

महानिदेशालय, के०रि०पु०बल, केन्द्रीय कार्यालय परिसर, लोधी रोड नई दिल्ली

संख्या- ए०एक-१/पीएमएसपी-लेखा -३

दिनांक ०३ मई, २०२४

सेवा में,

विशेष महानिदेशक, जम्मू एवं कश्मीर जोन/मध्य जोन/दक्षिणी जोन/पूर्वोत्तर जोन,
अतिरिक्त महानिदेशक, केरिपुबल अकादमी, कादरपुर
सभी प्रशासनिक/परिचालनिक सेक्टर/संचार/कोबरा/आर०ए०एफ०/
वी०आई०पी सिक्यूरिटी एवं संयुक्त अस्पताल
निदेशक माउन्ट आबू, केरिपु०बल
सभी प्रशिक्षण संस्थान
सभी प्रशासनिक/परिचालनिक रेंज/सभी ग्रुप केन्द्र
सभी बटालियन।

विषय :- भारतीय स्टेट बैंक द्वारा प्रदान किए जा रहे केन्द्रीय सशस्त्र पुलिस वेतन पैकेज (CAPSP) के अन्तर्गत व्यक्तिगत दुर्घटना बीमा दावा के संबंध में।

कृपया इस कार्यालय के समसंख्यक पत्र दिनांक २८/०२/२०२४ के कम में।

2. भारतीय स्टेट बैंक द्वारा केन्द्रीय सशस्त्र पुलिस वेतन पैकेज (CAPSP) के अंतर्गत व्यक्तिगत दुर्घटना बीमा (मृत्यु), व्यक्तिगत दुर्घटना बीमा एवं वायु दुर्घटना बीमा (मृत्यु) हेतु ओरिएंटल इंश्योरेंस कंपनी लिमिटेड (OICL) के साथ पॉलिसी नं. 580000/48/2025/152 के तहत पॉलिसी अवधि को ०४/०४/२०२४ से ०३/०४/२०२५ तक के लिए लागू किया गया है।
3. प्रचलित नीति के अनुसार, दावेदार को बीमा कंपनी को दावा दस्तावेज जमा करना होता है। परन्तु प्रायः यह देखने में आया है कि कार्मिक के मृत्यु उपरान्त कार्मिक के उत्तराधिकारी अज्ञानतावश तथा जानकारी के अभाव में केन्द्रीय सशस्त्र पुलिस वेतन पैकेज (CAPSP) एकाउन्ट के तहत मिलने वाली सुविधाओं का लाभ पूर्ण रूप से नहीं उठा पा रहे हैं। यह भी संज्ञान में आया है कि कार्मिक की दुर्घटना एवं आतंकवादी/नक्सली कार्रवाई में मृत्यु उपरान्त कार्मिक के उत्तराधिकारी बीमा कम्पनी को समय पर दावे प्रस्तुत करने में विफल रहते हैं या बीमा कम्पनी को अनुचित/अपूर्ण दस्तावेज प्रस्तुत किये जा रहे हैं जिसके परिणामस्वरूप बीमा कम्पनी द्वारा वास्तविक दावों को खारिज कर दिया जा रहा है।
4. उपरोक्त को ध्यान में रखते हुए, यह निर्णय लिया गया है कि संबंधित कार्यालय अध्यक्ष (HOO) व्यक्तिगत रूप से व्यक्तिगत दुर्घटना बीमा (मृत्यु) दावे को समय रहते समायोजन हेतु उत्तराधिकारी को सभी सहायता प्रदान करेंगे और उनके द्वारा 120 दिनों के भीतर दावे को संसाधित करने के लिए नियमित निगरानी की जाएगी।
5. व्यक्तिगत दुर्घटना बीमा (मृत्यु), व्यक्तिगत दुर्घटना बीमा एवं वायु दुर्घटना बीमा (मृत्यु) हेतु ओरिएंटल इंश्योरेंस कंपनी लिमिटेड (OICL) को प्रेषित करने हेतु आवश्यक दिशा-निर्देश निम्नानुसार जारी किये जाते हैं:-

(i) व्यक्तिगत दुर्घटना बीमा (मृत्यु) कवर : 50 लाख

व्यक्तिगत दुर्घटना बीमा (मृत्यु) कवर (आतंकवादी/नक्सली कार्रवाई/विदेशी दुश्मन के खिलाफ कार्रवाई में मृत्यु के लिए) : 60 लाख

(ii) बीमा कंपनी : ओरिएंटल इंश्योरेंस कंपनी लिमिटेड (OICL)

Address- Oriental Insurance Co. Ltd., SBI GPA Claims Cell, Mumbai
Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road,
Churchgate, Mumbai-400020
Phone : 022-22821746/22821459/228281365

(iii) दावा प्रक्रिया

(क) दावा प्रक्रिया में 2 चरण होते हैं :-

- पहला चरण :- मृत्यु के 90 दिनों के भीतर ओरिएंटल इंश्योरेंस कंपनी लिमिटेड (OICL) को प्राथमिक सूचना (अनुलग्नक फार्म-4 के अनुसार) प्रस्तुत करना होता है।
- दूसरा चरण :- प्राथमिक सूचना के 90 दिनों के भीतर ओरिएंटल इंश्योरेंस कंपनी लिमिटेड (OICL) को पूर्ण दावा प्रपत्र और अन्य दस्तावेज जमा करना होता है।

