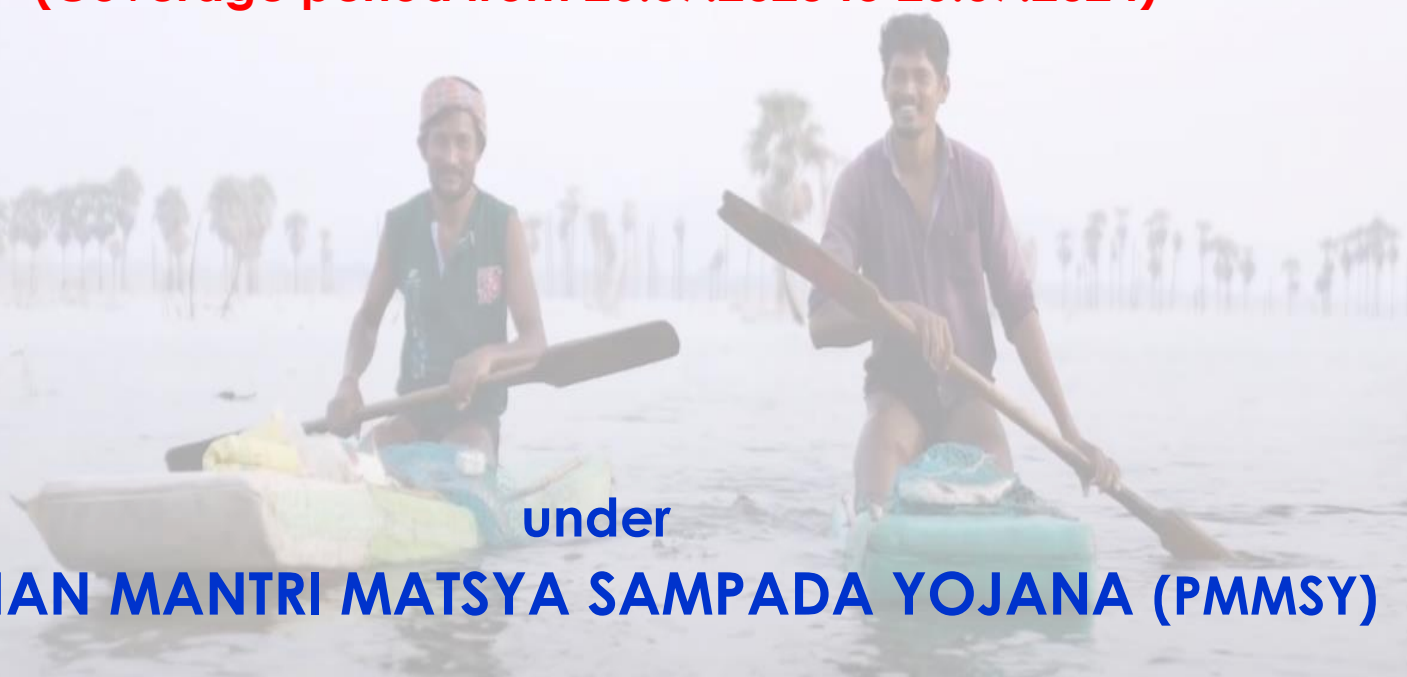




Group Accident Insurance Scheme (GAIS) Standard Operating Procedure (SOP)

(Coverage period from 26.07.2023 to 25.07.2024)



PRADHAN MANTRI MATSYA SAMPAD Yojana (PMMSY)

National Fisheries Development Board

Department of Fisheries
Ministry of Fisheries, Animal Husbandry & Dairying
Government of India

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I. Introduction

The Government of India has approved the Pradhan Mantri Matsya Sampada Yojana (PMMSY) scheme to bring out Blue Revolution through sustainable and responsible development in fisheries sector in India with a total investment of Rs 20,050 crores for its implementation for a period of five years in all the States and Union Territories (UT). Insurance of fishers is one of the sub components of PMMSY scheme and accordingly “fishers” which will also mean fishermen, fish workers, fish farmers and any other categories of persons directly involved in fishing and fisheries related allied activities are covered under Group Accident Insurance Scheme (GAIS). Men or women fishers who are in the age group from 18 years to 70 years as approved by State/UT fisheries department are insured under this scheme.

