

**DIRECTORATE OF FISHERIES
OLD SECRETARIATE, PATNA (BIHAR)**

From : (Name & Address of the sponsoring Agency)

**DIRECTOR FISHERIES
BIHAR, PATNA**

To,

**The Managing Director,
National Federation of Fishermen's Co-operatives Ltd.
7, Sarita Vihar Institutional Area,
New Delhi-110044**

Fish / Patna, Dated

Subject : Claim Intimation under Group Janta Personal Accident Policy.

A/C _____

This is to inform you that Sri/Smt./Km. _____ 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 Sri / Smt. / Km. _____ (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 :