(ख) दूसरे चरण में व्यक्तिगत दुर्घटना बीमा (मृत्यु) एवं वायु दुर्घटना बीमा (मृत्यु) दावे को प्राथमिक सूचना के 90 दिनों के भीतर ओरिएंटल इंश्योरेंस कंपनी लिमिटेड (OICL) को भेजने हेतु आवश्यक दस्तावेज :-

- (1) पूर्णतः भरा हुआ सूचना प्रपत्र (अनुलग्नक फार्म 4)।
- (2) दावेदार द्वारा विधिवत हस्ताक्षरित दावा प्रपत्र (अनुलग्नक फार्म-5)।
- (3) बैंक लेटर हेड पर शाखा प्रबंधक प्रमाण पत्र (अनुलग्नक फार्म-6)।
- (4) नामांकित/दावेदार/कानूनी उत्तराधिकारी द्वारा एनईएफटी फॉर्म (NEFT Form) (अनुलग्नक फार्म-7)।
- (5) पुलिस एफ0आई0आर0 (FIR) की सत्यापित सुपाद्य प्रति (सशस्त्र बलों के लिए:- पुलिस एफ0आई0आर0 (FIR) उपलब्ध नहीं होने की स्थिति में विभागीय प्राधिकरण की रिपोर्ट)।
- (6) पोस्टमार्टम रिपोर्ट की प्रमाणित सुपाद्य प्रति।
- (7) मृत्यु प्रमाण पत्र की प्रमाणित सुपाद्य प्रति।
- (8) दावेदार के पैन कार्ड की प्रति। पैन कार्ड की अनुपलब्धता पर फॉर्म 60 जमा करना होगा।
- (9) दावेदार के नाम पर बैंक खाता का मूल रद्द किया गया चेक या बैंक पासबुक के पहले पृष्ठ की फोटोकॉपी जिसमें खाता धारक का नाम, बैंक खाता संख्या, आईएफएससी कोड उल्लिखित हो।
- (10) यदि दावेदार बैंक के रिकॉर्ड के अनुसार नामांकित/संयुक्त खाताधारक नहीं है तो कानूनी उत्तराधिकारी साबित करने के लिए अन्य उपयुक्त दस्तावेजों की प्रतिलिपि। एकाधिक उत्तराधिकारियों के मामले में, सभी कानूनी उत्तराधिकारियों से सहमति प्रपत्र।
- (11) यदि दावेदार बैंक के रिकॉर्ड के अनुसार नामांकित/संयुक्त खाताधारक नहीं है तो कानूनी उत्तराधिकारी साबित करने के लिए अन्य उपयुक्त दस्तावेजों की प्रतिलिपि। एकाधिक उत्तराधिकारियों के मामले में, सभी कानूनी उत्तराधिकारियों से सहमति प्रपत्र।
- (12) नामांकित व्यक्ति/कानूनी उत्तराधिकारी/दावेदार के आधार कार्ड की प्रति।
- (13) नामांकित व्यक्ति/कानूनी उत्तराधिकारी/दावेदार के पैन कार्ड की प्रति।
- (14) रेल दुर्घटना/डूबने/हत्या/गोली लगने (आतंकवादी और नक्सली हमले को छोड़कर) की स्थिति में पुलिस जांच पड़ताल की अंतिम रिपोर्ट की सत्यापित प्रति।
- (15) जहाँ पोस्टमॉर्टम रिपोर्ट से पता चलता है कि मृत्यु का कारण जहर या शराब या मादक द्रव्य का सेवन है ऐसे मामले में विसरा रिपोर्ट/रासायनिक विशलेषण रिपोर्ट की प्रति।
- (16) केवल हवाई दुर्घटना के लिए:- स्टेट बैंक ऑफ इंडिया द्वारा जारी किये गये डेबिट कार्ड या इंटरनेट बैंकिंग (जहाँ लागू हो) का उपयोग करके हवाई टिकट खरीदने से संबंधित बैंक स्टेटमेंट।

(ब) केवल व्याक्तिगत दुर्घटना बीमा हेतु आवश्यक दस्तावेज :-

- पूर्णतः भरा हुआ सूचना प्रपत्र (अनुलग्नक फार्म 4) ।
- विकलांगता दावा प्रपत्र (अनुलग्नक फार्म 8)।
- चिकित्सा प्रमाण पत्र (अनुलग्नक फार्म 9)।
- बैंक लेटर हेड पर शाखा प्रबंधक प्रमाण पत्र (अनुलग्नक फार्म-10)।
- कार्मिक के कार्यालय द्वारा जारी विकलांगता प्रमाण पत्र ।
- पुलिस एफ0आई0आर0 (FIR) की सत्यापित सुपाद्य प्रति।

