

ReferenceNo ::
OICLClaimNO :
State :
District&Pincode:.....



Oriental
insurance

PRITHVI, AGNI, JAL, AKASH

Sab Ki Suraksha Hamare Paas

IRDA REG. NO. 556 CIN - U66010DL1947GO1007158

CIN-U66010DL1947GO1007158



DIRECTAGENTSBRANCH::16-11-16/v/18,1stFloor,M GPlaza,
NearRTAE.ZMoosarambagh,Malakpet,Hyderabad500036,TELANGANA

**GROUPACCIDENTINSURANCESHEME(GAIS) –
PMMSYPOL.NO.433702/47/2022/3&433702/48/2022/402**

CHECKLISTFORCLAIMS

NAMEOFTHEINSURED
PERSON(FISHER) :

STATE :

IDENTITYNO :

CONTACTPERSONNAME&NUMBER :

DATEOFACCIDENT :

DOCUMENTSTOBESUBMITTEDBYTHECLAIMANT

- CLAIMINTIMATION-Mandatory
- CLAIMFORMDULYFILLEDANDSIGNED BYINSURED-Mandatory
- CERTIFIEDCOPYOFFIR,wherever applicable
- CERTIFIEDCOPYOFPANCHANAMA,whereverapplicable
- CERTIFIEDCOPYOFPOSTMORTEMREPORT,whereverapplicable
- CERTIFIEDCOPYOFAPPROPRIATEAUTHORITY-Mandatory
- ORIGINALDEATHCERTIFICATE,whereverapplicable
- FAMILYMEMBERCERTIFICATE,ifapplicable
- NEWSPAPERCLIPPINGS,whereverapplicable
- MEDICALREPORT/DEATHSUMMARYFROMHOSPITAL/INDEMNITYBOND,asapplicable
- NEFTBANKACCOUNTFORMWITHCANCELLEDCHEQUE-Mandatory
- DISCHARGEVOUCHERSIGNEDAFTERAFFIX Re.1/- REV.STAMP-Mandatory

KYCNORMSTOBE SUBMITTEDFORINSUREDANDNOMINEE

- AADHARCARDCOPY/VOTERIDCOPY/HOUSEHOLDCARD/RATIONCARD -Mandatory
- ADDRESS/RESIDENCEPROOF

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CLAIMFORMFORDEATH/PERMANENTTOTALDISABLEMENT

UNDERPOLICYNUMBER:433702/47/2022/3

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

InsuredName	
Addressof the Insuredand State	
Age/Date of Birth	
Occupation- Fisher: Fish workers, fish farmers and anyother categories of persons directly involvedinfishingandfisheriesalliedactivities,P leasetickYes/No.	Yes/No
Whendidtheaccidentoccur?St ate dateandtime	
Where diditoccur?	
Givefullparticularsofthecauseofaccide ntandtheinjuriessustained.	
Givenameandaddressofthewitnessofthe accident	
Wereyoumovedtohospitalimmediatelyafterthe accident?	Yes/ No/ Notapplicable
IfYesGivenameandaddressoftheHospital	
NameoftheDoctorswhoattended	
State where and when a Medical or otherofficeroftheCompanycanvisityou,ifnec essary.	
State the number of days you have beennecessarily and entirely confined to Bed,Room or House as the sole and directresultofthe Injuriessustained.	
Ifstillconfined,stateprobabledurationo fconfinement.	

....2

::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

::3::

ReferenceNo .:
OICLClaimNO :
State :
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UNDERPOLICYNUMBER:433702/47/2022/3

TobecompletedbyNomineeintheevent ofdeathoftheInsured

DetailsofNominee:

Full Name	
Address	
Age	
Relationshipwiththedeceased	
Signatureof theNominee	

Declarationtobe signedbytheNominee(intheeventofdeathof 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 I shall make false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.

Dated _____

Signature

:1:

ReferenceNo	:
OICLClaimNO	:
State	:
District&Pincode:	:



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CLAIMFORMFORHOSPITALISATION/PERMANENTPARTIALDISABLEMENT

UNDERPOLICYNUMBER:433702/48/2022/402

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

InsuredName	
Addressof the Insuredand State	
Age/DateofBirth	
Occupation- Fisher:Fish workers,fishfarmersand anyother categories of persons directly involvedinfishing andfisheriesalliedactivities,PleasetickYes/N O.	Yes/No
Whendid theaccidentoccur?State dateandtime	
Where diditoccur?	
Give full particulars of the cause ofaccidentandtheinjuries sustained.	
Give name and address of the witness ofthe accident	
Were you moved to hospital immediatelyaftertheaccident?	Yes/ No/ Notapplicable
IfYesGivenameandaddressoftheHospital	
NameoftheDoctorswhoattended	
State where and when a Medical or otherofficeroftheCompanycanvisit you,ifnecessary.	
Statethenumber ofdaysyouhavebeen necessarily and entirely confined to Bed,Room orHouseasthesoleanddirectresultofthe Injuries sustained.	
Ifstillconfined,stateprobabledur ationofconfinement.	

