

**ANNEXURE-1**

From:

(Name and address of sponsoring agency)

To,

The Managing Director,  
National Federation of Fishermen's Cooperatives Ltd.,  
7-Sarita Vihar Institutional Area,  
New Delhi-110 044.

Subject: Claim Statement of FISHCOPFED's Group Accident Insurance Scheme  
for Active Fishermen.

Dear Sir,

It is to inform that Shri/Smt./Km.....Village.....  
P.O.....District.....State..... who was insured  
under the Fishermen Accident Insurance as a member of..... (Name  
and full address of society) died/disabled on account of accident, which was covered  
under the policy. We are enclosing herewith the claim statement along with necessary  
enclosure duly completed and signed by the certifying authority who was nominated  
by the State Government. It is requested that a sum of Rs..... being the capital  
sum insured in this case may kindly be sent through a crossed cheque drawn in favour  
of Shri/Smt./Km..... (Insured person/nominee of the insured person) for  
disbursement as per the provision of the rules framed in this behalf.

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

Thanking you,

Yours faithfully,

Signature.....

Designation.....

Seal.....

Date:

**NATIONAL FEDERATION OF FISHERMEN'S COOPERATIVES LTD.**  
7, Sarita Vihar Institutional Area, New Delhi - 110 076.

**Claim Statement / Discharge-cum-Receipt Form**  
**Centrally Sponsored Group Accident Insurance Scheme for Active Fishermen**

Oriental Insurance Co. Ltd.  
Divisional Office No. X,  
New Delhi - 110 001

Policy No. /Endorsement No. .... Period .....

1. Name of Society with address
2. Name and address of the fisher
3. His / her membership No. ,
4. Age
5. Amount claimed
6. Date and time of accident
7. Date of death / disability
8. Name of the nominee, his/her Relationship with deceased

1. I hereby declare that I have checked the record and certify that the deceased / disabled was/is a member of the society was insured under the scheme on the date of the accident and duly covered under the above mentioned policy.
2. I hereby declare that the answer to all the above questions are true in every respect.
3. I hereby declare that the insured member was free from any physical disability prior to this accident. \*\*
4. I enclose herewith copies/original/Photostat of the document\*\*\* in support of the death/disability of the Member.

Name and Signature of Certifying Authority

.....  
Designation .....  
Address .....

.....  
(Please affix official stamp)

**ANNEXURE - 2 Contd....**

- The society would mean a fisheries cooperative society / fishermen cooperative society or a fishermen welfare organization association or a group recognized by the Government.
- Only in case of disability
- The necessary document in case of accident death of the fishermen would mean all the legal documents like F.I.R. medical / death report and post mortem report and in case of loss of limb/limbs and total disability a medical certificate from a medical authority prescribed under the rules.

**PREPAID RECEIPT**

Received from Oriental Insurance Co. Ltd., a sum of Rs. .... In full and final discharge of all claims upon them, as per the aforesaid particulars.

(Revenue Stamp)

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

Attested signature / LTI of

.....

(Signature)

Date:

**ANNEXURE - 3**

A\*

SL No.	Name and Complete address of the Society	Total membership as on ..... (date)	Total membership up to the age of 70 years for insurance	Remarks
1	2	3	4	5

B\*\*

SL No.	Name of insured	Age/Sex	Address	If physically handicapped please give details
1	2	3	4	5

Name of the nominee	Age	Relationship	Premium paid
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- To be submitted when all eligible members of a society have been sponsored for insurance.
- To be submitted when all members of a society have not been sponsored for insurance.

**NATIONAL FEDERATION OF FISHERMEN'S COOPERATIVES LTD.  
7-Sarita Vihar Institutional Area, New Delhi - 110 076.**

**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 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?	
5. Are you his usual Medical Attendant? If you have treated him for any previous illness or injury, please give details	
6. (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 (a part 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 is to your knowledge under the influence of intoxicants or drugs at the time of accident	
7. (a) According to you how long has the injured person to be confined to bed/house as the dire 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	
8. Any other remarks you wish to make	

**ANNEXURE – 4 Contd...**

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 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, 101, LSC, Lal Market, Vikash  
Puri, New Delhi – 110 018.

Whereas Sponsoring Agency had obtained policy of insurance being Policy No.  
..... and WHEREAS in a cyclone on or above ..... Shri .....  
is said to have died and is reported missing 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 if 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 on this ..... Day  
of ..... Month ..... Year.

1. Sponsoring Agency

2. Witnesses

**ANNEXURE - 2**

**THE ORIENTAL INSURANCE CO. LTD.**

Division No. X, 101 Lsc. Ist Floor, H-Block Lal Market  
Vikash Puri, New Delhi - 100 18  
Tel. No. 28544982, 28544983, 28544984

**CHECK LIST FOR SUBMISSION OF DOCUMENT (Please tick the appropriate box)**

- |  |     |    |
|--|-----|----|
| 1. CLAIM INTIMATION  | YES | NO |
| 2. CLAIM FORM  | YES | NO |
| 3. F.I.R.<br>(Original or duly attested copy, in case of FIR in local language duly attested translated copy in English along with the original copy)  | YES | NO |
| 4. FINAL POLICE REPORT/CHARGE SHEET/INQUEST REPORT<br>(Original or duly attested copy, in case of Police Report in Local language, duly attested translated copy in English along with the original copy)<br>This is must in case of murder, personal enmity, and family feud cases. | YES | NO |
| 5. POST MORTEM REPORT<br>(Original or duly attested copy, in case of P.M.R in local language duly attested translated copy in English along with original copy).   | YES | NO |
| 6. DEATH CERTIFICATE<br>(Original copy in case of death certificate in local language duly attested translated copy in English along with the original copy).  | YES | NO |
| 7. LEGAL HEIR CERTIFICATE  | YES | NO |
| 8. PHOTO COPY OF MEMBERSHIP ADMISSION REGISTER<br>(Date of membership should be duly incorporated).  |     |    |
| 9. INDEMNITY BOND<br>(In Missing cases only).  | YES | NO |
| 10. ANY OTHER SUPPORTING DOCUMENT<br>(E.g. Medical papers in case of continued treatment, statement of witnesses. Any resolution passed by the Cooperative body etc. Driving license if the deceased was driving the vehicle which met with the accident).                           | YES | NO |

If answer to 10 is yes give details.



**THE ORIENTAL INSURANCE CO. LTD.**  
Division No. X, 101 Lsc. 1st Floor, H-Block Lal Market  
Vikash Puri, New Delhi – 100 18  
Tel. No. 28544982, 28544983, 28544984

**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 & Address of the Fisherman .....
3. Age of the Deceased / Disabled ..... Yrs.
4. Date & Time of Accident .....
5. Date of Death .....
6. Cause of Death .....
7. Membership No. ....
8. Date of Membership .....
9. Total Membership of the Society as on Date (Date.....)
10. Total Membership up to the age of 70 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 the records and certify that the deceased / disabled person was/is a member of the society and was insured under the scheme on the date of accident and was/is duly covered under the policy. We further declare that the insured member was free from any physical disability prior to this accident.

Signature of Certifying Authority .....

Name .....

Designation & Address .....

.....  
(Affix Official Stamp)