6. अतः आपसे अनुरोध है कि स्टेट बैंक ऑफ इंडिया के द्वारा केन्द्रीय सशस्त्र पुलिस वेतन पैकेज (CAPSP) के अंतर्गत दी जा रही उक्त बीमा सुविधाओं के संबन्ध में जानकारी बल के सभी कार्मिकों तक अनिवार्य रूप से पहुँचाई जाए। उक्त जानकारी रोलकॉल/चौपाल/सैनिक सम्मेलन आदि औपचारिक तथा अनौपचारिक बैठक के माध्यम से सभी जवानों तक उपलब्ध करवाएं साथ ही उन्हें इन सुविधाओं का लाभ लेने के लिए प्रोत्साहित करें। कृपया यह भी सुनिश्चित करें कि व्यक्तिगत दुर्घटना बीमा (मृत्यु) दावे को समय रहते समायोजन हेतु उत्तराधिकारी को सभी सहायता प्रदान की जाय और 120 दिनों के भीतर दावे का निपटान किया जाय।

7. सभी जोन/सेक्टर मुख्यालय द्वारा उनके अन्तर्गत आने वाले सभी प्रशासनिक कार्यालयों/बटालियनों के मामलों को 120 दिनों के भीतर निपटारा करने हेतु नियमित निगरानी सुनिश्चित की जायेगी।
संलग्न : उपरोक्तानुसार।

हस्ता0 दिनांक 03/05/2024

(बी0 एस0 नेगी)
उप महानिरीक्षक (प्रशा.)

प्रतिलिपि (आंतरिक) :-

1. उप महानिरीक्षक (आई0टी0), महानिदेशालय केरिपु0बल, को केरिपु0बल वैवसाइट पर अपलोड करने हेतु।
2. उप महानिरीक्षक (कल्याण), महानिदेशालय, केरिपु0बल, को केन्द्रीय सशस्त्र पुलिस वेतन पैकेज (CAPSP) के अंतर्गत दी जा रही सुविधाओं के सम्बन्ध में जानकारी बल के सभी सेवानिवृत्त कार्मिकों तथा पेंशनभोगी परिवारजनों के बीच व्यापक प्रचार-प्रसार हेतु प्रेषित।
3. कमान्डेंट, कल्याण (वैटरन सेल) महानिदेशालय, केरिपु0बल, को सूचनार्थ एवं आवश्यक कारवाई हेतु।

संलग्न:- उपरोक्तानुसार।

Claim Intimation and Submission Procedure	
Insurance Company: "Oriental Insurance Co. Ltd." (OICL)	
Group Personal Accident Policy for "Salary Package Account Holders of State Bank of India"	
OICL Policy No. 580000/48/2025/152	Policy period- 04.04.2024 (0000 Hrs) till 03.04.2025 (2359 Hrs)

(A) CLAIM PROCESS

1. The claim process consists of 2 stages:
 - (a) Submission of Intimation to OICL
 - (b) Submission of the Claim Form & other documents to OICL
2. In the event of death of the Salary Package account holder, an intimation as per **Annexure 4** is to be given by claimant to the insurance Company within 90 days of the death.
3. The intimation can also be sent through the following channels:
(Applicable both in case of Death and Disability)
 - (a) Fax No. **022-22820590**, Toll Free No. **1800-123-8733 / 1800-11-8485**
 - (b) Email ID: sbigpa.claims@orientalinsurance.co.in / pote.ninad@orientalinsurance.co.in
4. Following details are to be provided for intimation:
 - i. Name of the deceased Salary Package Account Holder
 - ii. SBI Salary Package Account No
 - iii. Date of Accident
 - iv. Date of Death
 - v. Place of accident
 - vi. Details of accident
 - vii. Name of the Claimant, their Mobile No. and Email ID
 - viii. Name and Code of the SBI Branch/es where salary account and claimant's account maintained.
 - ix. Name of the Unit/ organization with Contact number and email address.
 - x. Personnel / Employee / Force number
5. A system generated reference number would be advised to claimant by Insurance Company.
6. Within 90 days of Intimation, the claimant needs to submit following documents to Insurance Company.

I) Personal Accidental & Air Accidental Insurance (death) claim:

- a) Completely filled Claim Intimation form (**Annexure 4**)
- b) Claim Form duly signed by the claimant. (**Annexure 5**)
- c) Branch Manager Certificate on Bank letter head. (**Annexure 6**)
- d) NEFT form by Nominee/Claimant/ Legal heir. (**Annexure 7**)
- e) Attested Legible Copy of Police F.I.R (*For Armed forces: Defence Authority report in case FIR is not available*)
- f) Attested Legible Copy of Postmortem Report
- g) Attested Legible Copy of Death Certificate
- h) PAN card copy of the Claimant. If not available, then Form 60 to be submitted.
- i) Original Cancelled Cheque of Bank Account in the Name of the Claimant / or Photocopy of the first page of the Bank Passbook containing the Name of Account Holder, Bank Account Number, IFSC Code
- j) Copy of Other suitable documents to prove legal heirship in case claimant is not a nominee/ joint account holder as per Bank's record. In case of multiple heirs, consent form from all legal heirs.