The management of claims for the above said Insurance scheme of fishers will be done through M/s Oriental Insurance Company Limited (OICL) under two restructured policies as given below for the coverage period from **00:00 hrs of 26.07.2023 to midnight of 25.07.2024.**

Policy Type	Coverage	Rate Inclusive of GST
Policy 1: Group Janata Personal Accident Policy (GJPA) with CSI of Rs. 5 Lakhs	Accidental Death: 100% CSI PTD: 100% CSI	Rs. 91.00/- (GST @ 0%)
Policy 2: Special Contingency Policy (SCP) (with 100% Claims Capping on Premium Paid)	PPD: up to Rs. 2,50,000/- Hospitalisation: Rs.25,000/-	Rs. 4.00/- (GST @ 18 %)
Total Premium Per Person		Rs. 95.00/-

II. Benefits

Under the scheme the fishers shall be eligible for insurance and insurance coverage as below:

- **Rs.5.00 lakh** against accidental death or permanent total disability (PTD)
- **Rs. 2.50 lakh** against permanent partial disability (PPD)
- **Rs. 25,000** against accidental hospitalization

Type of Policy	Loss		% Of Capital Sum Insured
GJPA: Group Janata Personal Accident Policy	1	Accidental Death of the Insured	100 %
	2	Total and Irrecoverable loss of i) Sight of both eyes or, of the actual loss by physical separation of two entire hands or two entire feet or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot. ii) Use of two hands or two feet, or of one hand or one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot.	100%
	3	Permanent, Total and Absolute Disablement of the Insured from engaging in any employment or occupation of any description whatsoever	100%
	4	Total and irrecoverable loss of i) The sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot ii) Total and irrecoverable loss of use of hand or a foot without physical separation	100%
SCP: Special Contingency Policy	1	Loss of toes – all	20 %
	2	Both Great phalanges	5 %
	3	One Great phalanx	2 %
	4	Other than great, if more than one toe lost each	1 %
	5	Loss of hearing both ears	50 %
	6	Loss of hearing one ear	15 %
	7	Loss of four fingers and thumb of one hand	40 %
	8	Loss of four fingers	35 %
	9	Loss of thumb both phalanges	25 %
	10	Loss of thumb-One Phalanx	10 %
	11	Loss of index finger- three phalanges	6 %
	12	Loss of index finger - two phalanges	4 %
	13	Loss of index finger- one phalanx	2 %
	14	Loss of middle finger- three phalanges	6 %
	15	Loss of middle finger - two phalanges	4 %
	16	Loss of middle finger- one phalanx	2 %
	17	Loss of ring finger- three phalanges	5 %
	18	Loss of ring finger - two phalanges	4 %
	19	Loss of ring finger- one phalanx	2 %
	20	Loss of little finger- three phalanges	4 %
	21	Loss of little finger - two phalanges	3 %
	22	Loss of little finger- one phalanx	2 %
	23	Loss of metacarpals - first or second & additional	3% & 1%
	24	Loss of metacarpals-third, fourth or fifth(additional)	2%
	25	Any other permanent-Partial disablement	As assessed by Doctor
	26	Accidental Hospitalisation	Up to Rs. 25,000/-

The insurance cover will be for a period of 12 months as per the coverage period mentioned in the policy. The entire premium amount will be shared between the Center and State Government as per the funding pattern of the PMMSY and paid on an annual basis. There is **no beneficiary contribution** in this scheme. The pattern of sharing of premium between Centre and States/ UTs is as follows:

S. No.	Sharing pattern	Type of Policy	State/ UT Share (Rs.)	Centre Share (Rs.)	Total (Rs.)
1	60:40 between the <i>Central and General State Government</i>	GJPA	36.40	54.60	91.00
		SCP	1.6	2.40	4.00
		Total	38.00	57.00	95.00
2	90:10 between the <i>Central and North Eastern and Himalayan states</i>	i. GJPA	9.10	81.90	91.00
		ii. SCP	0.40	3.6	4.0
		Total	9.5	85.5	95.00
3	For UTs (100% Central)	i. GJPA	-	91.00	91.00
		ii. SCP	-	4.00	4.00
		Total	0.00	95.00	95.00

III. Important Definitions

- a) **Policy:** Policy as per this scheme provides accidental death, disability & hospitalisation insurance to insured fishers, who sustains any bodily injury resulting solely and directly from accident caused by external violent and visible means resulting in Death, Permanent Total Disablement (PTD), Permanent Partial Disablement (PPD)& Hospitalisation.
- b) **Accident:** An accident is a sudden, unforeseen and involuntary event caused by external and visible and violent means.
- c) **Bodily Injury:** The use of this term excludes death or disease from natural causes, but disease proximately caused by accident, is bodily injury. Disablement caused by electric shock/lightning is also bodily injury.
- d) **Fishers:** Fishers, fish workers, fish farmers and any other categories of persons directly involved in fishing and fisheries allied activities identified as eligible by the Appropriate Authorities.

