

भारतीय स्टेट बैंक  
भारतीय स्टेट बैंक  
State Bank of India

283/D(6A)  
8/2/16

APPENDIX - 'G' (12) 2

वैयक्तिक बैंकिंग व्यवसाय गट, कॉरपोरेट आणि संस्थान गठजोड़ विभाग,  
13वा मजला, स्टेट बैंक भवन, मादाम कामा रोड, नरीमन पॉइंट, मुंबई - 400 021.  
वैयक्तिक बैंकिंग व्यवसाय इकाई, कॉरपोरेट एवं संस्थान गठजोड़ विभाग,  
13वीं मंजिल, स्टेट बैंक भवन, मादाम कामा रोड, नरीमन पॉइंट, मुंबई - 400 021.  
Personal Banking Business Unit, Corporate & Institutional Tie-Ups Dept.,  
13th Floor, State Bank Bhavan, Madam Cama Road, Nariman Point, Mumbai - 400 021.

Tel : 022-2202 2689 | Fax : 022-2274 1312 | E-mail : dgm.citu@sbi.co.in | IP Phone : 100265

138114611  
22/2/16  
Director General,  
Sashastra Seema Bal  
Force Head Quarters !  
East Block V (East)  
R.K.Puram,  
New Delhi 110 066

Dear Sir,

705  
PERSONAL BANKING: DEFENCE SALARY PACKAGE (DSP)/PARA MILITARY SALARY PACKAGE (PMSP) AND INDIAN COAST GUARD SALARY PACKAGE (ICGSP)

(a)PERSONAL ACCIDENT INSURANCE (DEATH) COVER (PAI) (b) AIR ACCIDENT INSURANCE (DEATH) COVER FORT GOLD AND ABOVE TO SALARY PACKAGE ACCOUNT HOLDERS

NATIONAL INSURANCE CO.LTD (NICL)

POLICY NO: 251100/42/15/8200000090 VALID FROM 04.01.2016 TO 03.01.2017

22/2/16  
We refer to correspondence resting with our letter No-PB/C&ITU/238 dated 09.01.2015 and would like to advise that the Personal Accident Insurance (PAI) (Death) Cover to all variants of accounts under DSP/PMSP/ICGSP has now been renewed, Gold and above variants salary package account holders will now be eligible for Air Accident Insurance (AAI) (Death) cover with effect from 04.01.2016. Both PAI (Death) and AAI (Death) cover has been obtained from M/s National Insurance Company LTD (NICL).

22/2/16  
2. The PAI (Death) cover and AAI (Death) cover policy will now be with M/s National Insurance Company Ltd (NICL), effective from 04.01.2016 and shall be valid for 1 year i.e. up to 03.01.2017

22/2/16  
3. PAI (Death) claims where the salary account holder has met with an accident i) between 04.01.2014 up to 03.01.2016 and expired subsequently but within the twelve calendar months of date of accident, should be submitted to Reliance Insurance Co Ltd., and ii) between 04.01.2016 and 03.01.2017 and expired subsequently but within the twelve calendar months of the date of accident should be submitted to NICL.

22/2/16  
3. Variant and rank wise details of PAI (death) and AAI (death) cover are maintained in Annexure I & II.

22/2/16  
4. It is important to note that the benefit of PAI cover will be available to the claimants only if the accounts are opened / converted under the Salary Package with appropriate product codes i.e. DSP/PMSP/ICGSP. We would request you to send necessary communication to all your personnel having their salary accounts with SBI

22/2/16  
No: 1636/22/16

Welfare, Barmahal



to verify whether their accounts have been properly classified as DSP/PMSP/ICGSP (as applicable) with appropriate variant such as Silver/Gold/Diamond/Platinum to ensure eligible PAI (death) cover amount is available to them.

5. The Personal Accident (Death) cover will be available for the beneficiaries even in case of death in a Terrorist/ Naxalite action.

6. As a measure to assist the claimant in settling the claim with NICL, it has been decided to engage the services of **M/s Anand Rathi Insurance Brokers Ltd, (ARIBL), 11<sup>th</sup> Floor, Kamala City, Lower Parel, Mumbai 400013**, who will Co-ordinate with NICL for expeditious settlement of claims. The contact details of ARIBL is mentioned in **Annexure 3 para E**.

