

**KERALA STATE CO-OPERATIVE FEDERATION
FOR FISHERIES DEVELOPMENT LTD**

Kamaleswaram, Manacaud P.O,
Thiruvananthapuram – 695009.

MATSYAFED

Phone – 2458506, 2457756. Fax -2457752

E-mail : matsyafed@asianetindia.com

No.Mfed/P2/GPAIS/5758/2008

29/12/2008

QUOTATION NOTICE

Sub. Matsyafed Fishermen Personal Accident Insurance Scheme 2009-10

Sealed quotations /offers are invited from the Insurance Companies for providing **Personal Accident Insurance** cover to the members of Primary fishermen Co operative Societies affiliated to Matsyafed, with the following terms and conditions :

A. Insurance coverage is required for the following cases due to *Accident* .

1. Death
2. Loss of both limbs/eyes
3. Loss of one limb/one eye
4. Permanent total disability/Partial disability
5. Hospitalisation expenses due to accident.

B. Period of Insurance

One year from 1/4/2009 to 31/3/2010

C. Insurance Compensation

1. Not less than Rs. 3,00,000/- for accident death/permanent total disability.
2. Suitable compensation for partial loss/disability depending on extend of loss/disability and hospitalization expenses.

D. Expected enrollment is more than 50000 members and may go up to or more than 100000 members.

E. Matsyafed will collect and remit the premium to the insurer through primary Fishermen Development Welfare Co-operative Societies. However the insurer should supply required number of application forms, notices, brochures, posters etc for enrollment and publicity.

Offers specifying all details shall reach the undersigned in sealed super scribed cover "Offer for Matsyafed Fishermen Personal Accident Insurance Scheme 2009-10" latest by **3 P.M on 14/01/2009** . The Offers will be opened by the undersigned or by an Officer authorised by him on the same day in the presence of the quotationers who are present. The undersigned reserves the right to accept or reject any or all the quotations with out assigning any reasons.

**Sd/-
MANAGING DIRECTOR**