- e) Insured Persons:** The eligible fishers who are enrolled by the Appropriate Authorities during the coverage period
- f) Eligibility:** At the time of claim, every claimant/ insured/ fisher will be duly verified and certified by “Appropriate Authority” (as defined), duly certifying their occupation, otherwise the claims will not be entertained/ forwarded. Such verification cum identification certificate shall contain information such as Name, Identification Number (As per list of acceptable Documents as Proof of Identity and Proof of Address from General Public in the Country), Membership Details (if registered in a Primary Fishermen Cooperative Society, District Level Societies, Fishermen Welfare Board, Regional/ State & National Federations, any other agencies related to fisheries), such other relevant details required on case-to-case basis.
- g) Age:** 18 to 70 years as on date of commencement of policy/ payment of premium however the insured should not have completed 71 Years on the date of accident.
- h) Appropriate Authority:** Gazetted officers of District/ State/ UT level Fisheries Department
- i) Medical Practitioner:** A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction / and is acting within the scope and jurisdiction of license. The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).
- j) Permanent Total Disablement (PTD):** The bodily injury, within twelve (12) calendar months of its occurrence be the sole and direct cause, which is direct cause of permanently, totally and absolutely disabling the person insured from engaging in being occupied with or giving attention to any employment or occupation of any description
- k) Permanent Partial Disability (PPD):** The bodily injury, within twelve (12) calendar months of its occurrence be the sole and direct cause, which is the sole and direct cause of total and irrecoverable loss of use of or the actual loss by physical separation permanently incapacitating the Insured Person

l) Hospitalisation: Means admission in a Hospital/Nursing Home for a minimum period of 24 In-patient Care Consecutive hours, except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours. In case of Ayurvedic / Homeopathic / Unani treatment, hospitalisation expenses are admissible only when the treatment is taken as an In-patient, in a Government hospital or a hospital associated with a Medical College.

m) Injury: Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means, which is verified and certified by a Medical Practitioner

n) Loss of Limbs: It shall mean physical separation of one or more hands or feet or permanent and total loss of use of one or more hands or feet.

o) Physical Separation: It shall mean separation of hand at or above the wrist and/or of the foot at or above the ankle.

p) Insurance Cell: The monitoring unit for GAIS-PMMSY located within the premises of NFDB, Hyderabad. The cell constitutes officials from NFDB, Insurance company and Insurance intermediary.

IV. Role of National Fisheries Development Board (NFDB)

- MoA was signed with Insurance Company and Service Level Agreement (SLA) with insurance intermediary with rate, coverage, policy period, terms of service, escalation matrix, turnaround time, value added services to be provided, claims settlement procedure, documents require for claims settlement, grievance handling mechanism etc.,
- Collects and consolidates the total number of fishers to be covered from respective States/UTs.
- After receipt of State's share, NFDB will forward the premium amount to insurance company along with Central share for the commencement of the policy. Accident risk will be covered within **7 working days** from the date of receipt of State's share premium by NFDB.

