Reference No .: .....
OICL Claim NO : .....
State : .....
District & Pin code: .....

Oriental insurance

PRITHVI, AGNI, JAL, AKASH
Sab Ki Suraksha Hamare Paas
IRDA REG. NO. 556 CIN - U66010DL1947GOI007158

CIN - U66010DL1947GO1007158

DIRECT AGENTS BRANCH::16-11-16/v/18, 1st Floor, M G Plaza,
Near RTA E.Z Moosarambagh, Malakpet, Hyderabad 500036, TELANGANA

GROUP ACCIDENT INSURANCE SCHEME (GAIS) – PMMSY
POL.NO.433702/47/2022/3 & 433702/48/2022/402

CHECK LIST FOR CLAIMS

NAME OF THE INSURED PERSON(FISHER) :_____

STATE :_____

IDENTITY NO :_____

CONTACT PERSON NAME & NUMBER :_____

DATE OF ACCIDENT : _____

DOCUMENTS TO BE SUBMITTED BY THE CLAIMANT

- □ CLAIM INTIMATION - Mandatory
- □ CLAIM FORM DULY FILLED AND SIGNED BY INSURED - Mandatory
- □ CERTIFIED COPY OF FIR, wherever applicable
- □ CERTIFIED COPY OF PANCHANAMA, wherever applicable
- □ CERTIFIED COPY OF POST MORTEM REPORT, wherever applicable
- □ CERTIFIED COPY OF APPROPRIATE AUTHORITY - Mandatory
- □ ORGINAL DEATH CERTIFICATE, wherever applicable
- □ FAMILY MEMBER CERTIFICATE, if applicable
- □ NEWSPAPER CLIPPINGS, wherever applicable
- □ MEDICAL REPORT/DEATH SUMMARY FROM HOSPITAL/INDEMNITY BOND, as applicable
- □ NEFT BANK ACCOUNT FORM WITH CANCELLED CHEQUE - Mandatory
- □ DISCHARGE VOUCHER SIGNED AFTER AFFIX Re.1/- REV.STAMP - Mandatory

KYC NORMS TO BE SUBMITTED FOR INSURED AND NOMINEE

- □ AADHAR CARD COPY/VOTER ID COPY/HOUSEHOLD CARD/RATION CARD - Mandatory
- □ ADDRESS/RESIDENCE PROOF

Reference No .: .....
OICL Claim NO : .....
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Oriental insurance

PRITHVI, AGNI, JAL, AKASH
Sab Ki Suraksha Hamare Paas
IRDA REG. NO. 556 CIN - U66010DL1947GOI007158

NFDB

CLAIM FORM FOR DEATH / PERMANENT TOTAL DISABLEMENT

UNDER POLICY NUMBER: **433702/47/2022/3**

This form is issued without admission of liability and must be completed and returned within 180 days from the date of accident. No claim can be admitted unless a medical overleaf be furnished at the expense of the claimant.

Insured Name	
Address of the Insured and State	
Age / Date of Birth	
Occupation – Fisher: Fish workers, fish farmers and any other categories of persons directly involved in fishing and fisheries allied activities, Please tick Yes/No.	Yes / No
When did the accident occur? State date and time	
Where did it occur?	
Give full particulars of the cause of accident and the injuries sustained.	
Give name and address of the witness of the accident	
Were you moved to hospital immediately after the accident?	Yes / No / Not applicable
If Yes Give name and address of the Hospital	
Name of the Doctors who attended	
State where and when a Medical or other officer of the Company can visit you, if necessary.	
State the number of days you have been necessarily and entirely confined to Bed, Room or House as the sole and direct result of the Injuries sustained.	
If still confined, state probable duration of confinement.	

....2

TO BE COMPLETED BY HOSPITAL AUTHORITIES (or) appropriate certificate has to be enclosed

As in-patient/out-patient/emergency case

Name and address of the Hospital	
Date of Admission	
Date of discharge	
Nature of Injury Particulars of the Treatment	
Has the accident resulted into loss of hand/s, foot/feet or eye/s or permanent total disability of any other type which may prevent insured from engaging in or being occupied with or giving attention to any employment or occupation whatsoever? If yes, please give details	
Hospital Expenses (Please attach original bills and death/discharge summary)	

Date

Signature of the Competent Authority of Hospital/Nursing Home

Name
Designation Rubber Stamp of Hospital

Reference No .: .....
OICL Claim NO : .....
State : .....
District & Pin code: .....

