DIRECTORATE GENERAL,
CENTRAL RESERVE POLICE FORCE
CGO COMPLEX, LODHI ROAD, NEW DELHI

No. A.I-1/2018-19-A/C-3 Dated the 12 Mar '2019.

To,

The Spl.DG, Central Zone,
Kolkata, Guwahati, Jammu, Hyderabad
All Sector/Ops IsGP including IGP Comn/Trg CRPF,
CoBRA/RAF and IGP CHs
The Director ISA, Mount Abu/CRPF/Academy, Kadarpur

Subject : **CORPORATE, GOVT & INSTITUTIONAL TIE-UPS : SALARY PACKAGE ACCOUNTS : (A). PERSONAL ACCIDENT INSURANCE (DEATH) COVER (PAI) (B). AIR ACCIDENT INSURANCE (DEATH) COVER (AAI) (C). PERMANENT TOTAL DISABILITY (PTD) & PERMANENT PARTIAL DISABILITY (PPD) RENEWAL POLICY FOR THE PERIOD 04.01.2019 TO 03.01.2020 INSURANCE PROVIDER : UNITED INDIA INSURANCE COMPANY LIMITED (UIICL) UIIC POLICY NO. 1203004218P113494902.**

Please find enclosed herewith a copy of Dy. General Manager (G&ITU), SBI letter No. PB/G&ITU/233 dated 22nd Feb'2019 along with its enclosures regarding Renewal of Policy for the period 04.01.2019 to 03.01.2020 of Personal Accident Insurance (Death) to all variants of accounts under Para Military Salary Package (PMSP). The instructions on the subject matter may please be brought to the notice of all formations under your administrative control for further needful action.

Encl. (29 leaves)

(Manoj Dang)2-I/C
AD(ACCTS)DTE, CRPF

Internal :

ADG(Trg)/Director(Medical) for information and necessary action.
DIG (IT) for uploading in CRPF Website /DMS.
DC(Welfare)/AC(Adm-I/II & Adm/Accts) Dte. Genl.

Encl. (29 leaves)

भारतीय स्टेट बैंक
भारतीय स्टेट बैंक
STATE BANK OF INDIA

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

PB/G&ITU/ 233

22nd Feb. 2019

Dear Sir,

Corporate, Govt. & Institutional Tie-ups: Salary Package Accounts
A. Personal Accident Insurance (Death) Cover (PAI)
B. Air Accident Insurance (Death) Cover (AAI)
C. Permanent Total Disability (PTD) & Permanent Partial Disability (PPD)
Renewal of Policy for the Period 04.01.2019 to 03.01.2020
Insurance Provider: United India Insurance Company Limited (UIICL)
UIIC Policy No. 1203004218P113494902

We refer to our letter no. PBBU/G&ITU/135 dated 05.02.2018 and advise that the Group Personal Accident Insurance Policy for Salary Package accounts with IFFCO Tokio General Insurance Company Limited (ITGICL) was valid up to 03.01.2019. The Policy has since been renewed and **United India Insurance Company Limited (UIICL)** has been selected as Insurance Provider for the captioned covers for one year i.e. **from 04.01.2019 to 03.01.2020**.

2. Accordingly, **PAI, AAI, PTD & PPD claims**, where the salary account holder has met with **an accident between 04.01.2019 and 03.01.2020** and declared disable/ expired subsequently, but within the twelve calendar months of the date of accident should be submitted to UIICL.

3. However, **PAI Death claims** pertaining to the previous Policy period i.e. **from 04.01.2018 to 03.01.2019 will continue to be serviced by ITGICL**. Also, in case of **accidents occurring between 04.01.2018 & 03.01.2019 and death happening subsequently within 12 calendar months of date of accident** will also be serviced by ITGICL. It is to be mentioned that office of ITGICL has shifted from Andheri to Bandra in Mumbai.

4. The Bank has decided to continue the services of the existing Insurance broker i.e. **Anand Rathi Insurance Brokers Ltd. (ARIBL)** who will co-ordinate with United India Insurance Company Limited and IFFCO Tokio General Insurance Company Limited (ITGICL) for expeditious settlement of claims. **Death intimation as well as Claim Forms may also be marked to them for expeditious settlement.** Details of the Insurance companies and Insurance Broker along with contact number of the dealing officials have been furnished in **Annexure I.**

5. Salary Package wise eligibility for PAI and AAI cover, intimation and claim process, etc. are detailed as per Annexures noted below:

bank.sbi
+91 22 2274 1360
+91 22 2274 1302 / 11
+91 22 2274 1312
dgm.citu@sbi.co.in

