labourer

(d) ಧರ್ಮ : Hindu

(e) ಜಾತಿ : BHOVI

(f) ಫ್ಯಾಕ್ಟಿ :

(g) ಇ-ಮೇಲ್ :

(h) ದೂರವಾಣಿ :

(i) ರಾಷ್ಟ್ರೀಯತೆ : India

(j) ಪಾಸ್ ಪೋರ್ಟ್ ಸಂಖ್ಯೆ :

ನೀಡಿದ ದಿನಾಂಕ :

(c) ವೋಲೀನ್ಸ್ ಅಧಿಕಾರಿಯು ತನಿಖೆಗೆ ಸ್ಥಳಕ್ಕೆ ಭಾವಿಸಿದಲ್ಲಿ, ಅಥವಾ ತನಿಖೆ ಮಾಡಲು ನಿರಾಕರಿಸಿದಲ್ಲಿ, ಕೆಲಂ  
157 ಸಿ.ಆರ್.ಪಿ.ಸಿ ಯ ಕೆಲಂ (ಎ)ಅಥವಾ (ಬಿ)ಯಡಿ ಕಾರಣವನ್ನು ದಾಖಲಿಸಬೇಕು.

INVESTIGATION

12. ಪಿಯಾರದಿಯ ಸಹಿ/ ಹೆಚ್ಚರಣೆ ಗುರುತು

*V. Maruthi Rao*

13. ನ್ಯಾಯಾಲಯಕ್ಕೆ ಕಳುಹಿಸಿದ ದಿನಾಂಕ ಮತ್ತು ಸಮಯ : 23/04/2017 10:00:00

14. ನ್ಯಾಯಾಲಯಕ್ಕೆ ತೆಗೆದುಕೊಂಡು ಹೋದ ಪಿ.ಸಿ/ ಹೆಚ್.ಸಿ : DEVENDRA NAIK C , PC 2122

ಓದಿ ಹೇಳಲಾಗಿ ಕೇಳಲಾಗಿ ಸರಿಯಾದ

ಅನ್ವಯಕಾರಿಯ ಸಹಿ

*V. Maruthi Rao*

ಹೆಸರು: V MARUTHIRAO - ASI 1990

ಪ್ರತಿಗಳು : Superintendent of Police/Commissioner of Police  
DYSP BHADRAVATHI  
CPI TOWN BHADRAVATHI  
COMPLAINANT COPY

*True Copy*  
*ra*  
ಉತ್ತರಿಸಿ ಸರ್ಕಲ್ ಇನ್ಸ್ ಪೆಕ್ಟರ್  
ಕೊಡು ಕುಸ್ ಸರ್ಕಲ್  
ಕೊಡು



WITH YOU ALWAYS

### RECEIPT

Receipt No. : 105111007308133

Receipt Date : 30/08/2018

Policy No : 0236612934 00

Received with thanks from PRERANA EDUCATIONAL AND SOCIAL TRUST a sum of ₹ 3,40,000.00 ( Rupees Three Lakhs Forty Thousand And Paise 00 Only) vide Cheque no. 602652 dated 14/08/2018 drawn on SBI (STATE BANK OF INDIA ,PAYABLE AT PAR branch PESITM CAMPUS SHIMOGA towards

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0236612934 00	3,40,000.00	3,40,000.00	0.00

**Note:**

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realisation.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

**GSTIN : 29AABCT3518Q1ZS - KARNATAKA Service Accounting Code : 9971**

Revenue (consolidated) Stamp Duty duly paid vide challan No.MH000857479201819E date 24/04/2018 for applicable cases.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.  
TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai-400 013.

IRDA Registration No.108, CIN No : U85110MH2000PLC128425,PAN : AABCT3518Q  
Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

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IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AABCT3518Q, UIN No IRDA/NL-HLT/TAGI/P-PV 1/290/13-14  
Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

ನಂ :  
NO:

ನಮೂನೆ - 6  
Form - 6



ಕರ್ನಾಟಕ ಸರ್ಕಾರ  
GOVERNMENT OF KARNATAKA  
ಜನನ ಮತ್ತು ಮರಣಗಳ ಮುಖ್ಯ ರಿಜಿಸ್ಟ್ರಾರರು  
Chief Registrar of Births and Deaths



ಮರಣ ಪ್ರಮಾಣ ಪತ್ರ

(ಜ. ಮ. ನೋ ಅಧಿನಿಯಮ, 1969ರ 12/17 ನೆಯ ಪ್ರಕರಣ ಹಾಗೂ ಕೆ.ಪಿ.ಮ ನೋ.ನಿಯಮಗಳು, 1999ರ ನಿಯಮ 8/13 ರ ಮೇರೆಗೆ ಕೊಡಲಾದ)

