

## **GROUP ACCIDENT INSURANCE FOR ACTIVE FISHERMEN**

### **Objective:**

The scheme is being implemented for active Fishermen by providing insurance cover to the Fishermen who are prone to accidents at sea due to rough weather and other natural calamities. The scheme has been introduced insurance cover to the active Fishermen in the age group of 18 to 70 years below poverty line.

### **Extent of Scheme:**

The annual premium payable is Rs.20.27/- per beneficiary.

The compensation available under the scheme are as follows:

- i) On death due to accident at sea –Rs.2,00,000/-
- ii) Permanent/ Total disability due to accident at sea – Rs.2,00,000/-.
- iii) Partial permanent disability due to accident at sea- Rs.1,00,000/-.
- iv) Cover of Rs.10,000/- towards hospitalization expenses in the event of accident.

### **Eligibility:**

The applicant should be above 18 years and below 70 years of age.

### **How to Avail:**

The prescribed application forms are available in the B.D.O./Fisheries Officer/Fisheries Surveyor and in the Head Office.

The application has to be forwarded through B.D.O./Fisheries Officers duly accompanied with the following documents.

1. Current net license payment receipt.
2. Birth Certificate/Election Identity Card.
3. Any other authorized document as proof of age.
4. Any document as proof of Residential Address.
5. Vessel Registration Certificate.
8. Fishermen I-card issued by the Directorate of Fisheries/Biometric Card.



Directorate of Fisheries,  
Government of Goa,  
Dayanand Bandodkar Marg, Panaji-Goa.  
Tel. (0832) 2224838, Fax (0832) 2231049, Email No. dir-fish.goa @ nic.in

**APPLICATION FOR GROUP ACCIDENT INSURANCE FOR ACTIVE FISHERMEN**

Name of the constituency : \_\_\_\_\_

SC/ST/OBC/ General /Others/ : \_\_\_\_\_

1.	Name of the Applicant	
2.	Address	
	H.No. :	Waddo
	Village:	Taluka
3.	Contact No.	
4.	Age ( Enclose birth certificate)	
5.	Whether member of the Fisheries Co-operative Society or Welfare Organization, if so please furnish, the name of the Society:-	
6.	Whether applicant possesses any net in his own name:- if yes enclose net licence copy	Yes/No.
7.	Type of net :	Reg. no of Net :
8.	Whether applicant possesses any canoe in his own name:- if yes enclose VRC	Yes/No.
9.	Name & Number of the fishing vessel on which presently working (if):	
10.	Name of the Nominee	
11.	Detailed Address of the Nominee	
12.	Age of the Nominee	
13.	Relationship of the Nominee(s) (with the applicant):-	
14.	Bank details of Nominee Encl. Mandate Form & Bank Passbook copy	

Signature/L.H.T.I of the applicant

**DECLARATION**

I hereby declare that the particulars given above are true and correct to the best of my knowledge and belief.

In case the information furnished by me is found to be false then I agree that the application is liable to be rejected.

Date:-

Place: -

Name and Signature of the Applicant

**ENCLOSURES:-**

1. Vessel registration certificate.
2. Current net license payment receipt.
3. Birth certificate
4. Election card/ Aadhar card
5. Mandate form and bank pass book copy

*(Incomplete Application shall be rejected)*

**(For use of Fisheries Surveyor/Officer/A.S.F. at V.P./B.D.O./ Sub Office level**

**Date of application received in the office:-** \_\_\_\_\_

**C E R T I F I C A T E**

- 1) All the necessary documents furnished along with this application have been verified and found in order. All the columns are duly filled in.

Name & Signature of **Fisheries Surveyor**.....

Remark if any .....

Name & Signature of Fisheries **Officer**.....

Remark if any .....

**FOR USE OF F.S./F.O./A.S.F. AT HEAD OFFICE**

The application has been scrutinized along with the documents submitted by the applicant and the application is in order. Further, it is certified that the above applicant is not covered under Group Accident Insurance for the Active Fishermen Scheme as per the record maintained by the office.

Remark: 1.....

2.....

Name and signature of dealing hand