कॉरपोरेट आणि संस्थात्मक सरकारी वित्तीय बँकिंग व्यवसाय एट कॉरपोरेट केंद्र, 13वा मजला स्टेट बँक भवन, मादाम कामा मार्ग नरीमन पॉइंट, मुंबई 400021

कॉरपोरेट एवं संस्थागत सरकारी वित्त वैश्विक बैंकिंग व्यवसाय इकाई कारपोरेट केन्द्र, 13वी मंजिल स्टेट बैंक भवन, मादाम कामा रोड नरीमन पॉइंट, मुंबई 400021

Corporate & Institutional Tie-Ups Dept.,
Personal Banking Business Unit
Corporate Centre, 13th Floor
State Bank Bhavan, Madame Cama Road
Nariman Point, Mumbai 400021

Annexure – I & II	Details of the insurance Co. & Salary Package wise eligibility
Annexure -1A	Terms and conditions for Add on Covers included under PAI (applicable in case of accidental death)
Annexure - 2	General guidelines
Annexure - 3	Intimation, Claim submission procedure
Annexure - 3A	Contact details of ITGICL and ARIBL with escalation matrix
Annexure - 3B	Grievance redressal mechanism
Annexure – 4	Claim Intimation Form
Annexure - 5	Claim Form
Annexure - 6	Branch Manager's Certificate
Annexure - 7	NEFT Form
Annexure - 8	Forwarding Letter on Branch Letter Head
Annexure – 9 to 11	Permanent & Partial disability Cover

5. It is essential that the Salary Accounts are opened with appropriate/ correct customer type and product codes under DSP/ PMSP/ ICGSP etc. We would request you to send necessary communication to all your personnel having their salary accounts with SBI 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 enable us to extend the related benefit.

6. PAI/ AAI (Death) Cover as well as PTD/ PPD will be available for the beneficiaries **even during training as well as in case of death in Terrorist/ Naxalite action.**

Yours faithfully,

(Ajay Kumar Jha)
Dy. General Manager (G&ITU)

Encl: as above

UNITED INDIA INSURANCE CO. LTD

ADDRESS: United India Insurance Co. Ltd, Divisional Office-11, 1_st Floor, Maker Bhavan-1, Sir V.T. Marg, Mumbai-400020, Maharashtra			
Land Line No.	022-22624525/022-22624818		
Fax No.	022-22624579		
Email ID & Mob.no of Officer Dealing with employee is as under:			
Name	Designation	Mobile no.	Email ID
Mrs.Vijaya N.Bijewar	Admn.Officer	8108145679	vijayanbijewar@uiic.co.in
Mr.Ketan Rastogi	Admn.Officer	8077629178	ketanr@uiic.co.in
Ms.Swapna D.Nijai	Asst.Manager	8806260518	swapnadnijai@uiic.co.in
Mr.Vijay T.Sangtani	Divisional Manager	9730228022	vtsangtani@uiic.co.i

IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED:

NEW ADDRESS: IFFCO-TOKIO General Insurance Company Limited, 3rd & 4th Floor, IFFCO Bhavan 181, Waterfield Road, Bandra West, Mumbai - 400050, Maharashtra		
Sr. No.	**Channel**	**Details**
1	Email ID	**sbigpa@iffcotokio.co.in**
2	24 X 7 Toll Free No.	1800 103 5499
3	Fax No.	022 - 29203580
4	Contact	022 - 67771217

ANAND RATHI INSURANCE BROKERS LTD.

ADDRESS: Anand Rathi Insurance Brokers Lt. (ARIBL), Regent Chambers, 10th Floor, Jamnalal Bajaj Marg, Nariman Point Mumbai- 400021, Maharashtra		
1	Contact Person	Bhupendra Thanekar, Manager (Corporate General Insurance)
2	Telephone	022-4909 3000/3001/3006,
3	Mobile	9833784147
4	Toll Free No	1800-123-8733
5	Email	paihelpdesk@rathi.com

ACCIDENT INSURANCE COVER

A: PAI COVER				
Package	Silver	Gold	Diamond	Platinum
CGSP, RSP, SGSP, CSP, PSP (Home Guard), START UP	Rs.1 lakh	Rs. 5 lakh	Rs.15 lakh	Rs.20 lakh
PSP	Rs.5 lakh	Rs. 5 lakh	Rs.15 lakh	Rs.20 lakh
DSP, PMSP, ICGSP	Rs. 30 Lakh			

B: AAI COVER:				
Package	Silver	Gold	Diamond	Platinum
CGSP, RSP, SGSP, CSP, PSP (Home Guard), START UP	Nil	Rs. 5 lakh	Rs.20 lakh	Rs. 30 lakh
PSP	Nil	Rs. 5 lakh	Rs.15 lakh	Rs.20 lakh
DSP, PMSP, ICGSP	Rs. 100 Lakh			