**DEATH CERTIFICATE**

(Issued Under Section 12/17 of the RBD Act, 1969 and Rule 8/13 of the KRBD Rules, 1999)

ಈ ಕೆಳಕಂಡ ವಿವರವನ್ನು ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಶಿವಮೊಗ್ಗ ಜಿಲ್ಲೆಯ ಭದ್ರಾವತಿ ತಾಲ್ಲೂಕಿನ ಭದ್ರಾವತಿ (ಗ್ರಾಮ/ಪಟ್ಟಣ) ದ ರಿಜಿಸ್ಟ್ರಾರನಿಂದ ಮರಣ ಸಂಬಂಧವಾದ ಮೂಲ ದಾಖಲೆಯಿಂದ ತೆಗೆದುಕೊಳ್ಳಲಾಗಿದೆಯೆಂದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

This is to certify that the following information has been taken from the original record of death which is the register for **BHADRAVATHI** (village / town) of **BHADRAVATHI** taluk of **Shimoga** district of Karnataka state.

1) ಹೆಸರು:

Name ಮಧು. ವಿ.

2) ರೀತಿ:

Sex Male

3) ಮರಣವಾದ ದಿನಾಂಕ:

Date of Death 22/04/2017

4) ಮರಣದ ಸ್ಥಳ:

Place of Death Other - NH 206 ಬೈಪಾಸ್ ರಸ್ತೆ ಸಿದ್ದಾಪುರ  
ಭದ್ರಾವತಿ, (T), ಶಿವಮೊಗ್ಗ (D), KARNATAKA

5) ತಾಯಿಯ ಹೆಸರು:

Name of Mother ಕಣ್ಣಮ್ಮ

6) ತಂದೆಯ ಹೆಸರು:

Name of Father ವೆಂಕಟೇಶ್. ಎನ್.

7) ಗಂಡನ / ಹೆಂಡತಿಯ ಹೆಸರು:

Name of Husband /Wife \*\*\*\*\*

8) ಮರಣದ ಸಮಯದಲ್ಲಿ ಮೃತರ ವಿಳಾಸ:

Address of the deceased at the time of death  
ನಂ. HLC ಹುತಾಕಾಲೋನಿ ಭದ್ರಾವತಿ,  
ಶಿವಮೊಗ್ಗ (D) KARNATAKA

9) ಮೃತರ ಖಾಯಂ ವಿಳಾಸ:

Permanent address of the deceased  
ಅರವಿಳೆ ಶ್ಯಾಂಪ್ ಭದ್ರಾವತಿ,  
ಶಿವಮೊಗ್ಗ (D), KARNATAKA

10) ನೋಂದಣಿ ಸಂಖ್ಯೆ:

Registration Number 2017-D-447

11) ನೋಂದಣಿಯಾದ ದಿನಾಂಕ:

Date of Registration 16/06/2017

12) ಪರಿಶೋಧನೆ (ಯಾವುದಾದರೂ ಇದ್ದಲ್ಲಿ):

Remarks (if any) FIR no. 0036/17 & PM no. death  
registered

13) ಪ್ರಮಾಣ ಪತ್ರ ನೀಡಿದ ದಿನಾಂಕ:

Date of Issue 16/06/2017

14) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ವಿಳಾಸ:

Address of issuing Authority

15) ಪ್ರಮಾಣ ಪತ್ರ ಕೊಡುವ ಪ್ರಾಧಿಕಾರಿಯ ಸಹಿ:

Signature of issuing Authority

Registrar,  
Birth and Death Registration Unit  
BHADRAVATHI



This Certificate Is Digitally Signed

"ಪ್ರತಿಯೊಂದು ಜನನ ಮತ್ತು ಮರಣದ ನೋಂದಣಿಯನ್ನು ಖಚಿತವಾಗಿ ಕೊಳ್ಳಿ"  
"Ensure registration of every Birth and Death"

Phone : 08182 - 640772

08182 - 640812

08182 - 640806

**PES Institute of Advanced Management Studies**

( Affiliated to Kuvempu University, Recognized by Govt. of Karnataka)

Website : [pestrust.edu.in/pesiams](http://pestrust.edu.in/pesiams)

N H-206, Sagar Road, Shivamogga - 577 204 (Karnataka)

No.

Date: 12/07/2017

To,

The Branch Manager

ICICI Lombard GIC Ltd

Shivamogga

**Subject: Student details confirmation – Reg.**

Dear Sir,

Please find here with the details of the student for claim settlement

Student Name: **MADHU V**

Nominee Name: **VENKATESH**

Department: **B.COM**

Joining Date: **09/07/2014**

Claim Number: **GEN000223097**

Date of Accident: **22/04/2017**

The Total no of Student enrolled for Accidental student insurance 3939

Please do the needful earlier.