V. Role of State/UT Fisheries Departments

- State/UT will identify the eligible fishers to be insured.
- To conduct awareness to fishers on scheme implementation/ intimation/ proposals to stake holders /field officers at State level and District level.
- States/UTs shall submit the details of eligible fishers in the prescribed format (31 columns) for maintaining a database at Insurance cell, NFDB. (**Annexure-I – Proforma**) or as per the revised format requested any time by NFDB
- The participating State/ UT shall inform the Name, Designation, Address, Contact Number and E-mail IDs of all the “Appropriate Authorities” i.e., Gazetted officers of District/State/UT level fisheries department and also the details of one State Nodal Officer for effective coordination with States/UTs.
- The State has to remit its premium share as per the PMMSY sharing pattern in NFDB GAIS account. The list of fishers, State share and coverage period should match. (**Annexure- II- Account details**)
- The claim intimation received from the beneficiary or dependents will be forwarded to the insurance cell **within 120 days** from the date of accident as per the mode of communication as indicated under Section IX.
- States/UTs should verify and certify all the claim documents before submitting them to Insurance Cell/ Insurance Intermediary/ Insurance Company.
- States/UTs should ensure the submission of the claim proposal (**two sets of hard copy- one original and one xerox**) with all mandatory documents within the time limit of 180 days from the occurrence of the accident for avoiding rejection of claims. Wherever the documents are issued in regional languages, the District Fisheries Officer who recommends the proposal shall ensure to submit the translated version with due attestation (with Signature & official seal) to ensure correctness and speedy disposal of claims.
- States/UTs should monitor the weekly, fortnightly & monthly MIS reports regarding insurance claims that are intimated, settled, rejected and pending for different reasons.
- Two sets of hard copies of insurance claim documents should be sent to insurance cell at NFDB.
- Should send the acknowledgement within 15 days through mail/letter after settlement.
- Whenever new member becomes eligible, State should ensure the enrolment of such fishers under the scheme for the livelihood of fishermen family.

VI. Role of Insurance Cell

For effective managing and monitoring the implementation of Group Accident Insurance Scheme (GAIS), an Insurance cell has been established at NFDB, Hyderabad with constitution as follows:

S. No	Designation
1	Executive Director (Technical), NFDB
2	Senior Executive (Technical), NFDB
3	Executive Assistant (Technical), NFDB
4	IT Representative, NFDB
5	Representatives of Insurance Intermediary- 2
6	Representative of Insurance Company

- It will coordinate with State/UT Fisheries Departments and Insurance Company for settlement of Insurance Claims
- It will monitor the claim settlement process through MIS.
- It will remind the States/UTs to submit the required documents on time.
- It will scrutinize the claims sent by States/UT before they are sent to the Insurance Company
- It will ensure that all documents required for settlement of the claim are complete (in full shape) before forwarding the same to the Insurance Company.
- It will follow up with Insurance Company till the claim is paid within timeline.
- Insurance Cell will appraise NFDB and State/UT Fisheries Department on the status of claims through weekly, fortnightly & monthly reports that are intimated, settled, rejected and pending for different reasons.
- Grievances will be registered and settled accordingly.

VII. Role of Insurance Company (M/s Oriental Insurance Company Limited):

- The insurance company maintains a CD (Cash Deposit) account in the name of the National Fisheries Development Board and credit all incoming premium into the respective CD account. Premium should be received from the balances of CD account only. A weekly CD account utilisation statement should be provided to NFDB through the Insurance Cell and Intermediary.

- The risk will be covered from the date and time of receipt of premium/ first instalment of premium.
- The insurer will issue the Policy Copy within **5 (Five)** working days from the date of payment of premium.
- The insurer will issue the endorsement copies within **2 (Two)** working days from the date of payment of premium.
- The insurer will provide monthly Status on number of claims that are intimated, settled, rejected and pending along with appropriate reasons for claims that are pending, details of settled claims with Name of the Claimant, Claim Amount Settled, Claim Type, Bank Details, UTR Number and such other relevant information.
- The insurer's authorised representative will attend the periodic review meetings and VCs at NFDB office or wherever the meeting is arranged with prior intimation.
- After receiving the complete claim documentation, the insurance company will settle the claim within 15 working days. If such claim whose complete documentation is submitted and is found to be "not admissible claim", the same should be informed to the insurance cell within 15 days from the date of receipt of completed documentation.
- The claim amount/ proceeds will be deposited in the claimant/ nominee/legal heir's Savings Account through DBT. All the claim intimations received from the claimants/ nominees/ legal heirs within the policy period and **within 120 days** from the date of the accident will be accepted for processing.
- The Insurance Company will be liable to pay the claim on the basis of submission of all required documents.
- Insurance company will accept the digitally signed documents, scanned copies of original certificates/ documents and documents issued by the Appropriate Authority.
- If claim wise additional documents are required, the same to be intimated immediately to Insurance Cell/States/UTs after scrutinizing.
- The Insurance Company will accept the date of receipt first recognised communication as indicated under section IX.
- Intimations received by the Intermediary, NFDB- Insurance Cell, Toll Free number or by any other recognised means of communication shall be forwarded to the

Insurance Company within **3 working days**. Intimation received by the “Appropriate Authorities” should be forwarded to the Insurance Company within **15 working days**.