***Mandatory Condition for eligibility to claim AAI**: The AAI cover claim will be treated as a valid claim only in event of death occurring while undertaking journey by Airline/ Aero plane/ Helicopter and the related air ticket has been purchased by debit to Salary Package Account using State Bank Debit Card/ Internet Banking (INB). Under Start-Up Salary Package AAI cover is available to Platinum variant only.*

C: PERMANENT TOTAL DISABLITY AAI COVER				
Package	Silver	Gold	Diamond	Platinum
CGSP, RSP, SGSP, CSP, PSP (Home Guard), START UP	Nil			
PSP	Nil			
DSP, PMSP , ICGSP	Rs. 30 Lakh			

***(Permanent Total Disablement (PTD)**: In event of injury occurring to the 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 total permanent disablement, the claim will be settled as per IRDA guidelines on PTD).*

D: PERMANENT PARTIAL DISABLITY AAI COVER				
Package	Silver	Gold	Diamond	Platinum
CGSP, RSP, SGSP, CSP, PSP (Home Guard), START UP	Nil			
PSP	Nil			
DSP, PMSP, ICGSP	Rs. 10 Lakh			

***Permanent Partial Disablement (PPD)**: Where a part of the body becomes permanently disabled (i.e. partial loss as dfined by IRDA) due to an accident, the claim will be settled as per the IRDA guidelines on PPD.*

E: Add-on Covers to be included in PAI (Applicable in case of Accidental Death under all Salary Pacakges):

i. Cost of Plastic Surgery/Burn (only for Gold, Diamond & Platinum): Rs. 2.00 lakh.
ii. Transportation of Imported Medicine (only for Gold, Diamond & Platinum): Rs. 1.00 lakh.
iii. Death after Coma after accident (more than 24 hrs): Rs. 2.00 lakh.
iv. Air Ambulance: Rs. 5.00 lakhs.
v. Higher Education (only Graduation): 15% of PAI cover max. Rs. 4.00 lakh.
vi. Girl Child Cover: Marriage (18-25 age): 10% of PAI Cover, maximum Rs. 2.00 lakh.
vii. Family Transportation: Rs. 20,000/- (cost of travel incurred by immediate 2 family members to reach the place of accident)
viii. Repatriation of mortal remains - Rs. 20,000/-
ix. Ambulance Charges: Rs 1,500/-

[Nomenclature: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), Start-up Salary Package (SUSP)]

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Annexure- 1 A

TERMS & CONDITIONS FOR ADD ON COVERS TO BE INCLUDED PAI COVER (APPLICABLE IN CASE OF ACCIDENTAL DEATH)

1. **Cost of Plastic Surgery/Burn (only for Diamond and Platinum Variants):** In case the Salary Account Holder (also referred to as **"insured person"**) dies due to accident tenable under terms & conditions of the policy. The insurance company will reimburse the actual cost of plastic surgery due to burn, incurred prior to death of insured person, subject to a maximum limit of Rs. 2 lakh, as an additional benefit.

2. **Transportation of Imported Medicine (only for Gold, Diamond and Platinum Variants):** If a claim is accepted as a valid claim then Insurance Company will reimburse the expenses incurred as freight charges for importing medicines on producing invoice copy of freight expenses, subject to maximum of Rs. 1 Lakh, as an additional benefit.

3. **Death after Coma:** In case the insured person has gone into Coma after accident for more than 24hrs, prior to his death, then the insurance Company will pay Rs 2 lakh, as an additional benefit.

4. **Air Ambulance :** If the claim is accepted as a valid claim then the expenses incurred for engaging an Air Ambulance for transporting the insured person to the nearest hospital prior to his death, will be paid by the Insurance Company, subject to maximum amount of Rs. 5 lakhs, as an additional benefit.

5. **Higher Education Cover:** If a claim is accepted as a valid claim **(other than road accident)**, then this cover is extended for higher education (only graduation) of children of the insured person, pursuing fulltime course in a recognized college. An amount of up to 15% of PAI Sum Insured subject to maximum of Rs. 4 lakh, is payable, in case the insured person has died due to accident **(other than road accident).**

6. **Girl Child Cover (as an additional benefit)- Marriage (18- 25 yrs):** If a claim is accepted as a valid claim then this benefit is extended to a Girl Child of the insured person, whose age is between 18-25 years. An amount of up to 10% of PAI Sum Insured subject to maximum of Rs. 2 lakh is payable to the Girl child, subject to the insured person has died due to accident **other than road accident.**

7. **Family Transportation:** If a claim is accepted as a valid claim then the expenses incurred in transporting 2 immediate family members to the hospital, subject to maximum of Rs.20,000/- will be reimbursed, as an additional benefit.

