



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: