

# Indian Officers Working on INSA / MUI Agreement

MS-II

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## THE MERCHANT NAVY OFFICER'S WELFARE FUND

"UDYOG BHAVAN", 4<sup>th</sup> Floor, 29, Walchand Hirachand Marg,  
Ballard Estate, Mumbai – 400 038.

### NOTICE OF CLAIM

<b>The Merchant Navy Officer's Welfare Fund</b>
<b>RECEIVED ON</b>
Date : _____
Inward No. : _____
By : _____

Name : _____
Rank : _____
Company : _____
Whether on Contract or MUI Terms : _____
Date of Joining : _____
Date from which unemployed : _____
Home Address in full : _____
_____

To,  
The Merchant Navy Officer's Welfare Fund,  
Mumbai – 400 038.

#### **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 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 Fund within a week of Hospitalisation/starting treatment.**