8. **Mortal Remains:** If a claim is accepted as a valid claim, expenses incurred in transporting the mortal remains of the insured person from the place of

hospital to his/her residence, subject to maximum of Rs. 20,000/-, will be paid as an additional benefit.

9. **Ambulance Charges:** If a claim is accepted as a valid claim, expenses incurred towards Ambulance Charges, subject to maximum of Rs. 1,500/- will be paid as an additional benefit.

Annexure 2

GENERAL GUIDELINES

1. The PAI (Death) Cover will be available ONLY in case of death resulting solely and directly from accident caused by external, violent and visible means.
2. ONLY Primary Salary Package Account holders (i.e. account holder for whom salary is being credited) having salary credits for at least 2 consecutive month's salary preceding the date of the incident shall be covered.
3. The benefit of PAI and AAI will be available to the claimant only if the accounts are opened/ converted under the Salary Package with appropriate product codes i.e. CSP/DSP/PMSP/ICGSP/PSP/RSP/SGSP/CGSP/SUSP.
4. The policy will be for existing as well as new Salary Package Account holders.
5. In case of multiple accounts related to a single CIF, ONLY ONE account where salary is credited will be taken into consideration.
6. The Personnel Accident Insurance Cover will be available to all the Salary Package customers of CSP/DSP/PMSP/RSP/SGSP/PSP/ICGSP/CGSP/Start-Up/PSP-Home Guards etc.
7. Joint account holders of Salary Package Accounts, Account holders of Special Package for Insurance & Commission Agents (SPICA), Broking Clients, Pensioners of DSP, PMSP and ICGSP are not included under Free PAI /AAI Cover.
8. The Personal Accident cover will be available for the beneficiaries even in case of death in **a Terrorist / Naxalite action.**
9. In case of **Defence (Army, Air Force, and Navy) and Para Military Personnel, including their pilots and co-pilots, death due to aircraft accident/ship accident other than declared war by Government of India shall also be covered.**
10. Death of Defence and Para Military personnel, including their pilots & co-pilots crew members, resulting directly & solely from an injury sustained because of an aircraft accident, in situation which is not declared war, including while conducting rescue operations for civilians during natural disasters like flood, and other such civilian operation, to be covered under the Policy.
11. The Salary Account Holders of Commercial Airlines/Ships including crew i.e. pilots/crew members of commercial airlines/ships will be covered under the policy as per PAI cover & APAI cover.
12. The AAI claim will be treated as valid claim only on the precondition that the Air Ticket has been purchased by debit to Salary Account using State Bank Debit Card/ Internet Banking (INB)
13. Claimants will submit claims either directly to the Insurance Company or through Branch of the Bank concerned. The Insurance Company will settle claims independently. Bank will not be a party to any dispute between the claimant and insurance company.

14. All the claims will be payable by the insurance company and Bank/Broker shall have no liability whatsoever in respect thereof.

15. Intimation of claims by claimants/Senders will generally be done through email/ fax/ letter within 90 (ninety) days of the death of the Salary Package Account Holder. The relevant supportive documents as per the arrangement may be submitted by the claimant /branch subsequent to submission of intimation within 180 days of the date of death. Claims occurring between 04.01.2018 to 31.03.2018 will have additional 60 days window for claim intimation (150 days) & Documents submission (240 days).

16. On receipt of the claim, the insurance company should send an acknowledgement to the claimant/ sender.

17. The insurance Company shall, on receipt of complete set of documents, process the claim. Any requirement/ deficiencies in the documents submitted shall be sought by the Insurance Company within 10 working days of receipt of the claim. All the documents being in order, the Insurance Company will settle the claim within 15 working days from the date of receipt. **In case of delay beyond 30 days, the Insurance Company shall pay prescribed interest as per the Protection of Policy holders' Interest Regulations, 2017.**

18. The beneficiary on death of Primary Salary Account holder shall be as follows:

i. In case of account opened in single name, the nominee will be beneficiary for the purpose of insurance claim. (Bank's role will be limited only to certify the names of nominee as per Bank records).

ii. In case, the account is opened as joint account, then the beneficiary will be the surviving account holder(s) for the purpose of insurance claim even if the nominee is available in the account. (Bank's role will be limited only to certify the names of surviving joint account holder(s) as per Bank records).

iii. In case, the account is opened as joint account, in event of death of all the account holders, the nominee, if available, will be the beneficiary for the purpose of insurance claim. (Bank's role will be limited only to certify the names of nominee as per Bank records).

iv. In cases other than a, b and c above the claim shall be settled as per the procedure of the insurer. The identification of legal heirs and the authenticity of the claim will be the responsibility of the insurer.