7. The claim process for PAI is detailed in **Annexure 3**.

Yours faithfully,



**(Ajay Kumar Jha)**  
**For Chief General Manager (PB)**

Annexure-1

Variant wise PAI and AAI (death) cover

Salary Package	Variant	PAI cover (Rs. in Lakh)	AAI cover # (Rs. In Lakh)
PMSP	Silver	3	NIL
PMSP	Gold	5	5
PMSP	Diamond	5	15
PMSP	Platinum	10	25

Rank-wise PAI cover and AAI cover

Annexure-2

Variant	Rank	PAI cover (Rs. in Lakh)	AAI cover # (Rs. In Lakh)
Silver	Subedar Major, Inspector, Sub- Inspector, Assistant Sub Inspector, Head Constable, Constable, Enrolled follower	3	NA
Gold	Deputy Commandant, Assistant Commandant	5	5
Diamond	Commandant, Second-in-Command	5	15
Platinum	Director General, Special Director General, Additional Director General, Inspector General, Deputy Inspector General	10	25

(# only when air tickets are purchase using State Bank Debit Card)



## 1. Claim process:

### A) PERSONAL ACCIDENT INSURANCE DEATH COVER (PAI)

Policy Number: 251100/42/15/8200000090	Policy period : 04.01.2016 to 3.01.2017
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#### CLAIM PROCESS

1. The claim process consists of 2 stages :
  - a) Intimation of death
  - b) Submitting the claim forms
2. In the event of death of the Salary Package account holder, an Intimation as per **Annexure 4** is to be given by the claimant to NGICL within 90 days of the death of the customer. The intimation of death is mandatory and to be sent to the following address:

**National Insurance Co. Ltd.,**  
Corporate Regional Office,  
2<sup>nd</sup> Floor, Royal Insurance Building,  
14, Jamshedji Tata Road,  
Churchgate, Mumbai – 400 020

3. The intimation as per **Annexure 4** can also be given through the following channels:
  - a) Fax claim intimation to : 022- 2202 6496/ 2282 6496
  - b) Email claim intimation to : [251100@nic.co.in.](mailto:251100@nic.co.in)

The following details are to be provided while intimating claims:

- a) Name of the deceased salary package account holder
  - b) SBI salary package account number
  - c) Date of death
  - d) Date of accident
  - e) Cause of accident
  - f) Place of accident
  - g) Name of the organization (DSP- Army, Navy, Air force, GREF, ICGSP, Assam Rifles etc.
  - h) Personal/ Force number (for DSP account holders)
4. The claimant shall submit the claim **to the address mentioned under para 2 above**, within 180 days of date of death with the following documents:
    - a) Completely filled claim form as per **Annexure 5**



- b) Death Certificate in **original**
  - c) Attested copy of police report and F.I.R.
  - d) Attested copy of Post Mortem Report.
  - e) Certificate by Home Branch containing name of the nominee/joint account holder(s) as per Bank record, duly certified by the Bank officer **Annexure 6**. The Branch Manager will not attest/ certify the documents mentioned under above **para A,4** (a,b,c,d).
  - f) The application to be submitted by the claimant will also include interalia details of Account Number (i.e.Bank, Branch,Account No,MICR Code No, and IFS Code No), cancelled cheque (where available) of the claimant for the purpose of NEFT payment of claim to be submitted to NICL (**specimen Annexure 7**).
  - g) PAN card copy of the Claimant. If PAN card copy is not available, then form 60 may be submitted.
  - h) Other suitable document to prove legal heir ship **in case claimant is not a nominee/joint account holder** as per Bank's record
  - i) For Armed forces, Defence authority report, in case FIR is not available.
  - j) Additional requirement: Viscera Report / chemical analysis report in case where post mortem report shows the cause of death due to poisoning or alcohol or any substance abuse.
5. Claimant will submit the Claim Form (**Annexure-5**) complete in all respects, with relevant documents mentioned under **Para 4**-above directly to NICL.
  6. The total period for intimation and claim submission is 180 days maximum i.e. period for intimation + claim submission = 90 + 90 = 180 maximum (from date of death).
  7. NICL will settle claims independently without the involvement of the Bank.
  8. **All future correspondence shall be between the claimant and NICL.**