- k) For Air Accident: Bank statement indicating purchase of Air ticket using SBI Debit card/ Internet Banking (where applicable)
- l) Copy of Viscera Report/chemical analysis report in case where postmortem report shows the cause of death is poisoning or alcohol or any substance abuse.
- m) Copy of Aadhar Card of the Nominee/Legal Heir/Claimant
- n) Copy of Pan Card of the Nominee/Legal Heir/Claimant
- o) Certified Copy of Final Police Investigation Report in case of train accident/drowning/murder/Gunshot Injury except terrorist and Naxal attack

ii) Disability Claims (Undernoted forms are required)

- a) Intimation as per Annexure 4
- b) Disability Claim form as per annexure 8
- c) Medical Certificate as per annexure 9
- d) Branch Certificate as per annexure 10
- e) Disability certificate from unit
- f) Attested FIR copy with incident.

iii) Documents for add-on-cover (Accidental Death)

(Add on covers will be applicable only if PAI claim is found admissible)

In addition to documents applicable for submission of PAI claims, undernoted Certificates/ documents are also required:

i. Cost of Plastic Surgery / Burn

- a) Treating doctor's/ Surgeon Certificate
- b) Original Discharge Summary containing all relevant details.
- c) All original bills and their receipts
- d) Copies of all reports and prescriptions
- e) First prescription/ consultation letter from the Doctor
- f) Original Money Receipt duly signed with revenue stamp.

ii. Transportation of Imported Medicine

- a) Medical Practitioner's prescription
- b) Copy of medicine invoice
- c) Invoices copy of freight expenses mentioning details of medicine imported, country of origin from which it is being imported, date and price of the medicine and freight expenses.

iii. Death after Coma after accident (more than 48 hrs)-

- a) Medical certificate mentioning the duration of coma (start and end of coma period) supported by discharge summary and indoor case papers

iv. Air Ambulance

- a) Attending Doctor's advice/ note with reason for shifting of the patient
- b) Original invoice and receipt for the Air Ambulance mentioning date of travel, sector (from/ to place) and total amount

v. Child Higher Education Cover (for Graduation) age between 18-25 Year –25% of entitled PAI cover maximum ₹ 8 lakh (₹ 10 lakh in case of Girl Child), in case of DSP/CAPSP/ICGSP Pension accounts maximum ₹ 5 lakh for one girl child.

- a) Copy of admission confirmation and certificate from educational institute stating details of full-time course in a recognized college in India for Graduation along with duration of course and date of enrollment.

- vi. Girl Child Cover for Marriage (Age 18-25 Years) – 20 % of entitled PAI Cover. (If PAI claim is found admissible), Maximum 10 Lakh for two girl children (5 lakh each) or ₹ 5 lakh for 1 Girl Child.
- a) Birth certificate/ Date of birth proof of girl child.
 - b) Document showing relationship with deceased Salary Account holder.
- vii. Family Transportation: (Travelling cost incurred by immediate 2 family members to reach place of accident)
- a) Original bill, receipt and travel ticket showing date of travel, Sector (from/ to) and amount incurred.
 - b) Copy of proof of the immediate family member such as Ration Card.
- viii. Repatriation of mortal remains:
- a) Original Bill and receipt for transport of mortal remains, showing date and sector (From/to)
- ix. Ambulance charge:
- a) All related original bills and their receipts.
- x. Xpress Credit Loan insurance cover for SBI loan accounts (Defence/CAPF/Police Personnel Covered under DSP/ CAPSP/ICGSP/PSP only) death in action against Anti National Activities/Terrorist /Naxalite/ Foreign enemy/Ambush.
- xi. Additional PAI cover for DSP/CAPSP/ICGSP/PSP, death in action against Anti National Activities/Terrorist /Naxalite/ Ambush/Foreign enemy.
- xii. Additional Cover for all Salary Packages, death while performing duties on foreign soil. (Covers at Serial No (xi) or (xii) are exclusive to each other and both will not be available together)
7. Claimant should submit the Claim Form completed in all respects, with relevant documents mentioned under **Para 4** above, directly to OICL. **The system generated Claim Number/ Salary Account No. should be mentioned on the Claim Form while sending the physical documents.** The Claim No. can be used for any queries/further follow up with the OICL claim department.
8. However, claim application received by the SBI Bank Branch having the Salary Account, should be forwarded to OICL Mumbai Office along with a detailed covering letter.
9. **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).**
10. All claims shall be entertained by OICL where accident has occurred within the period of policy and death has occurred:
- a) Within the period of policy or
 - b) Within 12 months of date of accident, in the event where death occurs after the expiry of policy.

Contact Details and Escalation Matrix
“The Oriental Insurance Co. Ltd.” (OICL)

Claim documents are to be sent to:

“The Oriental Insurance Co. Ltd.” (OICL)
 SBI GPA Claims Cell
 Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate,
 Mumbai-400020.