  
Thanking you

**Principal**

PES Institute of Advanced Management Studi

NH 206, Sagar Road  
SHIVAMOGGA-577 204



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### Group Personal Accident

#### Schedule of Insurance

Agent/Broker Name - AXIS BANK LTD  
Agent/Broker License Code - CA0069  
Agent/Broker Contact No -1800 209 2001(mobile or landline)

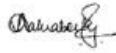
**Policy Number:** 0236612934 00  
**Policyholder Name:** PRERANA EDUCATIONAL AND SOCIAL TRUST  
**Address:** NH-206, SAGAR ROAD  
SHIMOGA - 577204  
SHIMOGA  
KARNATAKA  
INDIA  
29AABTP2364H1ZE(GSTIN Number)

**Contact number :**  
**Insurance Period :-** **Effective Date** 29/08/2018 **Expiry Date** 28/08/2019  
(Beginning at 12:01 AM and ending at Midnight of the expiry date)  
**Business Description:** Educational Institutes  
**Beneficiary :** As designated by each insured person on file with the Company  
**Eligible Persons** 8450 (Classification of Insured)

The following persons shall be eligible for Insurance hereunder :  
**Age group : From 3 To 65 Years ( )**  
**Hazards :** 24-Hour Protection

Sr No	Description of Insured Persons / Category / Designation	No. per category
1	Employees	450
2	Students	4000
3	Parents	4000



<b>Total No. of Employees / Members Covered :- 8450</b>	
<b>Policy Comment:- Only the students, their earning parent (first parent as per the register) and staff of the institute are covered.</b>	
<b>AGGREGATE LIMIT :- (PER ACCIDENT) Rs 50,000,000.00</b>	
<b>This Policy will only be in force if the schedule is signed by a person We have authorised</b>	
<b>Provisional Premium (Rs)*</b>	288,135.71
<b>UGST/SGST @9 % ( ? )</b>	25,932.21
<b>CGST @9 % ( ? )</b>	25,932.21
<b>Total Premium (Rs)</b>	340,000.00
<b>GSTIN : 29AABCT3518Q1Z5 - KARNATAKA Service Accounting Code : 9971</b>	
* Subject to final reconciliation at the end of the policy period.	
The stamp duty of ₹ 8.00/- paid in cash or demand draft or by pay order, vide Receipt/Challan no: 0002880795201819 dated the 30/08/2018	
<b>Producer Code</b>	0015455000
<b>Producer Name</b>	AXIS BANK LTD
<b>Producing Office</b>	MUMBAI
<b>Issued at</b>	HUBLI
<b>Issued Date</b>	14/09/2018
	For TATA-AIG General Insurance Company Limited
	
	Authorized Signatory





WITH YOU ALWAYS

Policy Number: 0236612934 00

Schedule of Benefits & Principal Sum Insured per Person for all Classes:											
Sr No	Category/Designation	Name	No. of Persons	Avg / Fixed Sum Insured (₹) - Maximum Upto							
				AD Only	DM Only	PTD Only	PPD Only	Weekly	Fixed AME	Acc.Hosp.Cash	Per Mille Rate
1	Employees	As Per Declaration	450	150,000.000	150,000.000	150,000.000	150,000.000	0.000	30,000.00	0.00	0.227326
2	Parents	As Per Declaration	4000	150,000.000	150,000.000	150,000.000	150,000.000	0.000	0.00	0.00	0.227326
3	Students	As Per Declaration	4000	150,000.000	150,000.000	150,000.000	150,000.000	0.000	30,000.00	0.00	0.227326

AD - Accidental Death, DM - Dismemberment, PTD - Permanent Total Disability, PPD - Permanent Partial Disability, AME - Accident Medical Expenses

Weekly - No. of Weeks - 104 Hospital Cash - No. of days - 7

Total Capital Sum Insured ₹ 1,267,500,000.00

- \* Calculation for per Mille Rate (Post Tax) = Annual premium / Sum Insured (employee) x 1000
- Calculation for Endorsement premium / person = per mille rate/1000 \* Sum Insured \* ((Expiry date - Endorsement Effective Date) + 1),
- Please note that the endorsement is booked subject to availability of the buffer amount & the endorsement per person premium may vary due to capping on Weekly Indemnity or Accident Medical Expenses or Sum Insured

Applicable to all categories mentioned above

Medex Exception - ₹ 30000 or actual whichever is less on IPD basis and ₹ 5000 or actual whichever is less on OPD basis for staff and students only.

Terrorism - covered

24-Hour Protection - covered

Policy Number: 0236612934 00

Policy Type: Unnamed Policy

Other Exception:



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**GSTIN : 29AABCT3518Q1Z5 - KARNATAKA Service Accounting Code : 9971**

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