Annexure 3

CLAIM INTIMATION AND SUBMISSION PROCEDURE
UNITED INDIA INSURANCE CO. LTD (UIIC)

Group Personal Accident Policy for "Salary Package Account Holders of State Bank of India"	
UIIC Policy No. 1203004218P113494902	Policy period- 04.01.2019 to 03.01.2020

(A) CLAIM PROCESS

1. The claim process consists of 2 stages:
   (a) Intimation of the Death to UIIC
   (b) Submission of the Claim Form & other documents to UIIC

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 **UIIC** within 90 days of the death. The timely claim intimation of death is mandatory and to be sent to the following address:

United India Insurance Co. Ltd
Divisional Office–XI, Maker Bhavan No.1,1st floor, Sir V.T. Marg, Mumbai – 400020.
Fax No.: 022-22624579
Land Line Number- 022- 22624525/22624818
EmailId:120300@uiic.co.in/ vtsangtani@uiic.co.in

3. The intimation can also be given through the following channels :
   (Applicable both in case of Death and Disbality)
   (a) Fax No. **022 – 22624579 (As per Annexure 4) or**
   (b) Email ID: 120300@uiic.co.in/ vtsangtani@uiic.co.in **(As per Annexure 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 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)
   x. Personal/ Force number (for DSP, PMSP account holders)

4. Immediately on registering the claim as mentioned above, a system generated reference number would be advised to the claimants by UIIC.

5. The claimant shall submit the following claim documents **to UIIC Mumbai** Office (Address mentioned under Para-2 above), within 90 days after intimation of death:

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

a) Completely filled Claim Form duly signed by the claimant, as per **Annexure 5.**
b) Attested copy of Police F.I.R *(For Armed forces: Defence Authority report in case FIR is not available)*
c) Copy of Post Mortem Report.
d) Copy of Death Certificate.
e) Branch Manager Certificate on Bank letter head, as per **Annexure 6.**
f) PAN card copy of the Claimant. If not available, then Form 60 to be submitted.
g) 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.
h) NEFT form of claimant as per **Annexure 7,** certified by claimant's Bank, for the purpose of payment in respect of settlement of claim.
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.
j) For Air Accident: Bank statement indicating purchase of Air ticket using SBI Debit card/ Internet Banking.
k) Viscera Report/chemical analysis report in case where post mortem report shows the cause of death is poisoning or alcohol or any substance abuse.
l) Aadhar Card of the claimant.

ii) Disability Claims (only the undernoted four forms are required)

a. Intimation as per Annexure 4
b. Claim form as per annexure 9
c. Medical Certificate as per annexure 10
d. Branch Crtificate as per annexure 11

ii) Additional 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. Invoice 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 24 hrs)-

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 (only Graduation)

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:-

Original Bill and receipt for transport of mortal remains, showing date and sector (From/to)

ix. Ambulance charge

All related original bills and their receipts.

6. Claimant will submit the Claim Form completed in all respects, with relevant documents mentioned under **Para 5** above, directly to UIIC. **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 UIIC claim department.

7. However, in case, the claim application is received by the SBI Bank Branch having the Salary Account, it shall be forwarded to UIIC Mumbai Office (Address in Para 2) along with a detailed covering letter.

8. **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).**

9. UIIC will settle claims independently without the involvement of the Bank.

10. Subsequent correspondence shall be between the claimant and UIIC.

11. All claims shall be entertained by UIIC 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.

B) SETTLEMENT PROCESS and CONTACT DETAILS

1. On receipt of complete set of documents, UIIC will process the claim. Any further requirement/ deficiencies in the documents submitted shall be sought by UIIC within 10 working days of receipt of the claim.
2. All the documents being in order, UIIC will settle the claim within 15 working days from the date of receipt.
3. All the correspondences related to claim will be directly taken up by UIIC with the claimant. Branch can be a facilitator.
4. All the settlement/ disputes will be between the claimant and UIIC.
5. UIIC will settle claims independently and the claim settlement will be entirely the responsibility of UIIC. Bank will have no liability towards any claim/ dispute between the claimant and UIIC.
6. In case of any delay UIIC shall pay interest as per IRDA Norms.

