

**Annexure-1**

From (Name & Address of the sponsoring Agency)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To  
The Managing Director,  
National Federation of Fishermen's Co-operatives Ltd.  
7, Sarita Vihar Institutional Area  
New Delhi- 110 076

Subject: Claim Intimation under Group Janta Personal Accident Policy  
A/C \_\_\_\_\_

This is to inform you that Sri/Smt/Km \_\_\_\_\_ of  
Village \_\_\_\_\_ PO \_\_\_\_\_  
District \_\_\_\_\_ State Himachal Pradesh, who was insured under the  
Fishermen Accident Insurance as a member of (*Name & full address of the  
Society*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ died / disabled on account of accident on \_\_\_\_\_

We are enclosing the claim form along with the necessary enclosures as per the checklist duly completed and signed by the certifying authority who was nominated by the State Government.

We would request you that a sum of Rs. \_\_\_\_\_ being the capital sum insured under the policy may be kindly sent through a crossed cheque in favour of Sri/Smt/Km. \_\_\_\_\_ (insured person/ nominee of the insured person) for disbursement as per the provision of the rules framed in this behalf.

The original receipt of the amount disbursed to the insured/ nominee would be sent to you with in a fortnight of its receipt.

Thanking you,

Yours faithfully,

(Signature)  
Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Seal \_\_\_\_\_

Date \_\_\_\_\_