

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. CLAIM INTIMATION : YES NO

2. CLAIM FORM YES NO

3. F.I.R. YES NO

(Original or duly attested copy, In case of F.I.R. in case of F.I.R. in local language-Duly attested translated copy in English along with the original copy)

4. FINAL POLICE REPORT/CHARGE SHEET/INQUEST REPORT: YES NO

(Original or duly attested copy, In case of F.I.R. in local language Duly attested transited copy in English along with the original copy)

This is must in case of murder, personal enmity, family feud cases.

5. POST MORTEM REPORT : YES NO

(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).

6. DEATH CERTIFICATE : YES NO

(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).

7. LEGAL HEIR CERTIFICATE : 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 of witnesses, Any resolution passed by the Co-operative body etc. Driving License if the deceased was driving the vehicle which meet with the accident).

If answer to 10 is Yes, give details :

i. _____

ii. _____

iii. _____

iv. _____

v. _____

*Authorized Signatory

Name of the Co-operative Body :

Place / Date :