



**THE ORIENTAL INSURANCE CO. LTD**  
DIVISION NO. X, 15/16 SCINDIA HOUSE, K.G. MARG, NEW DWLHI-110 001  
TEL NO. 23357301,23310371, FAX- 23310829

**CHECK LIST FOR SUBMISSION OF DOCUMENTS:**  
(PLEASE  THE APPROPRIATE BOX)

1. CLAIM INTIMATION YES  NO

2. Claim FORM YES  NO

3. F.I.R. YES  NO

(Original or duly attested copy. In case of F.I.R. in local language-Duly attested translated copy in English alongwith the original copy)

4. FINAL POLICE REPORT/CHARGE SHEET/INQUEST REPORT: YES  NO

(Original or duly attested copy. In case of F.I.R. in local language-Duly attested translated copy in English alongwith the original copy)

This is must in case of murder, personal enmity, family feud cases

5. POST MORTEM REPORT: YES  NO

(Original or duly attested copy. In case of P.M.R in local language-Duly attested translated copy in English alongwith the original copy)

6. DEATH CERTIFICATE: YES  NO

(Original copy. In case of Death Certificate in local language-Duly attested translated copy in English alongwith the original)

7. LEGAL HEIR CERTIFICATE: YES  NO

8. PHOTO COPY OF MEMBERSHIP ADMISSION REGISTER YES  NO

(Date of Membership should be duly incorporated)

9. INDEMNITY BOND: YES  NO   
(In missing cases only)

10. ANY OTHER SUPPORTING DOCUMENT YES  NO

(e.g. Medical papers in case of continued treatment, Statement of witness. Any resolution passed by the Cooperative body etc., Driving License if the deceased was driving the vehicle which met with the accident)

If answer to 10 is Yes, give details: i .....  
ii.....  
iii.....  
iv.....  
v .....

Authorized Signatory  
Name of the cooperative Body:  
Place / Date: