CHECK LIST FOR SUBMISSION OF DOCUMENTS: (Please ✓ the appropriate box)

1. CLAIM INTIMATION:  YES  NO

2. CLAIM FORM  YES  NO

3. F.I.R.
   (Original or duly attested Copy. In case of F.I.R. in local language-Duly attested translated copy in English along with the original copy)
   YES  NO

4. FINAL POLICE REPORT / CHARGE SHEET / INQUEST REPORT:
   (Original or duly attested Copy. In case of Police Report in local language-Duly attested translated copy in English along with the original copy)
   This is must in case of murder, personal enemy, family feud cases
   YES  NO

5. POST MORTEM REPORT:
   (Original or duly attested Copy. In case of P.M.R. in local language-Duly attested translated copy in English along with the original copy)
   YES  NO

6. DEATH CERTIFICATE:
   (Original Copy. In case of Death Certificate in local language-Duly attested translated copy in English along with the original)
   YES  NO

7. LEGAL HEIR CERTIFICATE:  YES  NO

8. PHOTO COPY OF MEMBERSHIP ADMISSION REGISTER:
   (Date of Membership should be duly incorporated)
   YES  NO

9. INDEMNITY BOND:
   (In Missing cases only)
   YES  NO

10. ANY OTHER SUPPORTING DOCUMENT:
    (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:  i
To:
The Managing Director
National Federation of Fishermen's Co-operatives Ltd.
7 Santa V'har Institutional Area
New Delhi-110044

Subject: Claim Intimation under Group Janta Personal Accident Policy
A/C__________________

This is to inform you that Srr/Smt/Ktm_________________ of village__________________________
P.O_____________________ District____________________ State______________________ who was insured under the Fishermen Accident Insurance as a member of (Name & full address of the society)__________________________

__________________________

Died/disabled on account of accident on__________________________

We are enclosing the claim form along 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 Srr/Smt/Krm________________ (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.

Thanking you

Yours faithfully

(Signature)

Name____________________

Designation____________________

Seal

Date____________________
J.P.A. CLAIM FORM
(FOR FISHERMEN WHO ARE THE MEMBERS OF FISHCOFFED)

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. 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 ____________________________


10. 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 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)
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?**

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,
   (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?**

6. (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**
Annex. 4 Contd.

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<th>(i) his being able to attend to any portion of his normal duties.</th>
<th>(i)</th>
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<tr>
<td>(ii) his resumption of his normal duties fully</td>
<td>(ii)</td>
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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/wife of ........................................... R/o ..........................................................
in favour of Oriental Insurance Co. Ltd., Divisional Office 10, 15-16 Scindia House, K.G. Marg,
New Delhi -110 001

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 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 whereof parties have set hand on this ............ Day of ...................... month ............

Year.

1. Sponsoring Agency

2. WIFE/SON

(Nominee) – Relationship

WITNESSES