

**Regarding renewal of Group Personal Accident Insurance Policy by SBI for the period 04/01/2022 to 03/01/2023.**

Dy.GM, State Bank of India(SPA), Corporate Centre, State Bank Bhawan, Mumbai letter No. PB/SPA/2022-23/013 dated 25/04/2022 has intimated that Group Personal Accident Insurance Policy for Salary Package Accounts has been renewed and **Tata AIG General Insurance Co Ltd (TAGICL)** has been engaged as Insurance Provider for the policy period from 04/01/2022 to 03/01/2023.

2. The Personal Accident Insurance (Death) Cover and Disablement cover have been enhanced for Central Armed Police Salary Package(CAPSP) as well as new Insurance Cover has been introduced for retired personnel of CAPSP. Details of the same have already been forwarded to all formations vide this Dte letter No. A.I-1/2021-22-Accts-3(PMSP) dated 10<sup>th</sup> Feb 2022. However, SBI has again forwarded the same as Annexure-1 to the letter under reference, with the intimation that the existing insurance broker firm M/S Anand Rathi Insurance Brokers Ltd will co-ordinate with insurance company for expeditious settlement of claims relating to CAPSP accounts. Death intimation as well as claim forms may also be marked/endorsed to them for expeditious settlement.

3. Accordingly, above mentioned letter of SBI alongwith its annexures is forwarded herewith through Selo for further circulation amongst your subordinate levels and to make sincere efforts for 100% conversion of savings account into CAPSP account, as this will save deprival of financial benefits to NOKs in case of any eventuality.



EM 950 448961

भारतीय स्टेट बैंक  
भारतीय स्टेट बैंक  
STATE BANK OF INDIA

The Director General,  
Central Reserve Police Force (CRPF),  
CGO Complex,  
Block No. 1, Lodhi Road,  
New Delhi 110 003

PB/SPA/2022-23/013

Date

3426549  
25.04.2022  
2022  
Heck

जन्म तिथि  
का किस मासक / वसुधा से  
न्यवधिसे  
श्री ० (प्रशा-५)

Dear Sir,

**SALARY PACKAGE ACCOUNTS**  
**COMPLIMENTARY PERSONAL ACCIDENTAL INSURANCE COVERS**  
**RENEWAL OF GROUP PERSONAL ACCIDENT INSURANCE POLICY**  
**FOR THE PERIOD 04.01.2022 TO 03.01.2023**

DA-3  
S.S.22

Greetings from SBI.

We convey our gratitude for our valued relationship with Central Reserve Police Force. As you are aware, Personal Accidental Insurance Cover is available on Central Armed Police Salary Package (CAPSP) Accounts.

2. In this regard, we wish to advise that Group Personal Accident Insurance Policy for Salary Package Accounts has been renewed and **Tata AIG General Insurance Co. Ltd (TAGICL)** has been engaged as Insurance Provider for policy period from **04/01/2022 to 03/01/2023**.

3. Personal Accident Insurance (Death) Cover and Disablement Cover have been enhanced for Central Armed Police Salary Package (CAPSP). New Insurance Covers have been introduced for Retired Personnel of CAPSP. Package-wise Insurance Covers along with complimentary Add-on Covers are detailed in **Annexure-1**.

4. Existing Insurance Broker Firm M/s Anand Rathi Insurance Brokers Ltd. (ARIBL) will co-ordinate with Insurance Company for expeditious settlement of claims relating to CAPSP Accounts. Death Intimation as well as Claims Forms may also be marked to them for expeditious settlement. Details of the Insurance company and Insurance Broker Firm along with the contact details of the dealing officer (s) have been furnished in **Annexure-2**.

5. The Claimants must submit claims / requisite documents either to Insurance Company directly or through Insurance Broker Firm. Concerned Bank Branch will assist / guide claimants for submission of claims / requisite documents for **expeditious settlement**.

bank.sbi  
+91 22 2274 1360  
dgm.citu@sbi.co.in

DA3  
D/G (Adm) Pse issue copy to all for strict compliance  
S.S.22

सेलरी पैकेज खाता विभाग  
वैयक्तिक बैंकिंग व्यवसाय गट  
कॉर्पोरेट केंद्र, 13वा मजला  
स्टेट बैंक भवन, मादाम कामा रोड  
मुंबई - 400021, भारत

