



# THE ORIENTAL INSURANCE COMPANY LIMITED

## CLAIM FORM

(COIR BOARD COIR WORKERS' PERSONAL ACCIDENT INSURANCE SCHEME)

1. Name of the Coir Worker : \_\_\_\_\_
2. Sex : Male / Female
3. Age : \_\_\_\_\_
4. Nature of Work : \_\_\_\_\_
5. Postal Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. (i) Membership No. in coir society : Date : \_\_\_\_\_  
 a. Name of the coir society : \_\_\_\_\_  
 b. Address : \_\_\_\_\_  
 \_\_\_\_\_
- (ii) Member / Roll No. : Date : \_\_\_\_\_  
 a. Name of the coir unit / Establishment : \_\_\_\_\_  
 b. Address : \_\_\_\_\_  
 \_\_\_\_\_
- (iii) If self employed coir worker : \_\_\_\_\_  
 give the details and address : \_\_\_\_\_  
 \_\_\_\_\_
7. Date & Time of accident : \_\_\_\_\_
8. Place of accident : \_\_\_\_\_
9. Nature of accident : \_\_\_\_\_
10. Name of the Doctor / Hospital who/ where the deceased / disabled had taken treatment : \_\_\_\_\_
11. Police Station where the accident was reported : \_\_\_\_\_
12. Name of the Nominee : \_\_\_\_\_
13. Age : \_\_\_\_\_

14. Relationship with the deceased/  
disabled :

15. Nature of claim :Accidental death/Permanent Total Disability/  
Permanent Partial Disability

16. Nature of PTD / PPD :

Place:

Date:

Signature of the Coir Worker and or Nominee

---

### **CERTIFICATION**

On verification of the documents furnished / personal enquiry, it is hereby certified that Shri./Smt. ...., the deceased / disabled was / is a bonafide coir worker and also certified that Shri./Smt. .... age....., (Address)..... son/ daughter /father/ mother/ wife/husband/legal heir of Shri./Smt..... is the nominee of the deceased / disabled coir worker to receive the insurance scheme compensation.

The following documents are enclosed for settlement of the claim.

- a. Death Certificate
- b. Police Report / FIR

Postmortem Report wherever available

- 1. Disability Certificate from a Registered Medical Practitioner.  
Identification Certificate from Coir Society /Unit /Establishment.

Place :

Date :

Signature of the authorized officer of the CoirBoard

Name :

Designation :

Office :

Seal

---

NOTE : The claim form should be filled in capital letters only  
Strike out which are not applicable