Annexure 3 A

CONTACT DETAILS AND ESCALATION MATRIX
UNITED INDIA INSURANCE CO. LTD(UIIC)

Any communications for correspondence regarding claims should be sent to:

United India Insurance Co. Ltd
Divisional Office–XI, Maker Bhavan No.1,1st floor, Sir V.T. Marg, Mumbai–400020. Fax No. :022-22624579 EmailId:120300@uiic.co.in/ vtsangtani@uiic.co.in

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	120300@uiic.co.in/ vtsangtani@uiic.co.in
2	Land Line Number	022- 22624525/22624818
3	Fax No.	022-22624579

All documents to be forwarded to the Address mentioned below

United India Insurance Co. Ltd
Divisional Office–XI, Maker Bhavan No.1,1st floor, Sir V.T. Marg, Mumbai–400020.
Email ID: 120300@uiic.co.in/ vtsangtani@uiic.co.in

Escalation Matrix (UIIC) - Contact Details

Escalation Level	Designation	Telephone
1st Escalation	Administrative Officer	8108145679
2nd Escalation	Assistant Manager	7507900037
3rd Escalation	Divisional Manager	9730228022

Assistance can also be availed from Anand Rathi Insurance Brokers Ltd (ARIBL) for knowing the status of claims as well as resolution of grievance. Contact details of ARIBL are as under:

Sr. No.	Channel	Details
	Name	Anand Rathi Insurance Brokers Ltd.
1	Contact Person	Bhupendra Thanekar, Manager (Corporate General Insurance)
2	Telephone	022-4909 3006,
3	Mobile	9833784147
4	Toll Free No	1800-123-8733
5	Email	paihelpdesk@rathi.com
6	Letter	Anand Rathi Insurance Brokers Lt. (ARIBL) Regent Chambers, 10th Floor, Jamnalal Bajaj Marg, NarimanPoint, Mumbai 400021

Annexure 3 B

GRIEVANCE REDRESSAL MECHANISM

Escalation Level 1

(i) The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint you can fill the online form or you may email to the customer service desk at 120300@uiic.co.in.

(ii) After investigating the matter internally and subsequent closure, we will send our response within a period of 15 days from the date of receipt of the complaint by the Company or its office in Churhgate, Mumbai In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 2

(i) For lack of a response or if the resolution still does not meet your expectations, you can write to the Head - Customer Services at vtsangtani@uiic.co.in

(ii)After examining the matter, we will send you our final response within a period of 14 days from the date of receipt of your complaint on this email id.

Escalation Level 3

Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach the **Insurance Regulatory & Development Authority (IRDA) or the Insurance Ombudsman**, whose details are given below:

Insurance Regulatory & Development Authority
United India Tower, 9th floor, 3-5-817/818, Basheerbagh,
Hyderabad- 500 029.
Contact Number: 040-66514888
Email ID: nonlifecomplaints.pvt@irda.gov.in
Toll Free Number: 155255
Email ID: complaints@irda.gov.in

a) It has been decided to engage the services of ARIBL for expeditious resolution of any grievance. **Moreover, UIIC has agreed that no claim will be rejected unless it is decided in the bipartite meeting between them and ARIBL.**

b) 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 IRDA website: www.irda.gov.in. The complaint may register his grievance through IRDA (Insurance Regulatory and Development Authority) online, at http://www.igms.irda.gov.in. 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

UNITED INDIA INSURANCE CO. LTD

DO-XI, Maker Bhavan No.-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020

Annexure 4

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT CLAIM INTIMATION FORM

To be submitted for claiming Personal Accident Insurance (PAI) (death only) /Air Accident Insurance cover (AAI) (death only) on salary package account within 90 days after date of death of Salary Package Account holder of SBI

Issuance of this format for intimation of a claim is not to be taken as an admission of liability.

Policy No (A/c State Bank of India)	**1203004218P113494902**	Fax No. : 022-22624579 Phone No. : **022- 22624525/22624818** Email Id: **120300@uiic.co.in/ vtsangtani@uiic.co.in** **Correspondence Address**: United India Insurance Co. Ltd., Divisional Office-XI, Maker Bhavan No.1, 1st floor, Sir V.T. Marg, Mumbai – 400 020.
Policy Period	**04 .01.2019 to 03.01.2020**	

1	Name of Salary Account holder	
2	Address in full	
3	a) Date of Death	
	b) Date of Accident	
	c) Time of Accident	
	d) Place of Accident	
	e) Details of Accident	
4	Salary Package Account No.	
5	Type of Salary Package Account	# CSP/DSP/PMSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP
6	Variant of Salary Package A/C :	Silver ☐ Gold ☐ Diamond ☐ Platinum ☐
7	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
8	Personnel / Force number in case of DSP / PMSP / ICGSP	

9	*Details of organization and Regiment/ Unit No. in case of DSP/PMSP/ICGSP*	*Name:* *Address:*
10	*Details of SBI Branch where Salary Account is maintained*	*Name:* *Branch Code :* *Address:*
11	*Name of Nominee/Joint Account holder in the salary package account [If Available]*	
12	*Relationship of Nominee with Account Holder [If Available]*	
13	*Address of the Nominee (if available)*	
14	*E Mail ID of Nominee (if available)*	
15	*Contact Number of Nominee (if available)*	

(#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), Start-up Salary Package (SUSP))
(@ STRIKE OUT WHAT IS NOT APPLICABLE)

The foregoing details 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 .....

