

# **SEAFARERS' WELFARE FUND SOCIETY**

## **Financial Assistance Scheme for Death or Permanent Disability of Seafarers in Warlike/High-Risk Areas**

SWFS has been providing financial assistance of ₹2,00,000/ (Enhanced to Rs.6 lakhs from 23<sup>rd</sup> March 2026)- under the existing "Death on Board" scheme to the Next of Kin (NoK) of seafarers who die or go missing while on board.

However, in cases where the ships are in Warlike Areas/High Risk areas, the operational risks are higher and in incident of death (or presumed dead) of seafarer, the claim settlement can take some time.

It is proposed that:

- In cases where death of a seafarer (or presumed dead) occurs in a Warlike or High Risk Area, The financial assistance to NoK may be **enhanced to ₹10,00,000/-** (Rs.10 Lakhs only) (in place of ₹2,00,000/-).
- In cases where a seafarer, who has become permanently unfit, for the seafaring profession, due to loss of limbs by any an accidental injury that occurred in the Warlike or High Risk area, a one time financial assistance of Rs.10,00,000/- (Rs.10 Lakhs only) be granted to the seafarer.

**Scope & Duration: Present Warlike area or high risk areas where the scheme is applicable are:**

- **Persian/Arabian Gulf, Gulf of Oman, Indian Ocean, Gulf of Aden and Southern Red Sea**
- The waters enclosed by the following boundaries:
  - a) On the northwest, by the Red Sea, south of Latitude 18°N;
  - b) On the northeast, from Pakistan coastline at 25°19'15"N, 65°E;
  - c) On the east, by a line to high seas point 10°48'N, 65°E, thence to high seas point 10°48'N, 60°15'E, thence to high seas point 6°45'S, 48°45'E;
  - d) and on the southwest, by the Somalia border at 1°40'S, 41°34'E, to high seas point at 6°45'S, 48°45'E;
- May be reviewed based on further developments
- **Eligibility.**
  - The scheme is applicable for all bonafide employed / engaged Indian seafarers holding Indian CDC and is engaged through Indian Shipping Company / Indian Ship-owner on Indian flag vessel or engaged by the Registered RPSL Company on / Indian flag vessel/ foreign flag vessel.
  - The death of seafarer has occurred while on board and presumed death cases are also considered under this scheme. This scheme will cover any type of death occurred on Board,

- The bonafide of the seafarer who expired on board will be confirmed by the concerned Shipping Master, Government Shipping Office/Director Seamen's Employment Office, DG Shipping (Crew Branch).
- Application for financial assistance under this scheme is to be made in the prescribed form. The application form for this scheme is to be received by the SWFS within a period of 3 (three) months from the date of death of the seafarer / reported missing.
- The Society may approach the Indian shipowners /registered RPS, company concerned and obtain such particulars as may be necessary for the purpose of payment of financial assistance envisaged under this scheme.
- Notwithstanding anything contained herein above in all doubtful/disputed and/or exceptional cases, the Committee of Management of the SWFS may examine and decide the cases, on case-to-case basis, and its decision shall be final.

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## **SEAFARERS' WELFARE FUND SOCIETY**

(Autonomous Body of Ministry of Ports, Shipping and Waterways Government of India)

Nau Bhavan Building, Ground Floor, R. K. Marg, Ballard Estate, Mumbai-400 001

**Mob No. 8097552900 / 8097553700**

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### **Financial Assistance for Injury / Permanent Disability suffered by Seafarers in Warlike / High-Risk Areas Assistance Scheme**

#### **(A) General Details of Seafarer**

Sr. No.	Particulars	:	Details to be filled
1	Name of Seafarer	:	
2	CDC Number	:	
3	Date of Birth	:	
4	Address (Permanent)	:	
5	Mobile No.	:	
6	Email ID	:	

#### **(B) Employment Details**

Sr. No.	Particulars	:	Details to be filled
7	Name of Shipping Company / RPSL	:	
8	Name of Vessel	:	
9	Type of Vessel (Indian/Foreign Flag)	:	
11	Rank / Designation	:	
11	Period of Employment (From – To)	:	