Status of the claims can be sought, using system generated claim number/ Account Number, by any of the following channels:

Sr. No.	Channel	Details
1	Email ID	sbigpa.claims@orientalinsurance.co.in
2	Land Line Number	022-22820494 / 22049076 / 22825619
3	Toll Free No	18001238733 / 1800-11-8485
4	Fax No.	022-22820590

Escalation Matrix (OICL) - Contact Details

Escalation Level	Name	Designation	Email I'd	Contact No.
1 st Escalation	Ms. Olivia Nameirakpam	Assistant Manager	olivia.nameirakpam@orientalinsurance.co.in	022-22821746/ 22821459/ 228281365, +91-8655960610
2 nd Escalation	Ms. Manasi Kadam	Dy. Manager	manasi.kadam@orientalinsurance.co.in	022-22821746/ 22821459/ 228281365, +91-8655960611
3 rd Escalation	Mr. Ninad Pote	Regional Manager	pote.ninad@orientalinsurance.co.in	022-22821746/ 22821459/ 228281365, +91-9820736787

Grievance Redressal Mechanism
“The Oriental Insurance Co. Ltd.” (OICL)

Escalation Level 1

- i. If claimant is not satisfied with Insurance Company’s services, he/ she can lodge a online complaint with OICL or send email to Ms. Olivia N. Assistant Manager at **olivia.nameirakpam@orientalinsurance.co.in**.
- ii. After investigating the matter internally and subsequent closure, the Insurance Company will send their response within a period of 15 days from the date of receipt of the complaint. In case the resolution is likely to take longer time, they will inform the claimant of the same through an interim reply.

Escalation Level 2

For lack of a response or if the resolution still does not meet Claimants expectations, Claimant can write to the Regional Manager OICL, at **pote.ninad@orientalinsurance.co.in**.

Escalation Level 3

Within 30 days of lodging a complaint with OICL, if satisfactory response is not received from the Insurance Company, grievance may be raised with the Internal Ombudsman of OICL(list available at <https://orientalinsurance.org.in/list-of-ombudsman> or Insurance Regulatory and Development Authority (IRDA) may be approached on address mentioned hereunder:

General Manager
Insurance Regulatory and Development Authority of India(IRDAI)
Consumer Affairs Department – Grievance Redressal Cell.
 Sy.No.115/1, Financial District, Nanakramguda,
Gachibowli, Hyderabad – 500 032
 Email ID: nonlifecomplaints.pvt@irda.gov.in
 Toll Free Number: 155255 or 1800 4254 732
 Email ID: complaints@irda.gov.in

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** for resolution of the grievance. The details of Insurance ombudsman are available on Insurance Regulatory and Development Authority (IRDA) website: www.irdai.gov.in .The complainant may register his grievance through IRDA online, at www.policyholder.gov.in/igms_complaint_logging.aspx.The guidelines for taking up the complaint with the Insurance Ombudsman, along with their address are available on the consumer education website of the IRDA, <http://www.policyholder.gov.in/ombudsman.aspx>.



Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai-400020.

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT /DISABILITY CLAIM INTIMATION FORM
(SALARY PACKAGE/PENSION A/Cs)

To be submitted for claiming Personal Accident Insurance (PAI) (death only) /Air Accident Insurance cover (AAI) (death only) within 90 days after date of death of Salary Package Account holder of SBI (Intimation may be advised through Email, Post, Telephone/ Fax) Issuance of this format for intimation of a claim is not to be taken as an admission of liability. Death/Disability due to accident only is covered under the Policy and account should be under Salary Package as on date of accident/death/disability)

#Do not leave any fields Blank, mark NA where not applicable.

Policy No. (A/c State Bank of India)	580000/48/2025/152	Address: SBI GPA Claims Cell Mumbai Regional Office No. 1, 3 rd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai-400020. Phone :022-22821746 / 22821459 / 228281365 Toll Free No.: 1800-11-8485 Fax No. 022-22821648 Email Id: sbigpa.claims@orientalinsurance.co.in Cc. pote.ninad@orientalinsurance.co.in paihelpdesk@rathi.com
Policy Period	04 .04.2024 to 03.04.2025	

1	Name of Salary/Pension Account holder	
2	Address in full	
3	a) Date of Accident	
	b) Time of Accident	
	c) Place of Accident	
	d) Brief Details of Accident	
	e) Date of Death	
4	Salary Package/Pension Account No.	
5	Xpress Credit (PL) Outstanding (if any), Ac for DSP/CAPSP/ICGSP/PSP (Death in action against Anti National Activities, Terrorist, Naxalite foreign enemy only	
	O/s	
6	Type of Salary Package/Pension Account (Tick the appropriate one)	CSP/DSP/CAPSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP/Pensioner (DSP/CAPSP/ICGSP)