- Insurance Company will issue the document deficiency letter/s to the claimant/s giving them sufficient time to send the documents before closing the claim. Such communications will be marked to the Insurance Cell at NFDB and Appropriate Authority at State/District level Fisheries Department.
- M/s Oriental Insurance Company Limited should, at all times, act in the right spirit of providing insurance claim and adhere to IRDAI (Protection of Policyholders’ Interests) Regulations, 2017 as amended from time to time.
- Translation of records from the local/ regional language to English should be facilitated through the intermediary.
- Expenses/Charges towards investigation of claims will be incurred by Insurance Company only.
- If an admissible claim is not settled **within 15 days** from the date of receipt of all the relevant required claim documents, the insurance company will pay, from the date of submission of all relevant required claim documents till the date of payment of the claim, **a simple interest of 10%** over the admissible claim amount.
- Except for the Terms, Conditions, Warranties, Limits, Exclusions, Clauses and such other special mentions that are exclusively mentioned in this agreement, the standard wordings of M/s OICL for Group Janata Personal Accident Policy, filed with IRDAI as on the date of this agreement, will hold valid.

VIII. Role of Insurance Intermediary

- To ensure that the Insurance Company is implementing the policy in accordance to the SLA and its subsequent addendum and applicable IRDAI regulations.
- To provide technically strong IT & ITES platform to intimate claims, upload claim documents, report grievances and such other ancillary and value-added services that can be incorporated in the platform towards servicing the policy in its right spirit and successful implementation.
- To create GAIS MIS portal to intimate claims, uploading documents, status report and report generation etc.

- Efficiently scrutinise and ensure that all documents required for settlement of the claim are complete before forwarding the same to the Insurance company.
- Once the documents are forwarded to the insurer, the intermediary shall continue to follow up with them till the claim is paid **within 15 days period**.
- Will appraise to NFDB, the status and performance of the policy through weekly, fortnightly & monthly MIS on Claims that are Intimated, Settled, Rejected and pending with specific reasons.
- To put forth such disputed claims during weekly/fortnightly review meetings for deliberations amongst officials of NFDB, Insurance Company and Intermediary.
- Without waiting for decision from minutes of such review meetings, to put forth disputed claims before **Grievance Redressal Machinery** of the Insurance Company/IRDAI – IGMS.
- Despite this, even if some claims/proposals are not settled by the Insurance Company, as a last resort the intermediary should advise in initiating the matters as necessitated in different forums viz. District, State & National Consumers Redressal Forums respectively, to settle the claims in their right spirit.
- Will give prompt and effective service in Pre-Placement, Placement, Post-Placement Services such as Invoicing, Underwriting, Policy Generation, Allocation and Placement of Premium, Subsequent Endorsements, Intimation, Processing & Settlement of Claims, Handling, Resolution of Grievances, Contesting Unpaid and Underpaid claims with Insurance Ombudsman/Consumer Forums and such other services that are imperative, obligatory and essential for the successful implementation of GAIS - PMMSY at all times.
- All related data and documents such as insurance policies, claims etc., are to be kept confidential while abiding by the SLA.
- Should keep the Hardcopy and Soft copy of all claims wise documents provided by the State/District and should be submitted to NFDB whenever required.
- To establish Insurance Cell as mentioned in Service Level Agreement;
- Will provide liaison cum coordination cells at various locations across the country as required.
- Will support the States/UTs in translation, of official/statutory documents that are related to claims, from regional/local languages to English.
- To verify the premium paid with policy copies and endorsements issued.

- To handle all technical queries of NFDB/Insured/Claimant/Appropriate Authority/ Nominee/ Insurance Company and such other persons who are authorised and related to the scheme while strictly adhering to the Non-disclosure clause.
- Will coordinate and liaise amongst NFDB/Insured/Claimant/Appropriate Authority/ Nominee/Insurance Company and such other persons who are authorised and related to the scheme while strictly adhering to the Non-disclosure clause.