#### **(C) Incident Details (Injury Case)**

Sr. No.	Particulars	:	Details to be filled
14	Date of Incident	:	
15	Place of Incident (Warlike/High Risk Area)	:	
16	Nature of Injury	:	
17	Cause of Injury	:	
18	Whether Injury occurred On Board	:	Yes / No

Sr. No.	Particulars		Details to be filled
19	Brief Description of Incident	:	

**(D) Medical Details**

Sr. No.	Particulars		Details to be filled
20	Name of Hospital	:	
21	Medical Certificate Attached	:	Yes / No
22	Nature of Disability (Permanent)	:	
23	Fitness Status (Fit/Unfit for Seafaring)	:	
24	Date of Medical Assessment	:	

**(E) Financial Assistance Details**

Sr. No.	Particulars		Details to be filled
25	Bank Name	:	
26	Account Number	:	
27	IFSC Code	:	
28	Branch	:	

**(F) Documents Attached**

Sr. No.	Document	Yes / No
29	Copy of CDC	
30	Medical Certificate	
31	Injury Report / Incident Report	
32	Employment Proof	
33	Bank Passbook Copy	

Sr. No.	Document	Yes / No
34	Any Other Document	

**(G) Declaration**

I hereby declare that the above information is true and correct to the best of my knowledge. I request SWFS to kindly consider my application for financial assistance.

Place :

Date :

Signature of Applicant

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Nau Bhavan Building, Ground Floor, 10 R. K. Marg, Ballard Estate, Mumbai-400 001

**Mob No. 8097552900 / 8097553700**

**Email- swfs.dgs@govcontractor.nic.in/ swfs.dgs@govcontractor.nic.in**

## **Application For Financial Assistance For Death Of Seafarer Under Warlike / High-Risk Areas Assistance Scheme**

1. Seafarer's name in full : Mr./Mrs./Ms.: \_\_\_\_\_  
(As per CDC Book)
2. CDC Number : \_\_\_\_\_
3. The name of the vessel on Board : Date of sign-on: \_\_\_\_\_ Death of Death \_\_\_\_\_
4. Indian shipowners Co. name : \_\_\_\_\_  
OR Recruitment & Placement : \_\_\_\_\_  
Service (RPS) provider name : \_\_\_\_\_  
& its Registration No. : \_\_\_\_\_
5. Applicant's name in full : \_\_\_\_\_
6. Relationship with seafarer : \_\_\_\_\_
7. Correspondence address : \_\_\_\_\_  
Of the applicant \_\_\_\_\_
8. Telephone No./Mobile No. : Tel. No. \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
(with STD code No.)

I, the undersigned, wish to inform you that my husband/wife/son/daughter/father/mother Mrs./Mr./Ms. \_\_\_\_\_ expired on \_\_\_\_\_ while on board Vessel \_\_\_\_\_.

I, now request you to grant me, the financial assistance under the '**Warlike / High-Risk Areas**' as per SWF Society's rules as applicable for the scheme. I am submitting herewith following documents, to receive the claim under the scheme. I give below my Bank account details. (**Bank details are mandatory, without which the application will not be processed.**)

Details of the bank, where the financial assistance amount to be credited:

(Attach a legible copy of front page of Bank pass book of SB account, to verify the details.)

Name of the Bank	Branch Name	Branch Address	S.B. A/c.No.	Branch IFSC Code

(Note: Attach a legible copy of the front page of Bank pass book of SB account showing applicant's name,)

I declare that, I am claiming this financial assistance on the strength of the documents submitted above, and at later date, if it is found, that I am not the actual beneficiary, or my claim was found dishonest, I undertake to refund the financial assistance in full to the SWF Society.

Place: \_\_\_\_\_  
(Applicant's Signature/ Thumb Impression)

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

**FOR S.W.F.S. OFFICE USE ONLY**

**Application No.**

Documents attached verified & the applicant found eligible/not eligible under '**Warlike / High-Risk Areas**' for financial assistance of ₹. \_\_\_\_\_. (Rupees \_\_\_\_\_ Only)

**Checked by D.A.      Verified by (A.A.O.)      Recommended by (CAAO)      Approved by MT/MS.**