Oriental insurance

PRITHVI, AGNI, JAL, AKASH
Sab Ki Suraksha Hamare Paas
IRDA REG. NO. 556 CIN - U66010DL1947GOI007158

UNDER POLICY NUMBER: **433702/47/2022/3**

To be completed by Nominee in the event of death of the Insured

Details of Nominee:

Full Name	
Address	
Age	
Relationship with the deceased	
Signature of the Nominee	

Declaration to be signed by the Nominee (in the event of death of Insured)

I HEREBY DECLARE that the truth of the above particulars are true in every respect, and I agree that if I have made, or if shall make false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.

Dated_____ Signature

_____

Reference No .: .....
OICL Claim NO : .....
State : .....
District & Pin code: .....

Oriental insurance

PRITHVI, AGNI, JAL, AKASH
Sab Ki Suraksha Hamare Paas
IRDA REG. NO. 556 CIN - U66010DL1947GOI007158

NFDB

PMMSY

CLAIM FORM FOR HOSPITALISATION / PERMANENT PARTIAL DISABLEMENT

UNDER POLICY NUMBER: **433702/48/2022/402**

This form is issued without admission of liability and must be completed and returned within 180 days from the date of accident. No claim can be admitted unless a medical overleaf be furnished at the expense of the claimant.

Insured Name	
Address of the Insured and State	
Age/Date of Birth	
Occupation – Fisher: Fish workers, fish farmers and any other categories of persons directly involved in fishing and fisheries allied activities, Please tick Yes/No.	Yes/No
When did the accident occur? State date and time	
Where did it occur?	
Give full particulars of the cause of accident and the injuries sustained.	
Give name and address of the witness of the accident	
Were you moved to hospital immediately after the accident?	Yes / No / Not applicable
If Yes Give name and address of the Hospital	
Name of the Doctors who attended	
State where and when a Medical or other officer of the Company can visit you, if necessary.	
State the number of days you have been necessarily and entirely confined to Bed, Room or House as the sole and direct result of the Injuries sustained.	
If still confined, state probable duration of confinement.	

TO BE COMPLETED BY HOSPITAL AUTHORITIES (or) appropriate injury certificate/MLC/Discharge Cerfiticate has to be enclosed

As in-patient/out-patient/emergency case:

Name and address of the Hospital	
Date of Admission	
Date of discharge	
Nature of Injury Particulars of the Treatment	
Has the accident resulted into loss of toe/s, phalanx/phalange/s, hearing of ear/s, fore finger/s, thumb/s, Metacarpal/s, carpal/s,or permanent partial disability of any other type which may prevent insured from engaging in or being occupied with or giving attention to any employment or occupation whatsoever? If yes, please give details	
Hospital Expenses (Please attach original bills and discharge summary)	

Date

Signature of the Competent Authority of
Hospital/Nursing Home

Rubber Stamp of Hospital

Name
Designation

Declaration to be signed by the insured

I Hereby declare that I have suffered / sustained the injuries above described and warrant the truth of the above particulars in every respect, and I agree that if I have made, or if shall make false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.

Dated_____ Signature_____

DETAILS OF DOCUMENTS REQUIRED TO CLAIM

UNDER GJPA POLICY NO.433702/47/2022/3 SCP POLICY NO.433702/48/2022/402

I. Documents common to all claims:

i. Intimation Form
ii. Claim Form
iii. Cancelled Cheque of claimant/ insured/ nominee/ legal heir/s (or) copy of first page Bank Pass Book of claimant/ insured/ nominee/ legal heir/s (or) copy of bank account statement of claimant/ insured/ nominee/ legal heir/s duly attested by a gazetted officer.
iv. Certification by Appropriate Authority
v. Any one of the IDs as mentioned, in the list of acceptable documents as proof of identity and proof of address from general public in the country, by Government of India.