IX. Intimation of claim by Claimants/Nominees/Legal heirs

As and when an accidental risk occurs for fishers, the details of the risk likely to give rise to a claim shall be intimated to M/s Oriental Insurance Company Limited (OICL) in the prescribed form (Intimation form) by the concerned fisheries official/ insurer/ claimant. The insurance company will accept the date of receipt of first recognised communication as the date of intimation. All the claim intimations received from the claimants/ nominees/ legal heirs within the policy period and **within 120 days** from the date of the accident will be accepted for processing. For this purpose, the following are the recognised means of communication:

- a. Letter to Insurance Company/ NFDB Insurance Cell/Intermediary (Date of Postage in case of RPAD and date of receipt in all other cases)
- b. e-Mail to Insurance Company/ NFDB Insurance Cell/ Intermediary through **Mail ID : pmmsygais@gmail.com**
- c. Intimation through **Toll-Free Number of NFDB (1800-425-1660)** and the same to be intimated to the designated insurance office by mail immediately by insurance cell.
- d. Intimation submitted to “Appropriate Authorities”. Intimations received by the “Appropriate Authorities” should be forwarded to the insurance company within 15 working days

X. Submission of Documents

The Insurance Company will be liable to pay the claim on the basis of the documentation submitted by beneficiary. Insurance company will accept the digitally signed documents, scanned copies of original certificates/ documents and documents issued by the Appropriate Authority as uploaded to the IT&ITES platform facilitated by insurance intermediary. Further all hard copies of the documents should be sent to the insurance cell. Time limit for intimation and submission of documents is pegged at **120 Days and 180 Days** respectively, from the date of occurrence of the accident. Insurance Company will issue the document deficiency letter/s to the claimant/s giving them sufficient time to send the documents before closing the claim with a copy to Insurance cell, NFDB and State/UT's.

A. Documents (duly filled in all respects) common to all claims:

1. Intimation Form
2. Claim Form
3. Cancelled Cheque of claimant/ insured/ nominee/ legal heir/s (or) copy of first page of 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 along with self attestation.
4. Certification by Appropriate Authority
5. 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 the Government of India.
6. With respect to the requirement/s of claim Documents or Certificates the law of the land in correlation to the customs and traditions of the geography shall prevail over the documents specified in this agreement.
7. Copy of PAN card

B. Other documents required for specific kinds of accidents:

a) Road Accident / Railway Accident:

- i. First Information Report (F.I.R.) or RPF evidence/ report for Railway Accident

- ii. Spot Panchnama
- iii. Inquest Panchnama
- iv. Post Mortem Report
- v. Valid Driving License (Road Accident whilst insured is the driver)
- vi. Death Certificate
- vii. **Note for Road Accidents (which deviates law):**

- 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. Death Certificate
- vi. 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 will be required.

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

For the above, 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.

c) **Accident due to Fire:**

- i. First Information Report (F.I.R.) / Police Report
- ii. Post Mortem Report
- iii. Death Certificate

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.

d) **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
- v. Death Certificate

e) **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
- v. Death Certificate
- vi. State Electricity Board Report is not required in such cases.

f) **Accident while working with Machinery:**

- i. First Information Report (F.I.R.) / Police Report
- ii. Postmortem Report
- iii. Spot Panchnama
- iv. Inquest Panchnama
- v. Death Certificate

g) **Murder:**

- i. First Information Report (F.I.R.)
- ii. Spot Panchnama
- iii. Inquest Panchnama
- iv. Postmortem Report
- v. Death Certificate
- vi. Final report of Police, wherever necessary

h) 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. Postmortem Report

i) 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. First Information Report (F.I.R.) / Police Report
- 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)
- v. Death certificate

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

j) Any other accidents:

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

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

k) Additional documents to be submitted for Permanent Total Disability:

- a) Original detailed discharge summary/ day care summary from hospital.
- b) Treating Doctor's certificate giving details of injuries sustained, including clarification whether claimant was under the influence of any intoxicating material.
- c) Copy of FIR or MLC (Medico-legal Certificate).
- d) First consultation letter and subsequent treatment papers.
- e) Disability certificate with photograph, from a concerned specialist affiliated with Government hospital confirming the extent and nature of disability

l) 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 claimant 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 with photograph, from a concerned specialist affiliated with Government Hospital confirming the extent and nature of disability.

m) 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 claimant was under the influence of any intoxicating material.
- v. Copy of MLC (Medico-legal Certificate).
- vi. Original detailed discharge summary

n) Certified or true copies of First Information Report (F.I.R.) and Post Mortem report are required and not original.