(Intimation may be made through Email, Post, Telephone/ Fax)

UNITED INDIA INSURANCE CO. LTD.

DO- XI, Maker Bhavan No.-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020

Annexure 5

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT CLAIM FORM

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

Policy No. **(State Bank of India)**	**1203004218P113494902**	Fax No. : 022-22624579 Phone No. : 022- 22624525/22624818
Policy Period	**04.01.2019 to 03.01.2020**	Email Id:120300@uiic.co.in/ vtsangtani@uiic.co.in **Correspondence Address**: United India Insurance Co. Ltd., Divisional Office-XI, Maker Bhavan No.1, Ist floor, Sir V.T. Marg, Mumbai – 400 020.

1	Name of Salary Account holder	
2	Address of Claimant	
3	a) Date of Death	
	b) Date of Accident	
	c) Time of Accident	
	d) Place of Accident	
	e) Details of Accident	
4	Salary Package Account No	
5	Type of Salary Package Account	# CSP/DSP/PMSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP
6	Variant of Salary Package A/C :	@ Silver/ Gold/ Diamond/ Platinum
7	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
8	Name of Nominee/Joint Account holder in the salary package account [if Available]	

9	Relationship of Nominee/ Joint Account holder with Account Holder [If Available]		
10	E Mail ID of Nominee (if available)		
11	Mobile Number of Nominee		
12	Details of SBI Branch where Salary Account is maintained	Branch Name: Code : Address:	
13	Details of organization (Regiment/ Unit no. in case of DSP/PMSP/ICGSP also to be mentioned)	Name: Address:	
14	Personnel / Force number in case of DSP / PMSP / ICGSP		
15	Claim Amount	PAI:	(INR)
		AAI:	(INR)
		Add on Covers:	(INR)

Documents Submitted (Tick the box)			
Annexure 6 : Duly stamped and signed SBI Branch Manager's Certificate on Bank Letterhead		*Viscera Report / Chemical Analysis Report in case where post mortem report shows the cause of death due to poisoning or alcohol or confirm after Viscera/Chemical Analysis Report*	
Annexure 7 : *NEFT Form of Nominee/Joint Account /Claimant holder in the salary package account*		*Aadhar Card of Nominee/Joint Account holder /Claimant in the salary package account*	
Copy of Death Certificate		*PAN card copy of the Nominee/Joint Account holder/ Claimant in the salary package account. if not available, then form 60)*	
Copy of Post Mortem Report		*Photocopy of the first page of the Bank Passbook or Cheque containing the Name of Account Holder, IFSC Code of the Bank, Bank Account Number of Nominee/Joint Account holder/ Claimant*	
Copy of FIR Report		*Other suitable document to prove legal heir ship in case claimant is not a nominee / joint account holder as per Bank's record*	
Defence Authority report in case FIR is not available (For Armed forces)		*In case of multiple heirs, (consent from all the legal heirs)*	

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

Date: .....

Annexure 6

(On Bank's Letter Head)

State Bank of India

Branch Name: ***Branch Code No:***

Address: _____

Email: _____

Telephone No: ***Date:***

Policy No.: **1203004218P113494902**	*Policy Period 04.01.2019 to 03.01.2020*

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 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	:	*Name:*	
			Code:	
5	Type of Salary Package account DSP/PMSP/ICGSP/PSP/CSP/SGSP/CGSP/RSP	:		
6	Salary Package Account details :	:	*A/c No.*	
			Variant	*#Silver/ Gold/ Diamond/ Platinum*
7	Claim amount under Personal Accident/ Air Accident Insurance (Where Applicable)	:	*PAI*	*Rs.*
			AAI	*Rs.*
8	Nominee registered with the Bank on above mentioned Salary Package Account.(if any)	:		
	Address of Nominee	:		
	Phone No.	:		
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.	:		

(# Strike out what is not applicable)

The Bank or its Officers will not be held responsible for the genuineness/authenticity of 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

(SS No.)

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

UNITED INDIA INSURANCE CO. LTD.

