

From (Name & Address of the sponsoring Agency)

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To,  
The Managing Director  
National Federation of Fishermen's Co-operatives Ltd.  
7, Sarita Vihar Institutional Area  
New Delhi-110044

Subject: Claim Intimation under Group Janta Personal Accident Policy  
A/C \_\_\_\_\_

This is to inform you that Sri/Smt./Km. \_\_\_\_\_ of village \_\_\_\_\_  
P.O. \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_ who was insured  
under the Fishermen Accident Insurance as a member of (Name & full address of the society)

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died/disabled on account of accident on \_\_\_\_\_

We are enclosing the claim form with the necessary enclosures as per the checklist duly completed and signed by the certifying authority who was nominated by the State Government.

We would request you that a sum of Rs. \_\_\_\_\_ being the capital sum insured under the policy may be kindly sent through a crossed cheque in favour of sri/smt./k.m. \_\_\_\_\_ (insured person/nominee of the insured person) for disbursement as per the provision of the rules framed in this behalf.

The original receipt of the amount disbursed to the insured/nominee would be sent to you within a fortnight of its receipt.

Thinking you.

yours faithfully

(Signature)

Name \_\_\_\_\_

Designation \_\_\_\_\_

Seal \_\_\_\_\_

Date

**THE ORIENTAL INSURANCE CO. LTD.**

D.O.X. 15/16 Scindia House, K.G. Marg, New Delhi-110001

Tel No. 23357301, 23310371, Fax: 23310829

(Regd. office : Oriental House, P.B. No. 7037, A-25/27, Asas Ali Road, New Delhi-110002)

**J.P.A. CLAIM FORM**

(FOR FISHERMEN WHO ARE THE MEMBERS OF FISHCOPFED)

Policy No./Endorsement No. \_\_\_\_\_ Period \_\_\_\_\_

1. Name of the society with address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name and Address of the Fishermen \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Age of the Deceased/Disabled \_\_\_\_\_ yrs.

4. Date & Time of Accident \_\_\_\_\_ 5. Date of Death \_\_\_\_\_

6. Cause of Death \_\_\_\_\_

7. Membership No. \_\_\_\_\_ 8. Dt. of Membership \_\_\_\_\_

9. Total Membership of the society as on Date (Date \_\_\_\_\_) \_\_\_\_\_

10. Total Membership up to the age of 65 years proposed for insurance \_\_\_\_\_

11. Name of the Nominee & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Relationship of the Nominee with the deceased \_\_\_\_\_

We hereby declare that we have checked up the records and certify that the deceased/disabled person was /is a member of the society and was listed under the scheme on the date of accident and was/he duly covered under the policy. We further declare that is Insured member was free from any physical disability period to this accident.

Signature of Certifying Authority \_\_\_\_\_

Name \_\_\_\_\_

Designation & Address \_\_\_\_\_ (Affix Official Stamp)

**THE ORIENTAL INSURANCE CO. LTD.**

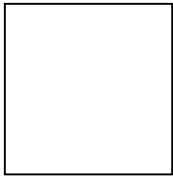
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CLAIM DISBURSEMENT VOUCHER

Received from The Oriental Insurance Co. Ltd. a sum of Rs. .... only.  
(Rs. ....) towards full and final settlement of  
Claim No. .... under policy No. .... arising out of accident on  
.....



(Signature/L.T.I. of Insured Member/Nominee on a Revenue Stamp)

Signature/L.T.I. Attested of Insured Member/Nominee

(Signature)  
Name & Address  
of the Certifying Authority\_\_\_\_\_

(Affix official Stamp) \_\_\_\_\_  
\_\_\_\_\_

NATIONAL FEDERATION OF FISHERMEN'S COOPERATIVES LTD.  
7, Sarita Vihar Institutional Area, New Delhi-110044

**ACCIDENT INSURANCE MEDICAL REPORT**

(This form is to be completed and signed by a Medical Attendant)