II. Other documents required for specific kinds of accidents:

a) Road Accident / Railway Accident:

i. First Information Report (F.I.R.)
ii. Spot Panchnama
iii. Inquest Panchnama
iv. Post Mortem Report
v. Valid Driving License (Road Accident whilst insured is the driver)

1. **Accidents occurring due to carrying of passenger in excess of the capacity of vehicles.**
   All insured/ fishers (as defined in this agreement) except the one who is driving will be eligible for the claim.
2. **Accidents occurring where the driver does not have a valid driving license.**
   All insured/ fishers (as defined in this agreement) except the one who is driving will be eligible for the claim.
3. **Accidents occurring where the motor vehicle does not have proper permit.**
   All insured/ fishers (as defined in this agreement) except the one who is driving will be eligible for the claim.

b) Accident due to Drowning:

i. First Information Report (F.I.R.) / Police Report
ii. Post Mortem Report
iii. Spot Panchanama
iv. Inquest Panchanama
v. Statement/s of 2 witnesses

In case the body is not found then after a wait period of 6 months, a declaration by the family, certificate by an appropriate authority that the person is dead due to drowning

For "Missing at Sea" claims, settlement will be based on the final investigation report after a waiting period of 2 (Two) years.

For these, the nominee/ legal heir/s has to execute a bond stating that the amount so received will be refunded to the insurance company in case the insured, who went missing and presumed to be dead, is later found alive.

a) **Accident due to Fire:**
   i. First Information Report (F.I.R.) / Police Report
   ii. Post Mortem Report

In case the body is completely charred to ashes, then a declaration by the family member and a certificate by an appropriate authority that the person has died in the fire will be required.

b) **Accident due to handling of poisonous substances:**
   i. First Information Report (F.I.R.) / Police Report
   ii. Post Mortem Report
   iii. Viscera Report
   iv. Forensic Lab Report

c) **Accident due to Stroke of Lightning OR Electric Shock:**
   i. First Information Report (F.I.R.) / Police Report
   ii. Post Mortem Report
   iii. Inquest Panchnama
   iv. Spot Panchnama

State Electricity Board Report is not required in such cases.

d) **Accident while working with Machinery:**
   i. First Information Report (F.I.R.) / Police Report
   ii. Post Mortem Report
   iii. Spot Panchnama
   iv. Inquest Panchnama

e) **Murder:**
   i. First Information Report (F.I.R.)
   ii. Spot Panchnama
   iii. Inquest Panchnama
   iv. Post Mortem Report
   v. Final Report of Police, wherever necessary

f) **Accident or Death due to falling from heights/ Murder by Naxalites/ Riots:**
   i. First Information Report (F.I.R.) / Police Report
   ii. Spot Panchnama
   iii. Inquest Panchnama
   iv. Post Mortem Report

g) **Snake Bite / Scorpion Bite / Animal Bite / Rabies / Any injury by any Animal resulting in death or loss of limb/s:**

In such case there may or may not be a post mortem report or medical analysis report. Hence, a certificate from any registered medical practitioner approved by the Indian Medical Association (IMA), health centre / sub centre that death/disablement was caused due to the aforesaid will be required.

Wherever available:

   i.i. First Information Report (F.I.R.) / Police Report
   i.ii. Inquest Panchnama

iii. Post Mortem Report / Forensic Lab Report
iv. Viscera Report (If it is concluded from the Post Mortem Report that the death is due to the above cause, Viscera Report shall not be insisted by the Insurance Company)

In case the body is not found due to dragging by the animal and feeding on it, then after a wait period of 6 months, a declaration by the family member and a certificate by Forest Rane Officer or "Appropriate Authority" that the person has died due to animal attack will be required.

h) Any other accidents:

i. First Information Report (F.I.R.) / Police Report
ii. Spot Panchnama
iii. Inquest Panchnama

Certified true copy from an appropriate authority that the accident has occurred resulting in death and permanent disability.