XI. Other Important Points to note:

- a) Once the State's Share of Premium is paid, the number of Fishers cannot be reduced and thereby State's share of premium cannot be refunded. However, if a State chooses to increase/ add number of insured fishers in the scheme, then State's share of premium will be charged on prorata basis.
- b) Any excess premium remitted by the State will either be carried forward to next PMMSY-GAIS year or returned to the State appropriately.
- c) Irrespective of the date of payment/ receipt of the State's Share of Premium, the Policy Period of PMMSY-GAIS remains unaltered i.e., from 00:00 Hrs on 26.07.2023 to midnight of 25.07.2024.
- d) Any other document which may be required for claim process as mandated by the Govt/OICL/IRDAI from time to time.

XII. Claims that cannot be covered

- i. Payment of compensation in respect of Death, Injury or Disablement of the Insured Person arising or resulting from:
 - a. Suicide or attempt of Suicide (X)
 - b. Self-inflicted injury (X)
 - c. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof (X)
 - d. Pre-existing physical or mental defects, infections (X)
 - e. Whilst under the influence of intoxicating liquor or drugs (X)
 - f. Directly or indirectly caused by venereal disease/s, or insanity (X)
 - g. Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world Motor rallies. (X)

- h. The insured person committing any breach of law with criminal intent (X)
- i. Directly or indirectly caused by (or) contributed to by (or) arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission. (X)
- j. Directly or indirectly caused by (or) contributed to by (or) arising from nuclear weapons material (X)
- k. Service in armed forces (X)
- l. Murder by immediate beneficiary/ nominee (X)
- ii. Payment of compensation in respect of Death, Injury or Disablement of the Insured Person due to or arising out of or directly or indirectly connected with or traceable to: War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainment of all Kings, Princes and people of whatsoever nation, condition or quality. (X)
- iii. Natural Death (X)
- iv. Weekly Compensation (X)
- v. Funeral Charges (X)
- vi. Ambulance Charges (Except for those of Accidental Hospitalisation Claims) (X)
- vii. Child Education Fund (X)

XIII. Payment of claim amount

The insurance company will settle the claim after receiving the complete claim documentation, **within 15 working days**. If such claim whose complete documentation is submitted and is found to be “not admissible claim”, the same should be informed to the Insurance cell, NFDB within 15 days from the date of receipt of completed documentation.

Payment of compensation will be made directly to the claimant or Nominee or his/ her legal heir/s into their savings account/s through DBT, while intimating the same to Insurance Cell at NFDB and respective State/UT/ District Fisheries Department.

In case, where the deceased has 2 spouses or 2 or more unmarried daughters or 2 or more sons or 2 or more grand children or 2 or more married daughters, then the claimant/s will have to submit affidavit of No Objection from the other legal heirs in the same category or the proceeds will be paid as per prevailing law upon obtaining of the succession certificate or as certified by the “Appropriate Authority”.

ANNEXURES

Annexure – I - Format for data of fishers to be filled in and send

Annexure – II – Bank Account details

Annexure – III - Checklist for Claims

Annexure – IV- Claim Form for Death / Permanent Total Disablement

Annexure – V - Claim Form for Hospitalisation / Permanent Partial Disablement

Annexure – VI - Details of Documents Required To Claim

Annexure – VII - Discharge Voucher

Annexure- VIII - NEFT form

Annexure –IX – Indemnity Form

Annexure – X – Claim Intimation Form

Annexure -I

Pradhan Mantri Matsya Sampada Yojana (PMMSY)

Group Accident Insurance Scheme for Fishers

PROFORMA FOR FISHERS DETAILS

Sl. No.	Name of the fisher insured	Gender	Age	Date of birth (dd-mm-yyyy)	House No	Street	Name of the Village/ City	Name of th Taluk/ Mandal	District	State	Pincode	Community (Gen/OBC/SC/ST)	Adhaar Number	Mobile Number	PAN Number	Email Id if any	Bank Account details				Monthly Income	Name of Fisheries Cooperative society associated with	Registration number of Cooperative society	Type of fishing activity involved (Marine fisher/Inland fisher/merchant/fish farmer/labour/others)	Name of the nominee	Gender	Age	Date of Birth (dd-mm-yyyy)	Relation with insured fisher	PAN number of the nominee
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Annexure – II

BANK ACCOUNT DETAILS OF PMMSY GAIS FOR TRANSFERRING STATE SHARE PREMIUM

Sl No	Particulars	Details
1)	Name of the Bank	Union Bank of India
2)	Name of the Branch	Secretariat Branch, Hyderabad
3)	Account Number	110311010000004
4)	Nature of the Account	Current
5)	Name of the Account Holder	National Fisheries Development Board
6)	IFSC	UBIN0811033
7)	MICR	500026096