7	Salary Package Account Variant: (Please mention as applicable Silver/Gold/Diamond/Platinum/Rhodium)	
8	Name of Organization for DSP/CAPSP/ICGSP	Army / Air Force / Navy / Indian Coast Guard/ Assam Rifle / Rashtriya Rifle / BRO (GREF) / BSF / CRPF / CISF / ITBP / SSB / NSG/RPF/ NDRF/SPG
		Unit Address:
		Contact Detail Landline: Mobile No:
9	Name of the organization for others i.e. PSP/CGSP/SGSP/RSP/SUSP/CSP	Name of Employer/ Department Name:
		Contact Detail :Phone/Email
10	Personnel/Force/Batch No./ Employee ID number	
11	Details of SBI Branch where Salary Account was maintained	Branch Name:
		Branch Code:
		Place:
		State:
12	Name of Nominee/Joint Account holder in the salary package account [as per Bank's record]	
13	Relationship of Nominee with Account Holder	
14	Address of the Nominee	
15	E Mail ID of Nominee (if available)	
16	Contact Number of Nominee (if available)	

[#Corporate Salary Package (CSP), Defence Salary Package (DSP), Central Armed Police Salary Package (CAPSP), 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), Start-up Salary Package (SUSP)]
 (@ Please tick on the appropriate organization)

Above information are true to the best of my / our knowledge and belief.

Signature of person Intimating Claim

Full Name of person Intimating Claim

Relationship with Deceased Account Holder

Contact details of Person Intimating Claim

Landline No

Mobile No

Email ID



Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai-400020

Group Personal Accident/ Air Accident Claim Form

(To Be Filled by Nominee/ Claimant/ Legal Heir)

Submission of this format for claim is not to be taken as an admission of liability.

Policy No. (State Bank of India)	580000/48/2025/152	Address: SBI GPA Claims Cell, Mumbai Regional Office No. 1, 3rd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai-400020. Phone :022-22821746 / 22821459 / 228281365 Toll Free No.: 1800-11-8485 Fax No. 022-22821648 Email Id: sbigpa.claims@orientalinsurance.co.in Cc. pote.ninad@orientalinsurance.co.in paihelpdesk@rathi.com	
Policy Period	4.04.2024 to 03.04.2025		
1	Name of Salary/Pension Account holder		
2	Address of Claimant		
3	Date of Accident		
4	Date of Death of Salary/Pension Account Holder		
5	Cause of Death		
6	Salary/Pension Package Account No.		
7	Xpress Credit (PL) Outstanding (if any), for DSP/CAPSP/ICGSP/PSP only	Ac No:	O/s as on date:
8	Name of the organization		
9	Name of Nominee/Joint Account holder in the salary/pension package account		
10	Mobile Number of Nominee/ Joint account holder		
11	Contact Number of other close person/relative		
12	Branch Details where Salary/Pension Account is maintained	Branch Name:	
		Branch Code:	
		Place:	
		State:	
13	Claim Amount (eligibility as per he variant/Package)	PAI: Rs.	
		AAI: Rs.	
		Add on Covers: Rs.	

Please ensure to enclose below mentioned documents:
DOCUMENTS TO BE SUBMITTED ALONG WITH ANNEXURE 5 (Claim Form)

SI No.	Documents	Enclosed (Yes / No)		Documents	Enclosed Yes / No
I	Annexure 4: Claim Intimation Form		VIII	Viscera Report / Chemical Analysis Report in case where postmortem report shows the cause of death due to poisoning or alcohol or confirm after Viscera/Chemical Analysis Report	
II	Annexure 6: Duly stamped and signed Certificate by SBI Branch Manager on Bank Letter head.		IX	Aadhar Card of Nominee/Joint Account holder /Claimant in the salary package account.	
			X	Salary Ac Statement for last three months and Copy of Salary Slip last three Months (Prior to date of accident)	
III	Annexure 7: Bank details/ NEFT Form of Nominee/Joint Account /Claimant holder in the salary package account		XI	PAN card copy of the Nominee/Joint Account holder/ Claimant in the salary package account. if not available, then form 60	
IV	Attested Copy of Death Certificate		XII	Attested copy of the first page of the Bank Passbook or cancelled Cheque containing the Name of Account Holder (claimant), IFSC Code of the Bank, Bank Account Number of Nominee/Joint Account holder/ Claimant	
V	Attested Copy of Postmortem Report		XIII	Other suitable document to prove legal heirship in case claimant is not a nominee / joint account holder as per Bank's record	
VI	Attested Copy of FIR Report		XIV	In case of multiple heirs, (consent from all the legal heirs)	
VII	Defence Authority report in case FIR is not available (For Armed forces)		XV	Certified Copy of Final Police Investigation Report in case of train accident/drowning/murder	

I hereby declare that the foregoing statements made by me are true in all respects, that I have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I 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 right to compensation forfeited. I am 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.