**B. For Air Accident Insurance (Death) Cover**

- a. The Air Accident insurance Cover will be available **ONLY IF** purchase of air tickets takes place using the State Bank Debit Card within the policy period and accident also takes place within the policy period.
- b. The following documents would be submitted for claims:
  - i. Death Certificate in **original**
  - ii. Attested copy of police report
  - iii. Attested copy of Post Mortem Report
  - iv. Claim Intimation/Claim form duly filled up (**Annexure 4/5**).
  - v. Certificate by Home Branch containing name of nominee/joint account holder(s) as per Bank's record, duly certified by the Bank officer (**specimen -Annexure 6**). The Branch Manager will not attest/ certify the documents mentioned under above **para A,4** (a,b,c,d)



- 7
- vi. Certified copy of **Bank statement** of Salary Package Account debited using State Bank Debit Card, for purchase of Air ticket/ payment to travel agent for purchase of Air ticket by the Salary account holder, by using SBI Debit card.
  - c. Bank will not be a party to any dispute between the card holder and NICL. Such claims will be settled on production of the proof of Airline tickets purchased made using Debit Card and the declaration by the claimant.

### **C) Settlement Process.**

1. Claimants will submit claims either directly to NICL or through Branch of the Bank concerned. NICL will settle claims independently. Bank will not be a party to any dispute between the claimant and NICL.
2. On receipt of the claim (along with all documents), NICL will send an acknowledgement to the claimant/sender.
3. NICL will, on receipt of complete set of documents, process the claim. Any requirement/deficiencies in the documents submitted, shall be sought by NICL within 10 working days of receipt of the claim
4. All the documents being in order, NICL will settle the claim within 15 working days from the date of receipt.
5. All the correspondence related to claim will be directly taken up by NICL with the claimant without involving the Bank. Branch can be a facilitator.
6. The claim settlement will be entirely the responsibility of NICL and Bank will have no liability towards any claim/dispute. Bank will not be a party to such disputes and shall have no liability whatsoever in respect thereof.
7. All claims shall be entertained by NICL where accident has occurred within the period of policy and death has occurred:
  - a) within the period of policy or
  - b) after the expiry of policy, then within 12 months of date of accident.
8. All the settlement/ disputes will be between the claimant and NICL.
9. NICL will settle claims independently and the claim settlement will be entirely the responsibility of NICL. Bank will have no liability towards any claim/dispute between the claimant and NICL.
10. In case of any delay NICL shall pay interest as per IRDA Norms.
11. All other terms and conditions of the policy will be as per the standard policy of the Company.

### **D. Payment Terms**

- a) Claims shall not be admissible under this Policy unless the Company has been provided with the complete documentation / information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum unless the Claimant have complied with the obligations under this Policy.



- b) In the event of death of Insured person due to accident a defined in the Policy outside his/ her residence, the NICL shall pay in addition to the amount payable (for transportation of the Insured person;s dead body to the place of residence) a lump sum of 2% of the sum Insured or Rs.2,500/- whichever is less.
- c) All claims shall be paid in India in Indian Rupees

**E.** Any communications through ernalil/ letter for correspondence regarding claims should be sent to

**National Insurance Co. Ltd.,**

Corporate Regional Office,  
 2<sup>nd</sup> Floor, Royal Insurance Building,  
 14, Jamshedji Tata Road,  
 Churchgate, Mumbai – 400 020  
 Fax – 022-2282 6496/ 022- 2202 6496  
 Email : [251100@nic.co.in](mailto:251100@nic.co.in)

**F.** Assistance can be sought for knowing the claim status from any of the following

SI NO	CHANNEL	Details
	Name	National Insurance Co. Ltd.
1	Email	<a href="mailto:251100@nic.co.in">251100@nic.co.in</a>
2	Website	<a href="http://www.nationalinsuranceindia.com">www.nationalinsuranceindia.com</a>

SI NO	CHANNEL	Details
	Name	<b>Anand Rathi Insurance Brokers Ltd</b>
1	Email	<a href="mailto:paihelpdesk@rathi.com">paihelpdesk@rathi.com</a>
2	Toll free number	<a href="tel:18001238733">18001238733</a>
3	Telephone	022-40477114
4	Letter	Anand Rathi Insurance Brokers Ltd,(ARIBL),11 <sup>th</sup> Floor,Kamala City,Lower Parel,Mumbai 400013
5	Contact at ARIBL	Bhupendra Thanekar – 9833784147



## 2. Grievance Redressal Mechanism:

a. If case of any grievance the claimant may contact the following officials of NICL with the details of his grievance:

National Insurance Co. Ltd.  
2nd Floor, Royal Insurance Building,  
14, Jamshedji Tata Road,  
Churchgate, Mumbai – 400 020

	1 <sup>st</sup> level	Escalation matrix
Name	MS Prasanna	S Sivasankar
Email	ms.prasanna@nic.co.in	s.sivasankar@nic.co.in
Phone	022- 2282 1814- ext 46	022- 2282 1814- ext 46

b. It has been decided that to engage the services of ARIBL for expeditious resolution of any grievance. A Copy of the claim/ grievance may also be forwarded to M/s Anand Rathi Insurance Brokers Ltd (ARIBL) who will co-ordinate with NICL for settlement of all claims. Contact details of ARIBL are as under **para E above**

c. If the policy holder/ claimant has grievance that the policy holder/ claimant wishes the company to redress, the Policy holder may contact the Company with the details of his grievance through:

<b>Name of the Grievance officer</b>	: Mrs S Santhi, Deputy Manager
<b>Email</b>	:santhi.s@nic.co.in
<b>Telephone</b>	:022-22841479, 022-22821814
<b>Post/ Courier</b>	National Insurance Co Ltd., 2 <sup>nd</sup> Floor, Mumbai Corporate Regional Office, National Insurance Building, 14 Jamshedji Tata Road, Mumbai-400020
<b>Website</b>	:www.nationalinsuranceindia.com

d. If the Policy holder/ claimant is not satisfied with the Company's redressal of the grievance through one of the above methods, the Policy holder may contact the Company's Head of customer service at :

The Grievance Cell  
National Insurance Company Limited  
3, Middleton Street,  
Kolkata 700071





e. If the claimant is not satisfied with the Insurer company's redressal of his grievance, through any of the above methods the claimant may approach the nearest Insurance Ombudsman as under are also for resolution of the grievance. The details of Insurance ombudsman are available on IRDA website: [www.irda.gov.in](http://www.irda.gov.in) and on website of General Insurance Council: [www.gic.co.in](http://www.gic.co.in) and NIICL's website. The contact details of Governing Body of Insurance Council is

Secretary General,  
Governing Body of Insurance Council,  
Jeevan Seva Annexe, 3<sup>rd</sup> Floor,  
S.V. Road, Sancruz (West), Mumbai 400 054  
Tel – 022-26106245/889/671 ; Fax – 022-2610 6949  
Email – [ombudsman@qbmail.com](mailto:ombudsman@qbmail.com)

ADDRESS AND AREA OF OPERATION OF BANKING OMBUDSMAN		
SL NO.	Name & Address of the Office of Banking Ombudsman	Area of Operation
1	Shri Sunil T. S. Nair C/o Reserve Bank of India La Gajjar Chambers, Ashram Road, Ahmedabad-380 009 STD Code: 079 Tel.No.26582357/26586718 Fax No.26583325	Gujarat, Union Territories of Dadra and Nagar Haveli, Daman and Diu
2	Ms. C R Samyuktha C/o Reserve Bank of India 10/3/8, Nrupathunga Road Bengaluru -560 001 STD Code: 080 Tel.No.22210771/22275629 Fax No.22244047	Karnataka
3	Ajay Michyari C/o Reserve Bank of India Hoshangabad Road, Post Box No.32, Bhopal-462 011 STD Code: 0755 Tel.No.2573772/2573776 Fax No.2573779	Madhya Pradesh and Chhattisgarh
4	Shri B.K. Mishra C/o Reserve Bank of India Pt. Jawaharlal Nehru Marg Bhubaneswar-751 001 STD Code: 0674 Tel.No.2396207/2396008 Fax No. 2393906	Odisha
5	Shri Sanjay Bhatia C/o Reserve Bank of India New Office Building Sector-17, Central Vista Chandigarh-160 017 STD Code: 0172 Tel.No.2721109/2721011 Fax No. 2721880	Himachal Pradesh, Punjab, Union Territory of Chandigarh and Panchkula, Yamuna Nagar and Ambala Districts of Haryana
6	Shri K.Chandrachoodan C/o Reserve Bank of India Fort Glacis, Chennai 600 001 STD Code: 044 Tel No.25399170/25395963/ 25399159 Fax No. 25395488	Tamil Nadu, Union Territories of Puducherry (except Mahe Region) and Andaman and Nicobar Islands