सेलरी पैकेज खाता विभाग  
वैयक्तिक बैंकिंग व्यवसाय इकाई  
कॉर्पोरेट केंद्र, 13वीं मंजिल  
स्टेट बैंक भवन, मादाम कामा मार्ग  
मुंबई - 400021, भारत



Salary Package Accounts Department  
Personal Banking Business Unit  
Corporate Centre, 13th Floor  
State Bank Bhavan, Madame Cama Road  
Mumbai - 400021, India

6. Annexures detailing claim submission process and forms required to be submitted by claimants to Insurance Company for settlement of Accident Insurance Claims are attached as under:

Annexure 3	Claim submission process.
Annexure 3A	Contact details of Insurance Company with escalation Matrix.
Annexure 4	Claim Intimation Form.
Annexure 5	Claim Submission Form.
Annexure 6	Branch Certificate.
Annexure 7	Nominee's Account Details (NEFT/ RTGS Form).
Annexure 8,9,10	Permanent Total Disability Claim form and Permanent Partial Disability Claim forms

7. It is pertinent to mention that benefits will be available only when the account is categorised as CAPSP (earlier name PMSP). There may be cases where salary / Pension is being credited but account is not categorised as CAPSP / CAPSP Pension. You are requested to please advise all the serving personnel / Pensioners to verify their accounts through Passbook/ Internet Banking, whether their account have been properly classified as CAPSP / CAPSP Pension with appropriate variant (Gold / Diamond / Platinum). In case the account is not categorised as CAPSP / CAPSP Pension under proper variant, they should submit a written request to their Home Branch along with required documents.

Assuring you of our best services always.

Your faithfully,



(P.S. Yadav)  
Deputy General Manager (SPA)

**GROUP PERSONAL ACCIDENT INSURANCE POLICY (04/01/2022-03/01/2023****Central Armed Police Salary Package (CAPSP)**

<b>A: PERSONAL ACCIDENT INSURANCE (DEATH) COVER (PAI) **</b>			
<b>Package</b>	<b>Gold</b>	<b>Diamond</b>	<b>Platinum</b>
CAPSP : For Serving Personnel		Rs. 50 Lakhs	
CAPSP Pension Accounts of Retired Personnel		Rs 30 Lakhs	

<b>B: AIR ACCIDENT INSURANCE (DEATH) COVER: (AAI) **</b>			
<b>Package</b>	<b>Gold</b>	<b>Diamond</b>	<b>Platinum</b>
CAPSP : For Serving Personnel		Rs. 1 crore	

**MANDATORY CONDITION FOR ELIGIBILITY TO CLAIM AAI:**

AAI cover claim will be treated as a valid claim only in event of death occurring while undertaking journey by Airline / Aircraft and the related air ticket having been purchased by debit to Salary Package Account using **Cheque / State Bank Debit Card / Internet Banking** or where ticket is not required to be purchased by the account holder (service / combat / chartered aircrafts of Defence / Paramilitary / Police forces) or is provided by the department for official duty. However, it is noted that total claims under this category will be limited to Rs. 25 Crore for any one Air Accident incident and maximum Rs. 50 crore in policy year 04.01.2022 to 03.01.2023 for all SBI Salary Package Accounts of SBI.

<b>C: PERMANENT TOTAL / PERMANENT PARTIAL DISABILITY COVER **</b>			
<b>Package</b>	<b>Gold</b>	<b>Diamond</b>	<b>Platinum</b>
CAPSP : For Serving Personnel		Maximum Rs. 50 Lac	

**PERMANENT TOTAL / PERMANENT PARTIAL DISABLEMENT (PTD/PPD):**

*Claims will be settled as per Insurance Policy guidelines only in event of injury occurring to insured Salary Package Account holder, solely and directly from accident caused by external, violent, and visible means within 12 calendar months of its occurrence resulting in permanent disablement, the claim will be settled by Insurance company as per Insurance Policy guidelines on PTD / PPD)*

\*\* Terms and Conditions apply. Insurance cover will be available from 04.01.22 to 03.01.2023 and continuation thereafter will be subject to review / renewal.



