

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

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. 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 insured under the scheme on the date of accident and was / is duly covered under the Policy. We further declare that the Insured member as free from any physical disability prior to this accident.

Signature of Certifying Authority _____

Name _____

Designation & Address _____ (Affix Official Stamp)