7	Shri Anand Prakash C/o Reserve Bank of India Station Road, Pan Bazar Guwahati-781 001 STD Code: 0361 Tel.No.2542556/2540445 Fax No. 2540445	Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura
8	Dr. N. Krishna Mohan C/o Reserve Bank of India 6-1-56, Secretariat Road Saifabad,Hyderabad-500 004 STD Code: 040 Tel.No.23210013/23243970 Fax No.23210014	Andhra Pradesh and Telangana
9	Shri R. Giridharan C/o Reserve Bank of India, Ram Bagh Circle, Tonk Road, Post Box No.12, Jaipur-302 004 STD Code: 0141 Tel.No.5107973/5101331 Fax No.0141-2562220	Rajasthan
10	Shri A. K. Naskar C/o Reserve Bank of India M.G. Road, Post Box No.82 Kanpur-208 001 STD Code: 0512 Tel.No.2306278/2303004 Fax No.2305938	Uttar Pradesh (excluding Districts of Ghaziabad and Gautam Buddha Nagar) and Uttarakhand
11	Dr. Smt. S. Chattopadhyay C/o Reserve Bank of India 15, Netaji Subhash Road Kolkata-700 001 STD Code: 033 Tel.No.22306222/22305580 Fax No.22305899	West Bengal and Sikkim
12	Dr. Annie Besant Road, Worli, Mumbai-400 018 STD Code: 022 Tel.No.24924607/24960893 Fax No. 24960912	Maharashtra and Goa
13	Shri R L Sharma C/o Reserve Bank of India, Sansad Marg, New Delhi STD Code: 011 Tel.No.23725445/23710882 Fax No.23725218	Delhi, Jammu and Kashmir and Ghaziabad and Gautam Budh Nagar districts of Uttar Pradesh, Haryana (except Panchkula, Yamuna Nagar and Ambala Districts)
14	Smt. Smita Chandramani C/o Reserve Bank of India, Patna-800 001 STD Code: 0612 Tel.No.2322569/2323734 Fax No.2320407	Bihar and Jharkhand
15	Smt. Uma Sankar C/o Reserve Bank of India Bakery Junction Thiruvananthapuram-695 033 STD Code: 0471 Tel.No.2332723/2323959 Fax No.2321625	Kerala, Union Territory of Lakshadweep and Union Territory of Puducherry (only Mahe Region)



**National Insurance Co. Ltd.,**  
 Mumbai Corporate Regional Office,  
 Royal Insurance Building,  
 2<sup>nd</sup> Floor, 14, Jamshedji Tata Road,  
 Churchgate, Mumbai 400 020

**GROUP PERSONAL ACCIDENT/ AIR ACCIDENT CLAIM INTIMATION FORM**  
**TO BE SUBMITTED FOR CLAIMING PERSONAL ACCIDENT INSURANCE (DEATH)**  
**/ AIR ACCIDENT INSURANCE COVER ON SALARY PACKAGE ACCOUNT**  
**HOLDERS OF SBI**

*This form is not to be taken as an admission of liability.*

*(to be submitted to **National Insurance Co Ltd.(NICL)** within 90 days after date of death of Salary Package Account holder)*

<b>Fax: 022- 2202 6496 /2282 6496</b>	<b>Email : 251100@nic.co.in</b>
<b>Policy no. 251100/42/15/8200000090 for policy period 04/01/2016 to 03/01/2017</b>	

1	Name of Salary Account holder	:	
2	Address in full	:	
3	Age	:	
4	a) Date of Accident	:	
	b) Time of Accident	:	
	c) Place of Accident	:	
	d) How did the accident occur?	:	
	e) Date of Death	:	
5	a) Name of the Bank Branch and Branch Code where the Salary Package Account is maintained	:	
	b) Postal address of Bank Branch to which correspondence can be exchanged by NICL	:	
6	Salary Package Account No	:	
7	Type of Salary Package Account	:	# CSP/DSP/PMSP/ICGSP/SGSP/CGSP/PSP/RSP/ START UP/ etc.
8	Variant of Salary Package A/C :	:	@ Silver/ Gold/ Diamond/ Platinum
9	Name of the organization in case of DSP / PMSP / ICGSP	:	@ Army / Air force / Navy / Indian Coast Guard/ Assam Rifle / Rashtriya Rifle / BRO (GREF) / BSF / CRPF / CISF / ITBP / SSB / NSG
10	Personnel / Force number in	:	



	case of DSP / PMSP / ICGSP	:	
11	Name of Nominee & relationship with account holder	:	
12	Address of the nominee with contact detail	:	

[#Corporate Salary Package (CSP), Defence Salary Package (DSP), Para Military Salary Package (PMSP), Indian Coast Guard Salary Package (ICGSP), State Government Salary Package (SGSP), Central Government Salary Package (CGSP), Police Salary Package (PSP) and Railway Salary Package (RSP)]

**(@ STRIKE OUT WHAT IS NOT APPLICABLE)**

The foregoing details are true to the best of my/our knowledge and belief.