**D: ADD-ON COVERS INCLUDED IN PAI (APPLICABLE IN CASE ELIGIBLE PAI CLAIMS ON ACCIDENTAL DEATH UNDER SALARY PACKAGES) ##**

Sl No.	Description	Cover amount
i.	Cost of Plastic Surgery/Burn	Rs. 10 Lakhs
ii.	Transportation of Imported Medicine	Rs. 5 Lakh
iii.	Death in Coma (more than 48 hrs) after accident	Rs. 2 Lakhs
iv.	Air Ambulance Cover	Rs. 10 Lakhs
v.	Child Higher Education Cover (for Graduation) age between 18-25 Years. -25% of entitled PAI cover. (If PAI claim is found admissible)	Rs. 5 Lakhs
vi.	Girl Child Cover for Marriage (Age 18-25 Years) – 10 % of entitled PAI Cover. (If PAI claim is found admissible)	Rs. 5 Lakhs
vii.	Family Transportation- (cost of travel incurred by immediate 2 family members to reach the place of accident)	Rs. 20,000/-
viii.	Repatriation of mortal remains	Rs. 20,000/-
ix.	Ambulance Charges	Rs. 15,000/-
x.	Xpress Credit Loan insurance cover for SBI loan accounts (Defence Personnel Covered under DSP/ CAPSP/ICGSP only) death in action against Anti National Activities/Terrorist /Naxalite/ Foreign enemy <b>(For Serving Personnel only)</b>	Rs. 5 Lakhs
xi.	Additional PAI cover for DSP/CAPSP/ICGSP, death in action against Anti National Activities/Terrorist /Naxalite/ Foreign enemy <b>(For Serving Personnel only)</b>	Rs. 10 Lakh

## Terms and Conditions apply. Insurance cover will be available from 04.01.22 to 03.01.2023 and continuation thereafter will be subject to review / renewal.



**GROUP PERSONAL ACCIDENT INSURANCE POLICY (04/01/2022-03/01/2023)**  
**INSURANCE COMPANY: TATA AIG GENERAL INSURANCE CO. LTD (TAGICL)**

**CONTACT DETAILS AND ESCALATION MATRIX**  
**TATA AIG GENERAL INSURANCE CO. LTD (TAGICL)**

All communications / correspondence regarding claims should be sent to:

**Tata AIG General Insurance Company Limited**  
**SBI PA Claims Unit, A-501, Building no-4, IT Infinity Park Dindoshi, Malad (E), Mumbai,**  
**400097**

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	paclaim.support@tataaig.com
2	Land Line Number	022-66930000, 1800-266-7780
3	Fax No.	022-66699718

**Escalation Matrix (TATA AIG General Insurance Co. Ltd.) - Contact Details**

Escalation Level	Designation	Contact No.	Email Id
1 <sup>st</sup> Escalation	Vishal Sawant, Deputy Vice President - Accident & Travel Claims	9324201008	<a href="mailto:vishal.sawant@tataaig.com">vishal.sawant@tataaig.com</a>
2 <sup>nd</sup> Escalation	Mahendra Sarvankar, Vice President - Accident & Travel Claims	9819497098	<a href="mailto:mahendra.sarvankar@tataaig.com">mahendra.sarvankar@tataaig.com</a>
3 <sup>rd</sup> Escalation	Rajagopal Rudraraju, Executive Vice President & National Head - Accident & Health Claims	9920057059	<a href="mailto:rajagopal.rudraraju@tataaig.com">rajagopal.rudraraju@tataaig.com</a>



**INSURANCE BROKER FIRM**

**M/S ANAND RATHI INSURANCE BROKERS LTD.**

**Correspondence Address:**

**M/s Anand Rathi Insurance Brokers Lt. (ARIBL),  
Regent Chambers, 10<sup>th</sup> Floor, Jamnalal Bajaj Marg,  
Nariman Point, Mumbai- 400021, Maharashtra  
Toll Free No: 1800-123-8733  
Email ID: paihelpdesk@rathi.com**

Land Line No.	<b>022-4909 3000/3003/3006</b>		
<b>Contact details of dealing officials:</b>			
<b>Name</b>	<b>Designation</b>	<b>Mobile No.</b>	<b>Email id</b>
Shri Kunal Balakrishnan	Asstt. Manager	9167866050	<a href="mailto:kunalbalakrishnan@rathi.com">kunalbalakrishnan@rathi.com</a>
Shri Bhupendra Thanekar	Manager (Corporate General Insurance)	9833784147	<a href="mailto:bhupendrathaneekar@rathi.com">bhupendrathaneekar@rathi.com</a>
Ms. Binita Shah	Sr. Vice President	—	<a href="mailto:binitashah@rathi.com">binitashah@rathi.com</a>



**CLAIM INTIMATION AND SUBMISSION PROCEDURE**  
**INSURANCE COMPANY: Tata AIG General Insurance Co. Ltd. (TAGICL)**

**Group Personal Accident Policy for "Salary Package Account Holders of State Bank of India"**

TAGICL Policy No.

