

# Indian Officers Working on FOSMA / MASA Agreement

M.F.S.W.T.No. \_\_\_\_\_

## The Maritime Floating Staff Welfare Trust

69, Bajaj Bhawan, 6<sup>th</sup> Floor, Nariman Point, Mumbai – 400 021.  
Tel. : 2202 5705 • Telefax : 2202 5706 • Email : mfswt@vsnl.net

### NOTICE OF CLAIM

Name of Last Vessel of Company .....
.....
Sign on .....
Sign off .....
Date of Rejoining From Leave .....
Name of Company Rejoined .....
.....
MUI Membership No. ....

(In Block Letters)		
Name :		
_____		
Surname	Name	Father's
Name		
Rank :	_____	
Company :	_____	
Whether Covered under approved CBA	_____	
Date of Joining	_____	
Home Address in full :	_____	
_____		
Email :	_____	Tel. No. _____

To,  
The Maritime Floating Staff Welfare Trust  
Mumbai.

### **Re : Medical Scheme-Claim Self / Wife / Child**

This is to advise you of a claim as per details below :

Name of covered person \_\_\_\_\_ Wife/Son/Daughter

of \_\_\_\_\_ Date of birth \_\_\_\_\_

Date on which Hospitalised / started treatment \_\_\_\_\_

Nature of illness \_\_\_\_\_

\_\_\_\_\_

At \_\_\_\_\_

Upon recovery the undersigned will submit a claim in the prescribed manner.

- I declare that my wife / child in respect of whom the claim is to be made is not gainfully employed and that the she/he has not received any medical/financial assistance from any other source.
- My wife is employed with \_\_\_\_\_  
Address \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Officer or in his absence his wife)

- Delete inapplicable portions.

***Note : This claim notice must be sent to the Trust within a week of Hospitalisation / starting treatment.***