

**INDIAN OCEAN GENERAL ASSURANCE (IOGA) /  
SMALL FARMERS WELFARE FUND (SFWF)**

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**GROUP PERSONAL ACCIDENT COVER (GPAC)  
CLAIM FORM**

**PART 1: (To be completed by the member)**

1.0 Name of Member: \_\_\_\_\_

2.0 Address: \_\_\_\_\_  
\_\_\_\_\_

3.0 Tel No. 

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 3.1 Mobile No. 

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4.0 ID No: 

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5.0 Reg No : 

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 5.1 Date registered: \_\_\_\_/\_\_\_\_/\_\_\_\_

6.0 Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ 6.1 Time of Accident: \_\_\_\_: \_\_\_\_ (AM/PM)

7.0 Place of Accident: \_\_\_\_\_

8.0 Cause of Accident: \_\_\_\_\_

9.0 Kind of work being performed at the time of accident: \_\_\_\_\_

10.0 Particulars/Statements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL**

- (1) Give all the details of medical cost:  
Rs. \_\_\_\_\_ (Copies of receipt to be provided)
- (2) Has your accident been successfully completed? Yes/No  
If yes, do you have any other charges? Yes/No  
\_\_\_\_\_

I hereby declare that all the information given above is true and correct.

\_\_\_\_\_  
(Signature of Member)  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART 2: (To be completed by the SFWF'S officer)**

11.0 \_\_\_\_\_ 11.1 \_\_\_\_\_  
(Registration Officer) (Signature of Registration Officer)

11.2 Date: \_\_\_ / \_\_\_ / \_\_\_

I/ We certify that the information given is correct and the member mentioned above is registered under the Group Personal Accident Cover (GPAC).

12.0 \_\_\_\_\_ 12.1 \_\_\_\_\_  
(Name of Officer) (Signature of Officer)

12.2 Date: \_\_\_ / \_\_\_ / \_\_\_

13.0 Certify by: \_\_\_\_\_ 13.1 \_\_\_\_\_  
(Name of Supervising Officer) (Signature of Supervising Officer)

13.2 Remark: \_\_\_\_\_

13.3 Date: \_\_\_ / \_\_\_ / \_\_\_

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**14.0 Approval for submission to IOGA:**

14.1 Approved:  14.2 Not Approved:

14.3 \_\_\_\_\_  
(Signature of Manager)

14.4 Date: \_\_\_ / \_\_\_ / \_\_\_

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**FOR OFFICE USE ONLY:**

**DOCUMENTS SUPPLIED:-**

- Medical Certificate (Original)
- Identity Card
- Farmers Identity Card
- Doctor's Bill
- Pharmacy Receipts