Signature of Nominee/Joint Account Holder/Claimant
Name
Date

Annexure 6

To be submitted on Bank's letter head

This is to certify that Shri/Smt/Ms. _____ who expired on _____ due to accident (as per the documents submitted by the nominee/ claimant), is a holder of Salary Package Account:

1	Salary Package Account Number	:	
2	Address in full (as per Bank records)	:	
3	Date of Accidental Death (as per death certificate)	:	
4	Details of SBI Branch where the Salary Package Account is maintained	:	Br. Name:
		:	Br. Code:
		:	State:
		:	Module: Circle:
5	Name of the Salary Package Account holder	:	
6	Xpress Credit (PL) Outstanding (if any), for DSP/CAPSP/ICGSP only	:	Ac No.
		:	O/s as on Date:
7	Name of Salary Package account DSP/CAPSP/ICGSP/PSP/CSP/SGSP/CGSP/RSP/SUSP	:	
8	Salary Package Account Variant: (Please mention as applicable , Silver/Gold/Diamond/Platinum/Rhodium)	:	
9	Date of last Salary Credit (Prior to Accident)	:	
10	Claim amount under PAI/ Air	:	PAI: AAI:
11	Name of the Joint account holder of Salary Account (if available)	:	
12	Address/Contact No of Joint Account holder	:	
13	Is nomination available in the Account of the deceased (Yes/No)	:	
14	Name of nominee(s), if available	:	
	Contact No./ Address of Nominee	:	
15	Nominee A/c details (Ac should be in SBI only)	:	

Details of Bank account and nominee have been furnished only after verifying the same in CBS. The undersigned will not be held responsible for the genuineness/authenticity of documents like FIR, Death Certificate, Postmortem report, etc. submitted by the claimant to the Insurance Company. It shall be the responsibility of "The Oriental Insurance Company Ltd." 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 Name
Branch Code
Date:

Signature of Branch Manager

Name of the Signing Officer:
P.F. No.:
Mobile No.



NEFT FORM FOR PERSONAL ACCIDENT INSURANCE
(To be submitted by the Nominee/Claimant/Legal heir only)

Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai-400020

sbigpa.claims@orientalinsurance.co.in / milindpmb@orientalinsurance.co.in

(Policy No. **580000/48/2025/152**)

Sir,

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

SBI Account Details for NEFT/RTGS	
Name of the Claimant (Account Holder)	
Bank Name	State Bank of India
Bank Branch Name	
Bank Branch Address	
MICR Code	
Full Bank Account No. (for NEFT)	
IFSC Code	

Please attach a copy of a cancelled cheque leaf or Photocopy of the first page of the Bank Passbook containing the name of account holder, Bank account number, and IFSC 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, The Oriental Insurance Co. Ltd. reserves the right to issue a cheque/credit the account in the mode that may deem fit. I/We would not hold The Oriental 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.

I authorize State Bank of India to recover / adjust any Loan / dues outstanding in the name of the life assured / deceased before allowing release of funds form my account in which insurance claim due is paid.

Name: (.....)

Signature of the Applicant (Claimant)

Place:

Date:/...../.....



Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate,
Mumbai-400020.

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT /DISABILITY CLAIM INTIMATION FORM
(SALARY PACKAGE/PENSION A/Cs)

To be submitted for claiming Personal Accident Insurance (PAI) (death only) /Air Accident Insurance cover (AAI) (death only) within 90 days after date of death of Salary Package Account holder of SBI (Intimation may be advised through Email, Post, Telephone/ Fax) Issuance of this format for intimation of a claim is not to be taken as an admission of liability. Death/Disability due to accident only is covered under the Policy and account should be under Salary Package as on date of accident/death/disability)

#Do not leave any fields Blank, mark NA where not applicable.

Policy No. (A/c State Bank of India)		580000/48/2025/152		Address: SBI GPA Claims Cell Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai-400020. Phone :022-22821746 / 22821459 / 228281365 Toll Free No.: 1800-11-8485 Fax No. 022-22821648 Email Id: sbigpa.claims@orientalinsurance.co.in Cc. milindpmb@orientalinsurance.co.in paihelpdesk@rathi.com															
Policy Period		04 .04.2024 to 03.04.2025																	
1	Name of Salary/Pension Account holder																		
2	Address in full																		
3	a) Date of Accident																		
	b) Time of Accident																		
	c) Place of Accident																		
	d) Details of Accident																		
	e) Date of Death																		
4	Salary Package/Pension Account No.																		
5	Xpress Credit (PL) Outstanding (if any), for DSP/CAPSP/ICGSP (Death in action against Anti National Activities, Terrorist, Naxalite foreign enemy only)			Ac															
				No															
				O/s															
6	Type of Salary Package/Pension Account (Tick the appropriate one)			CSP/DSP/CAPSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP/ Pensioner (DSP/CAPSP/ICGSP)															

7	Salary Package Account Variant: (Please mention as applicable Silver/Gold/Diamond/Platinum/Rhodium)	
8	Name of Organization for DSP/CAPSP/ICGSP	Army / Air Force / Navy / Indian Coast Guard/ Assam Rifle / Rashtriya Rifle / BRO (GREF) / BSF / CRPF / CISF / ITBP / SSB / NSG/RPF/ NDRF/SPG Unit Address: Contact Detail Landline: Mobile No:
9	Name of the organization for others i.e. PSP/CGSP/SGSP/RSP/SUSP/CSP	Name of Employer: Department Name:
10	Personnel/Force/Batch No./ Employee ID number	
11	Details of SBI Branch where Salary Account was maintained	Branch Name: Branch Code: Place: State:
12	Name of Nominee/Joint Account holder in the salary package account [as per Bank's record]	
13	Relationship of Nominee with Account Holder	
14	Address of the Nominee	
15	E Mail ID of Nominee (if available)	
16	Contact Number of Nominee (if available)	

[#Corporate Salary Package (CSP), Defence Salary Package (DSP), Central Armed Police Salary Package (CAPSP), 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), Start-up Salary Package (SUSP)]
 (@ Please tick on the appropriate organization)

Above information are true to the best of my / our knowledge and belief.