ANNEX - III



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IRDA REG. NO. 556 CIN - U66010DL1947GO1007158



CIN - U66010DL1947GO1007158

DIRECT AGENTS BRANCH::6-2-871, Western Wing, Snehalatha,
Greenlands Road, Begumpet, Hyderabad, TELANGANA-500016

GROUP ACCIDENT INSURANCE SCHEME (GAIS) – PMMSY
POL.NO.560000/47/2024/2 & 560000/48/2024/105

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
- ☐ ORIGINAL 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
- ☐ PAN CARD COPY

KYC NORMS TO BE SUBMITTED FOR INSURED AND NOMINEE

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

ANNEX - IV

...

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



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CLAIM FORM FOR DEATH / PERMANENT TOTAL DISABLEMENT

UNDER POLICY NUMBER: 560000/47/2024/2

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 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



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IRDA REG. NO. 556 CIN - U66010DL1947GOI007158



UNDER POLICY NUMBER: 560000/47/2024/2

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



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IRDA REG. NO. 556 CIN - U66010DL1947G01007158



CLAIM FORM FOR HOSPITALISATION / PERMANENT PARTIAL DISABLEMENT

UNDER POLICY NUMBER: **560000/48/2024/105**

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 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 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_ _____



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IRDA REG. NO. 556 CIN - U66010DL1947GOI007158



DETAILS OF DOCUMENTS REQUIRED TO CLAIM

UNDER GJPA POLICY NO. 560000/47/2024/2 SCP POLICY NO. 560000/48/2024/105

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.
- vi. Pan Card copy

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 Panchnama
- iv. Inquest Panchnama
- 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
- ii. Inquest Panchnama

- i.iii. Post Mortem Report / Forensic Lab Report
- i.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 claimant 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 claimant 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 claimant 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



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Sab Ki Suraksha Hamare Paas
IRDA REG. NO. 556 CIN - U66010DL1947GO1007158



CIN - U66010DL1947GO1007158

DIRECT AGENTS BRANCH:: 6-2-871, Western Wing, Snehalatha,
Greenlands Road, Begumpet, Hyderabad, TELANGANA-500016

DISCHARGE VOUCHER

GROUP ACCIDENT INSURANCE SCHEME (GAIS) - PMMSY

UNDER GJPA POLICY NO. 560000/47/2024/2 SCP POLICY NO. 560000/48/2024/105

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. 560000/47/2024/2 or SCP
Policy No. 560000/48/2024/105 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: _____



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Sab Ki Suraksha Hamare Paas

IRDA REG. NO. 556 CIN - U66010DL1947GOI007158

CIN - U66010DL1947GO1007158

**DIRECT AGENTS BRANCH:: 6-2-871, Western Wing, Snehalatha,
Greenlands Road, Begumpet, Hyderabad, TELANGANA-500016**



NEFT FORM

GROUP ACCIDENT INSURANCE SCHEME (GAIS) - PMMSY

UNDER GJPA POLICY NO. 560000/47/2024/2 SCP POLICY NO. 560000/48/2024/105

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 - 560000/47/2024/2 2. SCP- 560000/48/2024/105										
Claim number , if any, provided											
Address for Communication											
Permanent Address											
IFSC Code *											
Bank Name											
Bank Branch Name and Address											
MICR Code (9 Digit number)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
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.

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 through 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 (only for missing cases)**

Indemnity Bond is being executed by Sponsoring Agency and Shri/Smt _____

S/o/W/of _____ R/o _____

_____ in 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

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 DUE TO ACCIDENT. _____ 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:

WITNESSES

1. _____

(Name and Address)

2. Wife/ _____

2. _____

(Nominee and Relationship)

(Name and Address)



Oriental
insurance

PRITHVI, AGNI, JAL, AKASH

Sab Ki Suraksha Hamare Paas

IRDA REG. NO. 556 CIN - U66010DL1947GO1007158



CIN - U66010DL1947GO1007158

DIRECT AGENTS BRANCH:: 6-2-871, Western Wing, Snehalatha,
Greenlands Road, Begumpet, Hyderabad, TELANGANA-500016

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: pmmsygais@gmail.com