i) **Additional documents to be submitted for Permanent Total Disability:**

i. Original detailed discharge summary/ day care summary from hospital
ii. Treating doctor's certificate giving details of injuries sustained, including clarification whether clamant was under the influence of any intoxicating material.
iii. Copy of FIR or MLC (Medico-legal Certificate)
iv. First consultation letter and subsequent treatment papers
v. Disability certificate from a concerned specialist affiliated with government hospital confirming the extent and nature of disability

j) Additional Documentation required for Permanent Partial Disability Claims:

i. Original detailed discharge summary/ day care summary from hospital
ii. Treating doctor's certificate giving details of injuries sustained, including clarification whether clamant was under the influence of any intoxicating material.
iii. Copy of FIR or MLC (Medico-legal Certificate)
iv. First consultation letter and subsequent treatment papers
v. Disability certificate from a concerned specialist affiliated with government hospital confirming the extent and nature of disability

k) **Documentation required for Accidental Hospitalisation Claims:**

i. Original consolidated hospital bill with breakup of each item, duly signed and stamped
ii. Original payment receipt of the hospital bill
iii. Corresponding prescriptions against bills
iv. Treating doctor's certificate giving details of injuries sustained, including clarification whether clamant was under the influence of any intoxicating material.
v. Copy of MLC
vi. Original detailed discharge summary
vii. Medicine bills and receipts with corresponding prescriptions

Reference No .: .....
OICL Claim NO : .....
State : .....
District & Pin code: .....

Oriental insurance

PRITHVI, AGNI, JAL, AKASH
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DISCHARGE VOUCHER

GROUP ACCIDENT INSURANCE SCHEME (GAIS) - PMMSY

UNDER GJPA POLICY NO.433702/47/2022/3 SCP POLICY NO.433702/48/2022/402

Dept: GJPA/SCP

Claim No.:

Date:

In consideration of approval of my/our claim I/We hereby accept from the Oriental Insurance Company

Limited the sum of Rs._____(Rupees_____

_____(only) in full and final settlement of my/our claim for Death/PPD/PTD/Hospitalisation covered under GJPA Policy No.433702/47/2022/3 or SCP Policy No.433702/48/2022/402 for the period from 26.07.2021 to 25.07.2022.

I/We hereby voluntarily discharge receipt to the company in full and final settlement of all my/our claim present or future arising directly/indirectly in receipt of said accident/Hospitalisation. I/We hereby also subrogate all my/our rights and remedies to the Company in respect of above loss/Hospitalisation.

Rs._____

INSURED/CLAIMANT
(Affix Rs.1/- revenue stamp and Sign)

Witness: _____

Name : _____

Address: _____

_____

Mobile: _____

Reference No .: .....
OICL Claim NO : .....
State : .....
District & Pin code: .....

Oriental insurance

PRITHVI, AGNI, JAL, AKASH
Sab Ki Suraksha Hamare Paas
IRDA REG. NO. 556 CIN - U66010DL1947GOI007158

CIN - U66010DL1947GO1007158
DIRECT AGENTS BRANCH::16-11-16/v/18, 1st Floor, M G Plaza,
Near RTA E.Z Moosarambagh, Malakpet, Hyderabad 500036, TELANGANA

NEFT FORM

GROUP ACCIDENT INSURANCE SCHEME (GAIS) - PMMSY

UNDER GJPA POLICY NO.433702/47/2022/3 SCP POLICY NO.433702/48/2022/402

Dear Sir/Madam,

I / We furnish below details of my /our bank account to be used for effecting payments due to us by NEFT / RTGS:

Name	
Category	Insured / Nominee
Policy Number (Select any one)	1. GJPA - 433702/47/2022/3 2. SCP - 433702/48/2022/402
Claim number, if any, provided	
Address for Communication	
Permanent Address	
IFSC Code *	
Bank Name	
Bank Branch Name and Address	
MICR Code (9 Digit number)	
Full Bank Account No. (for NEFT) *	

Mandatory:* Please attach a copy of a cancelled cheque leaf/ Pass Book. Verify the details with your bank before submitting.

.....2

Mobile Phone No. (for SMS alert)	
Email ID (for mail notification) (please write in BLOCK letters)	

I/We hereby declare that the particulars given above are correct and express my/our willingness to receive credit of payments though the mode indicated above. Notwithstanding my/our choice of mode The Oriental Insurance Co Ltd reserves the right to issue a cheque / credit the account in the mode that they may deem fit. I/We would not hold M/s. The Oriental Insurance Co Ltd responsible, if the transaction is delayed or not effected at all or credited to an incorrect account for reasons of incomplete /incorrect information.