Policy period- 04.01.2022 to 03.01.2023

**(A) CLAIM PROCESS**

1. The claim process consists of 2 stages:
  - (a) Submission of Intimation to TAGICL
  - (b) Submission of the Claim Form & other documents to TAGICL
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 - 6669 9718**
  - (b) Email ID: [paclaim.support@tataaig.com](mailto:paclaim.support@tataaig.com)/ [vishal.sawant@tataaig.com](mailto:vishal.sawant@tataaig.com)
4. The following details are to be provided:
  - 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 of the SBI Branch and their Code No.
  - ix. Name of the Unit/ organization
  - x. Personal/ 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) and Claim Form duly signed by the claimant. **(Annexure 5).**
- b) Branch Manager Certificate on Bank letter head. **(Annexure 6).**
- c) Bank and NEFT form by Nominee/Claimant/ Legal heir. **(Annexure 7).**
- d) Attested Legible Copy of Police F.I.R (*For Armed forces: Defence Authority report in case FIR is not available*)
- e) Attested Legible Copy of Postmortem Report.





- f) Attested Legible Copy of Death Certificate.
- g) PAN card copy of the Claimant. If not available, then Form 60 to be submitted.
- h) 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.
- i) 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.
- h) For Air Accident: Bank statement indicating purchase of Air ticket using SBI Debit card/ Internet Banking.
- i) Viscera Report/chemical analysis report in case where postmortem report shows the cause of death is poisoning or alcohol or any substance abuse.
- j) Aadhar Card of the Nominee/Legal Heir
- k) Pan Card of the Nominee/Legal Heir
- l) Certified Copy of Final Police Investigation Report in case of train accident/drowning/murder.

## ii) Disability Claims (Only 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)

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

### i. Cost of Plastic Surgery / Burn (only for Gold, Diamond, Platinum)

- 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 (only for Gold, Diamond, Platinum)

- 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 in Coma (more than 48 hrs) after accident

- a) Medial 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. Higher Education Cover for child ,for Graduation (age between 18-25 Years)

- 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 marriage: Marriage expenses: (18-25 age)

- 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.

7. Claimant should submit the Claim Form completed in all respects, with relevant documents mentioned under **Para 4** above, directly to TAIGCL. **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 TAIGCL claim department.

8. However, claim application received by the SBI Bank Branch having the Salary Account, should be forwarded to TAIGCL 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 TAIGCL 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 event where death occurs after the expiry of policy.



**CONTACT DETAILS AND ESCALATION MATRIX**  
**Tata AIG General Insurance Co. Ltd. (TAGICL)**

Claim documents are to be sent to:

**Tata AIG General Insurance Co. Ltd. (TAGICL)**  
A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E), Mumbai, 400097

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	<a href="mailto:vishal.sawant@tataaig.com">vishal.sawant@tataaig.com</a> <a href="mailto:paclaim.support@tataaig.com">paclaim.support@tataaig.com</a>
2	Land Line Number	022 – 66930000
3	Fax No.	022-6669 9718
4	Toll Free No	1800-266-7780

**Escalation Matrix (TAGICL) - Contact Details**

Escalation Level	Designation	Email I'd	Contact No.
1 <sup>st</sup> Escalation	Vishal Sawant, Deputy Vice President - Accident & Travel Claims	<a href="mailto:vishal.sawant@tataaig.com">vishal.sawant@tataaig.com</a>	9324201008
2 <sup>nd</sup> Escalation	Mahendra Sarvankar, Vice President - Accident & Travel Claims	<a href="mailto:mahendra.sarvankar@tataaig.com">mahendra.sarvankar@tataaig.com</a>	9819497098
3 <sup>rd</sup> Escalation	Rajagopal Rudraraju, Executive Vice President & National Head - Accident & Health Claims	<a href="mailto:rajagopal.rudraraju@tataaig.com">rajagopal.rudraraju@tataaig.com</a>	9920057059





WITH YOU ALWAYS

**Tata AIG General Insurance Co. Ltd.**

 Claims Department, A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E),  
Mumbai, 400097

