



ಶ್ರೇಯಸ್ ಎಲವು ಕಿಲುಗಲ ಅಪಘಾತ ಅಸ್ತತ್ರ

"ಕೇದಾರ ಪ್ಲಾಜಾ" ಲಕ್ಷ್ಮಿ ಮಾತಾ(ಅಜಂತಾ) ಟಾಕೀಸ್ ಎದುರುಗಡೆ, ಕೋಯನ್ ರೋಡ್,
ಹುಬ್ಬಳ್ಳಿ-20, ಆಸ್ತತ್ರ ಫೋನ್ : 0836-2228300

Dr. M.C. BELLAD M.S.(Ortho)

Dr. MOHANBABU TUKADE M.S. (Ortho) DNB (Ortho)

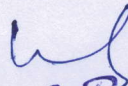
Mobile : 9448122046

Mobile : 9448112632

This to certify that
Mr Gollu Paswan
and Mr Gollu Kumar
is the same patient

This may be due to
over hearing at the time
of admission
Mr Gollu Paswan is
Mr Gollu Kumar

6/5/2023
Huballi


Dr. M.C. Bellad
M. S. (Ortho)
Orthopaedic Surgeon
KMC Reg. No. 24611

SHREYAS ORTHOPAEDICS & TRAUMA CENTRE,

"KEDAR PLAZA" OPP. LAXMI MATA (AJANTHA) TALKIES,
COEN ROAD, HUBLI - 580 020. HOSPITAL ಫೋನ್ : 0836-2228300

M/s ANILKUMAR & COMPANY

Subject to Bijapur Jurisdiction
Cotton L. N. Cot. / 3

COTTON MERCHANTS & COMMISSION AGENTS
INDI ROAD, BIJAPUR - 586 101. (KARNATAKA)



TIN : 29970102153
GSTIN: 29AACFA2641K1ZI
Date : 22-12-1978

BJP OFF : 08352-250334
HBL OFF : 0836-2225606
FACTORY : 0836-2782573
anil_bijapur@yahoo.co.in

WAGES DETAILS

- 1) INSURED NAME :-ANILKUMAR AND COMPANY
- 2) SITE :-ANILKUMAR AND COMPANYGINNING AND PRESSING
FACTORY DHARWAD SAUNDATTI ROAD AMMINBHAVI
MAREWAD DIST DHARWAD
- 3) WC CLAIM OF GOLU KUMAR
- 4) SUMMARY OF WAGES REGISTER FROM 01/11/2022 TO 28/02/2023 FOR ALL
WORKER WORKS UNDER THIS PROJECT AND COVERED UNDER THE POLICY
NO; 43264478

MONTH	NO OF WORKERS	TOTAL WAGES
NOVEMBER	12	112340
DECEMBER	14	143500
JANUARY	10	96760
FEBRUARY	9	78310

FOR ANILKUMAR AND COMPANY

PARTNER



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

ADDRESS OF POLICY
ISSUING OFFICE

Claim No.: _____

Date of Issue: _____

WORKMEN COMPENSATION INSURANCE CLAIM FORM

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 7 days, from the date of occurrence. If any detail of information is not readily available PLEASE DO NOT DELAY DESPATCH of this form but send supplementary advice later.
- These questions are to be answered whether or not a claim from the injured person has been made or is anticipated.

PARTICULARS OF ACCIDENT TO BE FURNISHED BY THE EMPLOYER

PART - I THE EMPLOYER	
Name of Policy holder	M/s Anil Kumar & Co
Policy Number	43264478
Business	Cotton Ginning & Pressing Factory
Address	Marewadi near water Tank Aminshahi Dist Dharwad Karnataka 581201
District	Dharwad
PART - II PARTICULARS OF INJURED PERSON	
Name	Golu Kumar
Religion or Caste	Hindu
Local Address	Marewadi near water Tank Aminshahi Dist Dharwad Karnataka 581201
Mofussil Address	
Occupation in which injured person is employed	Labour

On what work was injured person engaged at the time of accident?	machinery work
Was the injured person actually working when the accident occurred?	Yes
Is insured person in your direct employ? (if not give name & address of Contractor and Nature of Contract)	
Name of the Hospital taken to	Shreyas orthopedics & Trauma centre
State whether still in Hospital, or when discharged	karnataka
State nature of injury, regions injured and whether left or right	Left Hand
Did person actually cease work and if so, on what date?	
Has injured person resumed duty since and if so, on what date?	
What is the probable period of disablement? (approximate)	
Was the injured person free from physical infirmity at the time of accident? If not, give particulars	
PART - III PARTICULARS OF ACCIDENT	
Date of Accident	24/01/2023
Did the accident occur actually within your work premises? If not, where did it occur?	Yes
On what date did you receive notice of accident and from whom? If in writing please attach to this form	24/01/2023
Are you satisfied that injured person met with a bonafide accident of employment	
How exactly did the accident occur?	
If accident due to machinery, state: (a) Whether it was fenced or guarded (b) Was it being cleaned whilst in motion	
Was injured person under the influence of drink or drugs at the time of the accident?	NO
Was he guilty of misconduct or disobedience to orders or rules? If so, please give full particulars	NO
State through whose neglect, if any, it occurred	
State the names of any two persons who witnessed the accident	1) Deepak Arali 2) Prakash Alur
Give names of overlooker or persons in Superintendence.	

The above replies are true & correct to the best of my knowledge & belief.

For M/s. Anil Kumar & Co.

m/s Anil Kumar & Co
Name:

Signature: **PARTNER**

Date:

STATEMENT OF INJURED PERSON'S EARNINGS

Statement of wages, which have fallen due for payment to _____
in the employ of _____ for 12 months prior to the date of his accident, or wages earned during such
shorter period as he may have been in the employer's service.

Note: The object of this part of the form is to ascertain the extra average monthly earning of the injured person. It is essential that it should be carefully and correctly filled in. If the injured person has been in service for less than 12 months his date of entry into service is essential. So also if he was absent continuously for more than 14 days (within 12 months) between the date of his entry into service and that of accident, then the period of service should be counted from the date of resumption of duty.

Date on which injured person first entered service: _____ 20__

Date on which the injured person resumed duty after a continuous absence of more than 14 days: _____ 20__

Month & Year	Wages Earned (Including Overtime)		Value of bonus, food subsidy, if any, free quarters and any other allowance, etc.		Absences
	Rs.	P	Rs.	P	
1. NOV - 2022	Rs. 7380	P	Rs.	P	
2. DEC - 2022	10660				
3. JAN - 2023	10250				
4. FEB - 2023	9840				
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total earning in the period from NOV - 22 to FEB - 23	38130				
Total earnings, including all allowances					
Monthly average wages			9532.50		

SPECIAL NOTE :

1. If the worker's period of service was less than one month, give the average monthly wages of a workman employed on similar work
Rs. _____.
2. Please state the exact nature of the allowance and / or bonus.

3. In the column "absence", please give the date of going on leave or beginning of period of absence and also date of subsequent resumption of work.

The above statement of earnings, etc. is to the best of my knowledge and belief accurate.

Date: _____

Signature of Employer

(add below any additional information available regarding the accident)

For M/s. Anilkumar & Co.

PARTNER

Signature of Employer