::2::

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, forefinger/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 _____



PRITHVI, AGNI, JAL, AKASH
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DETAILS OF DOCUMENTS REQUIRED TO CLAIM

UNDER GJP POLICY NO. 433702/47/2022/3SCPPOLICY 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 accounts statement of claimant/ insured/ nominee/ legal heir/s duly attested by a gazetted officer.
- iv. Certification by Appropriate Authority
- v. Anyone 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 Panchnama
- iv. Inquest Panchnama
- v. Statement/sof 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
v. 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
v. 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
v. 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. First Information Report (F.I.R.) / Police Report
ii. Inquest Panchnama

- i.iii. Post Mortem Report /ForensicLab Report
- i.iv. Viscera Report (If it is concluded from the Post Mortem Report that the death is due to the above cause, Viscera Reports 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 Range Officer or "Appropriate Authority" that the person has died due to an 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/ daycare 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/ daycare 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

ReferenceNoOI :
CLClaimNOSTa :
te :
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DISCHARGEVOUCHER

GROUPACCIDENTINSURANCESHEME(GAIS)- PMMSY
UNDERGJPAPOICYNO.433702/47/2022/3SCPPOLICYNO.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 SCPPolicyNo.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: _____

ReferenceNoOI :
 CLClaimNOSTa :
 te :
 District&Pincode:.....



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NEFTFORM

GROUPACCIDENTINSURANCESHEME(GAIS)- PMMSY

UNDERGJPAPOLICYNO.433702/47/2022/3SCPPOLICYNO.433702/48/2022/402

Dear Sir/Madam,

I /Wefurnishbelowdetails ofmy/our bankaccounttobe usedfor effectingpaymentsduetousbyNEFT/RTGS:

Name											
Category	Insured/Nominee										
PolicyNumber (Select anyone)	1.GJPA-433702/47/2022/3 2.SCP -433702/48/2022/402										
Claimnumber ,if any,provided											
Addressfor Communication											
PermanentAddress											
IFSCCode*											
BankName											
BankBranch Name andAddress											
MICR Code (9Digit number)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Full BankAccountNo. (forNEFT) *											

Mandatory: *Pleaseattachacopyofacancelledchequeleaf/PassBook. Verifythe detailswithyourbank beforesubmitting.

MobilePhone No.(for SMSAlert)	
Email ID (for mail notification)(pleasewriteinBLO CKletters)	

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

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, MG Plaza, Moosarambagh, Near RTAEZ, Malakpet, Hyderabad 500036, Telangana

Whereas sponsoring Agency had obtained policy of Insurance being GJP 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 Whereas the 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:

WITNESSES

1. _____

(Name and Address)

2. Wife/ _____

2. _____

(Nominee and Relationship)

(Name and Address)

ReferenceNo :
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 State :
 District&Pincode:.....



Oriental
insurance

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DIRECTAGENTSBRANCH::16-11-16/v/18,1stFloor,M GPlaza,
NearRTAE.ZMoosarambagh,Malakpet,Hyderabad500036,TELANGANA

CLAIMINTIMATIONFORM

1. NAMEOFTHECLAIMANT/NOMINEE/LEGALHEIR:_____

RELATIONSHIPWITHTHEINSURED:_____

2. CONTACTNO._____ 3. EMAILID:_____

4. NAMEOFTHEINSUREDPERSON _____

5. AGE_____ 6.GENDER_____

7.ADDRESSOFINSUREDPERSON&STATE:_____

8. AADHAAR/ANYOTHERAPPROVEDIDENTIFICATION:-

IDENTIFICATIONTYPE:

_____IDENTIFICATIONNO.OFTHEINSUREDP

ERSON:_____

9. DATE&PLACEOFACCIDENT _____

10. BRIEF DESCRIPTIONOFACCIDENT:_____

11. TYPEOFCLAIM(Tickthebelowtype)

DEATH	PERMANENTTOTALDISABILITY	PERMANENTPARTIALDISABILITY	HOSPITALISATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. NAMEOFPOLICESTATION,IFREPORTED_____

13. NAMEOFTHEINTIMATOR :_____

SIGNATUREOFINTIMATOR:_____

FOR ANY ASSISTANCE PLEASE CONTACT TOLL FREE NUMBER: **1800-425-1660**
E-mail ID: support@pmmsygais.com, 430011@orientalinsurance.co.in