**Signature & Name**

(Nominee/Joint A/c Holder/ Unit Head)



## Annexure 5

**National Insurance Co. Ltd.,**  
 Mumbai Corporate Regional Office,  
 Royal Insurance Building,  
 2<sup>nd</sup> Floor, 14, Jamshedji Tata Road,  
 Churchgate, Mumbai 400 020

**Fax No : 022 22026496**

**email : 251100@nic.co.in**

**GROUP PERSONAL ACCIDENT (PAI)/ AIR ACCIDENT (AAI)- CLAIM FORM**

*Issuance of this form is not to be taken as an admission of liability*

Policy	State Bank of India – Salary Account Holders	Claim No.:	
		Date of Claim registration:	
Policy no.251100/42/15/8200000090 . policy period 04/01/2016 to 03/01/2017			

1. Name of the Salary Account holder (Deceased)			
2. Salary Account No. with SBI			
3. Name & Code of SBI Branch			
4. Name and Address of the Claimant (Beneficiary) #	Name :		
	Flat/ Door No	Building name	
	Road		
	Area		
	City	Pin code	
	State		
	Phone No.		
	Mobile No.		
	E-mail Id		



Details of the Accident

a. Date of accident:	b. Date of death :
c. Time of accident:	d. Place of accident:
e. Particulars of accident:	
6. Claim Amount:	PAI – Rs. : AAI – Rs.
7. Documents submitted (Tick the box)	
a) Attested copy of FIR Report * <input type="checkbox"/> b) Attested copy of Post Mortem Report <input type="checkbox"/> c) Death Certificate -ORIGINAL <input type="checkbox"/> d) Bank's Branch Manager certificate <input type="checkbox"/> e) PAN card copy of the Claimant. if not available, <input type="checkbox"/> then form 60) f) Original Cancelled cheque of Bank account in the name of the Claimant/ or Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFS code. <input type="checkbox"/>	g) NEFT form of claimant* <input type="checkbox"/> h) Other suitable document to prove legal heirship in case claimant is not a nominee/joint account holder as per Bank's record <input type="checkbox"/> i) * For armed forces: Defence Authority report in case FIR is not available. <input type="checkbox"/> j) for air Accident : Bank statement indicating purchase of Air ticket using Sbr Debit card <input type="checkbox"/> <b>Additional Requirement:</b> Viscera Report / chemical analysis report in case where post mortem report shows the cause of death due to poisoning or alcohol or any substance abuse. <input type="checkbox"/>

I/We hereby declare that the foregoing statements made by me/us are true in all respects, that I/We have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I/We have made or in any further declaration the Company may require shall make any false or fraudulent statement or untrue averment whatever, the Claim shall be void and my/our right to compensation forfeited. I am/ We are willing if required, to make and provide to the Company a statutory Declaration of the whole of the foregoing statement or of any other statement made in connection with this claim.

Name of Claimant.#.....

Signature of claimant #

# should be of the same person



## Annexure 6

(On Bank's Letter Head)

State Bank of India,

Branch Name : \_\_\_\_\_ : Code No \_\_\_\_\_

Address : \_\_\_\_\_

Telephone No \_\_\_\_\_

email : \_\_\_\_\_@sbi.co.in

No :

Date :

Policy No	251100/42/15/8200000090	Policy Period	04.01.2016 to 03.01.2017
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**CERTIFICATE**

This is to certify that Shri/Smt/Ms. \_\_\_\_\_ who has expired on \_\_\_\_\_ due to accident (as per the documents enclosed), is a holder of Salary Package Account, the details of which are as under:

