

**NATIONAL FEDERATION OF FISHERMEN COOPERATIVES LTD**

- A, Sarita Vihar Institutional area, near New Delhi-110044

Claim Statement/Discharge-cum-receipt form

FISH COPFED'S Group Accident Insurance Scheme for Active  
Fishermen

United India Insurance Co. Ltd.  
Divisional Office No. VIII,  
New Delhi-110001.

Policy No./Endorsement No.....Period.....2011 -2012

1. Name of Society with :  
Address
2. Name & Address of the :  
fishermen
3. His/her membership No. :
4. Age :
5. Amount claimed :
6. Date & time of accident :
7. Date of death/disability :
8. Details of accident :  
including nature of work  
being performed by the  
insured at the time of  
accident if the insurance is  
for on duty cover
9. Name of nominee, his/her :  
relationship with deceased

Cond...2/-

1. I hereby declare that, I have checked the record and certify that 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 answers 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 the certifying authority.

Designation:

Address:

\* The society would mean a fisheries cooperative society/fishermen cooperative society or a fishermen welfare organization, association or group recognized by the government.

\* only in case of disability.

\* the necessary in case of accident death of the fishermen would mean all the legal documents like FIR, medical/death report and post mortem report and in case of loss of limb/limbs and total disability a medical certificate from medical authority prescribed under the rules.

## RECEIPT

Received from United India Insurance Co. Ltd a sum of RS.....  
only in full and final discharge of all claims upon them, as per the aforesaid  
particulars.

Dated:

(Signature)

Attested Signature/LTI of

Signature

Name :

Certifying Authority

(Seal)



**THE ORIENTAL INSURANCE CO. LTD.**  
**DIVISION No. X, 15/16 SCINDIA HOUSE, K. G. MARG, NEW DELHI – 110001**  
**Tel. No. 23357301, 23310371 Fax: 23310829**

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

- |   |   |                              |                             |
|---|---|------------------------------|-----------------------------|
| 1. <b>CLAIM INTIMATION</b>  | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. <b>CLAIM FORM</b>  | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. <b>F.I.R.</b> (Original or duly attested copy, In case of F.I.R. in local language-Duly attested translated copy in English alongwith the original copy).  | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. <b>FINAL POLICE REPORT/ CHARGE SHEET/ INQUEST REPORT</b> (Original or duly attested copy, In case of Police Report in local language- Duly attested translated copy in English alongwith the original copy).   | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i><u>This is must in case of murder, personal enmity, family feud cases</u></i>  |   |                              |                             |
| 5. <b>POST MORTEM REPORT</b> (Original or duly attested copy, In case of Police Report in local language- Duly attested translated copy in English alongwith the original copy).  | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. <b>DEATH CERTIFICATE</b> (Original copy, In case of Police Report in local language- Duly attested translated copy in English alongwith the original copy).  | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. <b>LEGAL HEIR CERTIFICATE</b>  | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. <b>PHOTO COPY OF MEMBERSHIP ADMISSION REGISTER</b><br>(Date of Membership should be duly incorporated).  | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. <b>INDEMNITY BOND</b> (In Missing cases only)  | : | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. <b>ANY OTHER SUPPORTING DOCUMENT</b><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 <input type="checkbox"/> | NO <input type="checkbox"/> |

**If answer to 10 is Yes, give details**

- i. ....
- ii. ....
- iii. ....
- iv. ....
- v. ....

Authorised Signatory  
Name of the Cooperative Body:  
Place/Date:

From: (Name & Address of the sponsoring Agency)

To:

The Managing Director,  
National Federation of Fishermen Cooperative Ltd.,  
7, Sarita Vihar Institutional Area,  
New Delhi – 110044.

Subject: - **Claim Intimation under Group Janta Personal Accident Policy**

This is to inform you that Shri. .... of village  
..... P.O. ....District .....  
State/UT ..... who was insured under the Fishermen Accident  
Insurance as a member of **FISHCOPFED, NATIONAL FEDERATION OF FISHERMEN'S  
COOPERATIVES LTD. 7, SARITA VIHAR INSTITUTIONAL AREA, NEW DELHI – 110076**  
disabled/ death on account of accident on .....

We are enclosing the claim form alongwith 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. .... (**Rupees  
..... only**) being the capital sum insured under the policy  
may be kindly sent through a crossed cheque in favour of Shri. ....  
(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 would be sent to you within  
a fortnight of its receipt.

Thanking you,

Yours faithfully,

(Signature)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Seal: \_\_\_\_\_

Date: \_\_\_\_\_