Signature of the Account Holder/Beneficiary

Beneficiary Contact Number

Signature of the Bank Official

Confirmation by the Bank Official on the above A/C details

(To be executed on non-judicial stamp paper of Rs.15/-)

INDEMNITY BOND

Indemnity Bond is being executed by Sponsoring Agency and Shri/Smt_____

S/o/W/of_____R/o_____

_____

iin favour of The Oriental Insurance Company Limited, Direct Agents Branch, 16-11-16/V/18, 1st floor, M G Plaza, Moosarambagh, Near RTA EZ, Malakpet, Hyderabad 500036, Telangana

Whereas sponsoring Agency had obtained policy of Insurance being GJPA Policy No.433702/47/2022/3 or SCP Policy No.433702/48/2022/402 for the period from 26.07.2021 to 25.07.2022 and whereas in a cyclone on or about _____
Shri/Smt._____is said to have died and is reported missing and Whereasthe body has not yet been recovered and is presumed to have died and a certificate to that effect has also been issued by the Sponsoring Agency and Whereas National Fisheries Development Board has approached Oriental Insurance Co. Ltd. For settlement of the claim on the grounds that Shri/Smt._____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/Smt_____has died and WHEREAS if by any chance later it is found that Shri/Smt _____ has not died and is still alive now therefore THE CONDONATION OF THIS IS THAT IF AT ANY TIME IT IS FOUND THAT SHRI/SMT_____
HAS NOT DIED AS A RESULT OF ACCIDENT AND CYCLONE. THE SPONSORING AGENCY AND SHRI/SMT_____(Nominee/Legal Heir) SHALL JOINTLY AND SEVERALLY RETURN TO THE ORIENTAL INSURANCE COMPANY LIMITED THE SUM ASSURED PAID UNDER THIS CLAIM in witness thereof parties have set hand on this _____day of_____Month_____Year.

1. Sponsoring Agency:

_____

2. Wife/_____

(Nominee and Relationship)

_____

WITNESSES

1._____

(Name and Address)

2._____

(Name and Address)

Reference No	.:	.....
OICL Claim NO	:	.....
State	:	.....
District & Pin code:		.....

Oriental insurance

PRITHVI, AGNI, JAL, AKASH

Sab Ki Suraksha Hamare Paas

IRDA REG. NO. 556 CIN - U66010DL1947GOI007158

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DIRECT AGENTS BRANCH::16-11-16/v/18, 1st Floor, M G Plaza,
Near RTA E.Z Moosarambagh, Malakpet, Hyderabad 500036, TELANGANA

CLAIM INTIMATION FORM

1. NAME OF THE CLAIMANT/NOMINEE/LEGAL HEIR: _____

   RELATIONSHIP WITH THE INSURED: _____

2. CONTACT NO._____ 3. EMAIL ID:_____

4. NAME OF THE INSURED PERSON _____

5. AGE_____ 6. GENDER_____

7. ADDRESS OF INSURED PERSON & STATE: _____

   _____

8. AADHAAR/ANY OTHER APPROVED IDENTIFICATION : -

   IDENTIFICATION TYPE:_____IDENTIFICATION NO. OF THE INSURED

   PERSON:_____

9. DATE & PLACE OF ACCIDENT _____

10. BRIEF DESCRIPTION OF ACCIDENT :_____

    _____

    _____

11. TYPE OF CLAIM (Tick the below type)

DEATH	PERMANENT TOTAL DISABILITY	PERMANENT PARTIAL DISABILITY	HOSPITALISATION

12. NAME OF POLICE STATION, IF REPORTED_____

13. NAME OF THE INTIMATOR : _____

    SIGNATURE OF INTIMATOR :_____

FOR ANY ASSISTANCE PLEASE CONTACT TOLL FREE NUMBER: **1800-425-1660**

E-mail ID: support@pmmsygais.com, 430011@orientalinsurance.co.in