**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)	0239220907	Address: Tata AIG General Insurance Co. Ltd Claims Department, A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E) Mumbai, 400097 Toll free No 18002100399 Phone/Fax No. 022-66930000/66699718 Email Id: sbicclaims@tataaig.com Cc: vishal.sawant@tataaig.com paclaim.support@tataaig.com
Policy Period	04 .01.2022 to 03.01.2023	

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), Ac for DSP/CAPSP/ICGSP (Death in action No 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	Variant of Salary Package A/c (tick the appropriate box)	Silver <input type="checkbox"/> Gold <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/>
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 .....



**Tata AIG General Insurance Co. Ltd.**Claims Department, A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E),  
Mumbai, 400097**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.*

<b>Policy No.</b> <b>(State Bank of India)</b>	<b>0239220907</b>	<b>Address:</b> Tata AIG General Insurance Co. Ltd A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E) Mumbai, 400097 Phone/Fax No. 022-66930000/66699718 Email Id: vishal.sawant@tataaig.com paclaim.support@tataaig.com
<b>Policy Period</b>	<b>4.01.2022 to 03.01.2023</b>	

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 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)**

Sl 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.		XI	Aadhar Card of Nominee/Joint Account holder /Claimant in the salary package account	
III	Annexure 7: Bank details/ NEFT Form of Nominee/Joint Account /Claimant holder in the salary package account		X	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		XII	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		XIII	In case of multiple heirs, (consent from all the legal heirs)	
VII	Defence Authority report in case FIR is not available (For Armed forces)		XIV	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





**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	Name of the Salary Package Account holder	:	
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	Salary Package Account Number	:	
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:	:	Silver/ <input type="checkbox"/> Gold <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/>
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 to be mentioned)	:	
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 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.

Branch Name  
Branch Code  
Date:

For State Bank of India

Signature of Branch Manager

Name of the Signing Officer:





WITH YOU ALWAYS

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

**Tata AIG General Insurance Co. Ltd.**

Claims Department, A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E).  
 Mumbai, 400097

*sbicclaims@tataaig.com/vishal.sawant@tataaig.com*  
 (Policy No. 0239220907)

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	<b>State Bank of India</b>
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, Tata AIG General 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 Tata AIG General 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 from my account in which insurance claim due is paid.

Name: (.....)

Signature of the Applicant (Claimant)

Place:

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





**Tata AIG General Insurance Co. Ltd.**  
 Claims Department, A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E),  
 Mumbai, 400097

**PERMANENT TOTAL/ 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)	0239220907	Address: Tata AIG General Insurance Co. Ltd A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E) Mumbai, 40009 Toll Free No: 18002100399 Phone/Fax No. 022-66930000/66844335 Email Id: sbiclaims@tataaig.com Cc.vishal.sawant@tataaig.com paclaim.support@tataaig.com
Policy Period	04 .01.2022 to 03.01.2023	

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:





WITH YOU ALWAYS

**Tata AIG General Insurance Co. Ltd.**

Claims Department, A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E),  
Mumbai, 400097

**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	<b>Details of Accident</b>	
	a) Nature of Accident	
	b) Cause of Accident	
	c) Whether the appearance of the injuries is consistent with account given of the accident	
3	<b>Details of Injury/ loss</b>	
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  
Qualification

Stamp



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

**Signature of Branch Manager**

**Branch Name:**

**Branch Code:**

**Branch Stamp**





WITH YOU ALWAYS

**Tata AIG General Insurance Co. Ltd.**

 Claims Department, A-501, Building no-4, IT Infinity Park, Dindoshi, Malad E,  
Mumbai, 400097

**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)

# No column should be left Blank, mark NA if nor applicable.

Policy No. (A/c State Bank of India)	0239220907	Address: Tata AIG General Insurance Co. Ltd A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E) Mumbai, 40009 Toll Free No: 18002100399 Phone/Fax No.022-66930000/66844335 Email Id: sbicclaims@tataaig.com Cc.vishal.sawant@tataaig.com paclaim.support@tataaig.com
Policy Period	04 .01.2022 to 03.01.2023	

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), Ac for DSP/CAPSP/ICGSP (Death in action No 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	Variant of Salary Package A/c (tick the appropriate box)	Silver <input type="checkbox"/> Gold <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/>
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 .....