Signature of person Intimating Claim

Full Name of person Intimating Claim

Relationship with Deceased Account Holder

Contact details of Person Intimating Claim

Landline No

Mobile No

Email ID



Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate,
Mumbai-400020.

PERMANENT TOTAL/ PERMANENT PARTIAL, DISABILITY CLAIM FORM

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

(To be filled in by the Salary account Holder)

Policy No. (A/c State Bank of India)	580000/48/2025/152	Address: SBI GPA Claims Cell
Policy Period	04 .04.2024 to 03.04.2025	Mumbai Regional Office 1, 2nd Floor, Oriental House,7 J. Tata Road, Churchgate, Mumbai- 400020. Phone :022-22821746 / 22821459 / 228281365 Toll Free No.: 1800-11-8485 Fax No. 022-22821648 Email Id: sbigpa.claims@orientalinsurance.co.in Cc.milindpmb@orientalinsurance.co.in paihelpdesk@rathi.com

1. Name of the Salary Account Holder	
2. Occupation	
3. Name of the organization in case of DSP / PMSP / ICGSP/PSP	
4. Designation and Force No	
5. Salary Account No. with SBI	
6. Type of Salary Package Account	
7. Name & Code of SBI Branch	
8. Address of the Claimant	
9. Contact No & Email ID of Salary Account Holder	
10. Details of the Accident	
a. Date of accident:	
b. Time of accident:	
c. Place of accident:	

d. Particulars of accident:		
e. Details of injury/Loss/ (Tick the box)		
<input type="checkbox"/> Sight of both eyes	<input type="checkbox"/> separation of the two entire hands	
<input type="checkbox"/> separation of the two entire feet	<input type="checkbox"/> one entire hand and one entire foot	
<input type="checkbox"/> Sight of one eye and such a loss of one entire hand or one entire foot		
f. Permanent Partial Injury as below:		
Loss of toes	a. all b. both phalanges c. one phalanx d. Other than great, of more than one toe lost each	
Loss of hearing	a. both ears	b. one Ear
Loss of Fingers	a. fingers and thumb of one hand b. loss of 4 fingers	
Loss of thumb	a. both phalanges	b. one phalanx
Loss of index finger	a. 3 phalanges c. one phalanx	b. 2 phalanges
Loss of middle finger	a. 3 phalanges c. one phalanx	b. 2 phalanges
Loss of ring finger	a. 3 phalanges c. one phalanx	b. 2 phalanges
Loss of little finger	a. 3 phalanges c. one phalanx	b. 2 phalanges
Loss of metacarpals	a. first or second (additional) b. third, fourth or fifth (additional)	
Any other permanent partial disablement	as assessed by the Doctor	

I hereby declare that the foregoing statements made by me are true in all respects, that I have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I 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 right to compensation forfeited. I am 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:

Signature of claimant

Date:



Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate,
Mumbai-400020

MEDICAL CERTIFICATE

Claims must be supported by medical evidence furnished by the insured and at his expense.

Details of Claimant (Salary Account Holder)			
1	a)	Salary Account Number	
	b)	Name	
	c)	Sex	Male: Female:
	d)	Age	
2	Details of Accident		
	a)	Nature of Accident	
	b)	Cause of Accident	
	c)	Whether the appearance of the injuries is consistent with account given of the accident	
3	Details of Injury/ loss		
4	Date on which you first attended claimant for this injury		
5	Is claimant suffering from any diseases or illness apart from his injury and is there any illness by circumstances which may tend to retard recovery? If So, give particulars?		
6	Present Condition		
7	How Long from the happening of the accident do you consider total disablement will last?		
8	Name of Existing Doctor (if treatment is changed)		
Having personally examined the above-named insured, I certify that the above statements are correct and that the injured person is necessarily disabled by accident referred to			

Date:

Address:

Name:

Registration No.

Stamp

Qualification:

**(On State Bank's Letter Head)
State Bank of India**

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

1.	Name of the Salary Package Account holder	
2.	Salary Package Account No.	
3.	Address in full (as per Bank records)	
4.	Date of Accidental	
5.	Details of Injury/Loss as per Medical Certificate	
6.	Name of SBI Bank Branch where the Salary Package Account is maintained	
7.	Type of Salary Package account	
8.	Claim amount under Personal Accident/	
9.	Phone No.	
10.	Email ID	

The Bank or its Officers will not be held responsible for the genuineness / authenticity of documents like FIR, Death Certificate, Postmortem 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 disposal will be 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,

Name / Signature of Branch Manager

P.F. No.:

Branch Name:

Branch Code:

Branch Stamp