

THE ORIENTAL INSURANCE CO. LTD

DIVISION NO. X, 15/16 SCINDIA HOUSE, K.G. MARG, NEW DELHI-110 001
TEL NO. 23357301,23310371, FAX- 23310829
(Regd. Office: Oriental House, P.B. No. 7037, A-25/27, Asif Ali Road, New Delhi-2)



J.P.A. CLAIM FORM
(FOR FISHERMEN WHO ARE THE MEMBERS OF FISHCOPFD)

- Policy No./ Endorsement No _____ Period _____
1. Name _____ of _____ the _____ Society _____ with
address _____

 2. Name _____ & _____ Address _____ of _____ the
Fishermen _____

 3. Age of the Deceased/ Disabled _____ years
 4. Date & Time of Accident _____
 5. Date of Death _____
 6. Cause of Death _____
 7. Membership No. _____
 8. Date of Membership _____
 9. Total Membership of the Society as on 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 was free from any physical disability prior to this accident.

Signature of Certifying Authority _____
Name _____
Designation & Address _____

(Affix Official Stamp)