



THE UNITED INDIA INSURANCE COMPANY LTD.

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. (Address) age , 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
- c. Postmortem Report wherever available
- d. Disability Certificate from a Registered Medical Practitioner.
- e. Identification Certificate from Coir Society / Unit / Establishment.

Place :

Signature of the authorized officer of the Coir

Board

Date :

Name :

Designation :

Office : Seal

- NOTE : 1. The claim form should be filled in capital letters only
2. Strike out which are not applicable