1	Name of the <b>Salary Package Account</b> holder	:					
2	Address of Salary Package account holder in full (as per Bank records)	:					
3	Date of Accidental Death (as per death certificate)	:					
4	Name of the Bank Branch where the Salary Package Account is maintained	:					
5	Type of Salary Package account (Mention DSP/PMSP/ICGSP/PSP/CSP/SGSP/CGSP/RSP/START UP/etc.)	:					
6	Salary Package Account details : (# Strike out what is not applicable →)	:	<table border="1"> <tr> <td>A/c No</td> <td></td> </tr> <tr> <td>Variant</td> <td># Silver / Gold/ Diamond/ Platinum</td> </tr> </table>	A/c No		Variant	# Silver / Gold/ Diamond/ Platinum
A/c No							
Variant	# Silver / Gold/ Diamond/ Platinum						
7	Claim amount under Personal Accident/ Air Accident Insurance (Where applicable)	:	<table border="1"> <tr> <td>PAI</td> <td>Rs.</td> </tr> <tr> <td>AAI</td> <td>Rs.</td> </tr> </table>	PAI	Rs.	AAI	Rs.
PAI	Rs.						
AAI	Rs.						
8	<b>Details of Nominee</b> registered with the Bank on above mentioned Salary Package Account.(if any) Address Phone No.	:	(Mention full Name ↑)				
9	Full name of Joint Account Holder(s) of the above mentioned Salary Package Account (for Joint Accounts) Full Address of Joint Account Holder Phone No.	:					

(PAI- Personal Accident Insurance :

AAI- Air Accident Insurance)



(DSP- Defence Salary Package/PMSP- Para Military Salary Package /ICGSP- Indian Coast Guard Salary Package /PSP- Police Salary Package/ CSP- Corporate Salary Package/SGSP- State Government Salary Package /CGSP- Central Government Salary Package /RSP- Railway Salary Package)

(Affix round stamp of branch with signature and SS No Of Branch Official)

The Bank or its Officers will not be held responsible for the genuineness/authenticity of other documents like FIR, Death Certificate, Post Mortem report, etc, being submitted by the claimant to the Insurance Company. It shall be the responsibility of the Insurance Company to ascertain their authenticity. All further correspondence should be made directly between the claimant and the Insurance Company.

The claim settlement will be entirely the responsibility of Insurance Company. All settlements/disputes will be between the claimant and the Insurance Company and the Bank will not be a party to such disputes.

For State Bank of India,

(..... Branch)

Branch Manager

(Name .....)

(SS No.            )





**NEFT FORM FOR PERSONAL ACCIDENT INSURANCE**  
***(To be submitted by the claimant only)***

**National Insurance Co. Ltd.,**  
Mumbai Corporate Regional Office,  
Royal Insurance Building, 2<sup>nd</sup> Floor, 14, Jamshedji Tata Road,  
Churchgate, Mumbai 400 020

Sir,

I/We furnish below details of my/our bank account to be used for effecting payments due to us by NEFT/RTGS

<b>1.</b>	<b>Registration for NEFT/RTGS payments</b>	
	<b>Name of the Claimant</b>	
	Category	Personal Accident Insurance (Death) claim / Air Accident Insurance claim SBI Salary Package Account Holders
	Policy Number	251100/42/15/8200000090
	Policy Period	04.01.2016 to 03.01.2017
	<b>Claim number , if any , provided (policyholders only)</b>	
	<b>Permanent Address</b>	Address for Communication
<b>2.</b>	<b>Bank Account Details for NEFT/RTGS</b>	
	<b>Name of account Holder (Claimant)</b>	
	<b>Bank Name</b>	
	<b>Bank Branch Name</b>	
	<b>Bank Branch Address</b>	
	<b>MICR Code</b>	
	<b>Full Bank Account No. (for NEFT)</b>	
	<b>IFSC Code</b>	

Please attach a copy of a cancelled cheque leaf or Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFS code. **Please verify the details with your bank before submitting.**

I/We hereby declare that the particulars given above are correct and express my/our willingness to receive credit of claim proceeds through the mode indicated above. Notwithstanding my/our choice of mode, National Insurance Co. Ltd. reserves the right to issue a cheque/credit the account in the mode that may seem fit. I/We would not hold National Insurance Co. Ltd. responsible if the transaction is delayed or not effected at all or credited to an incorrect account for the reasons of incomplete/incorrect information.

**Signature of the Applicant (Claimant)**

Place:

Date:

Certified that the Bank Account Details mentioned under item 2 above is correct.