1. Name and Address of Injured Person	
2. Describe nature and extent of injuries	
3. Cause of the accident so far As is known to you	
4. (a) When did you first attend on the injured Person following the accident? (b) Are you still attending on him?	(a)  (b)
4. Are you his usual Medical Attendant? If you have treated him i.e. any previous illness or injury. Please give details.	
5. (a) Are his injuries (i) solely due to the accident or (ii) traceable to any disease, infirmity Previous injuries or any other cause? (b) Is the Injured person suffering from any disease or Injury (apart from his injury) which directly or indirectly? (i) may have contributed to the accident, or (ii) is likely to retard his recovery from the injuries (iii) is likely to aggravate his condition (c) Was he to your knowledge under the influence of Intoxicants or drugs at the time of accident?	(a) (i) (ii)  (b)  (i)  (ii) (iii)  (c)
6. (a) According to you how long has the Injured person to be confined to bed/house as the direct and sole consequence of the injuries sustained? (b) During the period will the Injured person be able to Attend to any portion of his normal duties? If, so from what date? (c) If not please state probable date of (i) his being able to attend to any portion of his normal duties (ii) his resumption of his normal duties fully	(a)  (b)  (c) (i) (ii)
7. Any other remarks you wish to make	

I hereby certify that the injuries sustained by the person mentioned above are in accordance with the nature of the accident as described to be and that I treated him for the said injuries.

Place:

Signature

Date :

Name

Address

Qualifications

Registration No.

Note: The fee if any for this Report will be borne by the Injured Person.

(to be executed on a non-judicial stamp paper of Rs. 15/-)

**INDEMNITY BOND**

Indemnity Bond is being executed by Sponsoring Agency and Shri/Smt. ....  
..... son of /wife of .....R/o .....  
in favour of Oriental Insurance Co. Ltd., Divisional Office 10, 15-16 Scindia House, K.G. Marg. New Delhi-110001.

Whereas Sponsoring Agency had obtained policy of Insurance being policy No .....  
and WHEREAS in a cyclone on or about ..... Shri .....  
is said to have died and is reported mission and WHEREAS the body has not yet been recovered and he  
is presumed to have died and a certificate to that effect has also been issued by the sponsoring Agency  
and WHEREAS National federation of Fishermen’s Cooperatives Ltd. has approached Oriental Insurance  
Co. Ltd. for settlement of claim on the grounds that Shri .....  
has died as a result of said cyclone and WHEREAS Oriental Insurance Co. Ltd. on the representation of  
the Director of Fisheries has accepted that Shri ..... has died and WHEREAS  
in by any chance later it is found that Shri ..... has not died and is still alive now  
therefore THE CONDITION OF THIS BOND IS THAT IF AT ANY TIME IT IS FOUND THAT SHRI .....  
..... HAS NOT DIED AS A RESULT OF ACCIDENT AND CYCLONE, THE SPONSORING  
AGENCY AND SHRI/SMT ..... (Nominee) SHALL JOINTLY OR SEVERALLY RETURN TO THE  
ORIENTAL INSURANCE CO. LTD. THE SUM ASSURED PAID UNDER THIS CLAIM. In witness thereof parties  
have set hand of this .....Day of ..... month ..... Year.

1. Sponsoring Agency

WITNESS

2. WIFE/SON

(Nominee) – Relationship

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CHECKLIST FOR DUBMISSION OF DOCUMENTS: (Please ✓ the appropriate box)

1. CLAMINTIMATION YES  NO
2. CLAM FORM YES  NO
3. FIR YES  NO   
(Original or duty attested Copy In case of F.I.R in local language.  
Duty attested translated copy in English along with the original copy)
4. FINAL POLICE REPORT/ CHARGE SHEET/INQUEST REPORT: YES  NO   
(Original or duty attested Copy In case of police in local language.  
Duty attested translated copy in English along with the original copy)  
This is must in case of murder. Personal enmity, family feud case
5. POST MORTEM REPORT YES  NO   
(Original or duty attested Copy In case of F.I.R in local language.  
Duty attested translated copy in English along with the original copy)
6. DEATH CERTIFICATE : YES  NO   
(Original or duty attested Copy In case of F.I.R in local language.  
Duty attested translated copy in English along with the original copy)
7. LEGAL GEIR CERTIFIATE: YES  NO
8. PHOTO COPY OF MEMBERSHIP ADMISSION REGISTER YES  NO   
(Date of Membership should be duly incorporated)
9. INDEMNITY BOND: YES  NO   
(In missing cases only)
10. ANY OTHER SUPPORTING DOCUMENT: YES  NO   
(e.g. Medical papers in case of continued treatment Statement or witness. Any resolution passed by the cooperative body  
etc. Driving License if the deceased was driving the vehicle which met with the accident)

If answer to 10 is yes give details.