DO- XI, Maker Bhavan No-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020
Email Id: 120300@uiic.co.in/vtsangtani@uiic.co.in

Annexure 7

Sir,

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

1.	**Registration for NEFT/RTGS payments**	
	Name of the Claimant (Account Holder)	
	Category	Personal Accident Insurance (Death) claim / Air Accident Insurance claim SBI Salary Package Account Holders
	Policy Number	1203004218P113494902
	Policy Period	04/01/2019 to 03/01/2020
	Claim number, if any , provided (policyholders only)	
	Permanent Address	Address for Communication
2.	**Bank Account Details for NEFT/RTGS**	
	Name of account Holder/Claimant	
	Bank Name	
	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 Photo copy of the first page of the Bank Pass Book 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, United India 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 United 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:

UNITED INDIA INSURANCE CO. LTD.
DO- XI, Maker Bhavan No.-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020
Email Id: 120300@uiic.co.in/vtsangtani@uiic.co.in

Annexure 8

No. Dated:

Dear Sir/ Madam

CLAIM UNDER PERSONAL ACCIDENT INSURANCE (DEATH)/ AIR ACCIDENT (DEATH)
COVER FOR SALARY PACKAGE ACCOUNT NO:
POLICY NO: VALID FROM TO
SALARY ACCOUNT HOLDER:
CLAIMANT: SHRI/SMT/Ms

We forward herewith an application for claim under Personal Accident Insurance (Death)/ Air Accident Insurance received from Shri/Smt/Ms..... Son/ Wife/Spouse of Shri/Smt/Ms ....., a Salary Package account holder with our branch under CSP/DSP/PMSP/ICGSP/RSP/SGSP/CGSP/PSP Start up, along with the following enclosures:

a) Claim form duly filled up
b) Copy of claim intimation (if available
c) Copy of Death Certificate.
d) Copy of police report and FIR. (For armed forces, Defence authority report in case FIR is not available)
e) Copy of Post Mortem Report
f) Certificate from the Bank together with the name of the nominee/ joint account holder, duly certified by the Bank officer with full address.
g) Pan Card copy /Form 60 of the claimant.
h) NEFT Form of the claimant, containing original cancelled cheque of the Bank account on the name of the claimant/ Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFS code.
i) For Air Accident (Death) Insurance claim : Certified copy of Bank statement of Salary Package account indicating purchase of Air ticket/ payment to travel agent for purchase of Air ticket by debit to Salary Account using SBI Debit Card/ Internet Banking.

The application and above documents are being forwarded to you, without any responsibility of the Bank or its officers regarding their genuineness/ authenticity except item (f) above and it shall be the responsibility of the Insurance company to ascertain the authenticity of the relevant documents. However, for any clarification in this regard, please correspond directly with the claimant at the address mentioned in the claim form.

Yours faithfully
Asst. General Manager/ Chief Manager/Branch Manager

Copy for information to:
(Name and address of nominee/ claimant).

The captioned claim with related annexure as mentioned above submitted by you have been forwarded to **United India Insurance Company Ltd.** at the recorded address. However, please note that all future correspondence in this regards should be taken up directly with the Insurance Company without involving the Bank. The Personal Accident (Death) Cover/ Air Accident Insurance cover, for Salary Package Account holders will be defined by the company as per the standard accidental death policies. The claim settlement will be entirely the responsibility of Insurance Company. All the settlement/ disputes will be between the claimant and the Insurance Company and the Bank will not be a party to such disputes.

Asst. General Manager/ Chief Manager/Branch Manager
(with stamp & seal of branch)

Copy for information and necessary action to:
Anand Rathi Insurance Brokers Ltd., Regent Chambers, 10th Floor, Jamanlal Bajaj Marg, Nariman Point, Mumbai 400021

Asst. General Manager/ Chief Manager/Branch Manager
(with stamp & seal of branch)

Annexure 9

UNITED INDIA INSURANCE CO. LTD.

DO- XI, Maker Bhavan No.-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020

PERMANENT TOTAL/ PARTIAL DISABILITY CLAIM FORM (Only for SBI)

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)	**1203004218P113494902**	*Fax No. : 022-22624579* *Phone No. :* **022- 22624525/22624818** *Email Id:* ***120300@uiic.co.in/ vtsangtani@uiic.co.in*** ***Correspondence Address:*** *United India Insurance Co. Ltd., Divisional Office-XI, Maker Bhavan No.1, Ist floor, Sir V.T. Marg, Mumbai – 400 020.*
Policy Period	***04 .01.2019 to 03.01.2020***	

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	DSP/PMSP/ICGSP/PSP
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)	
☐ Sight of both eyes	☐ separation of the two entire hands
☐ separation of the two entire feet	☐ one entire hand and one entire foot
☐ 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.

Signature of claimant.

Date:

Annexure 10

UNITED INDIA INSURANCE CO. LTD.

DO- XI, Maker Bhavan No.-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020

MEDICAL CERTIFICATE

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

1		**Details of Claimant (Salary Account Holder)**	
	a)	Name	
	b)	Sex	**Male:** **Female:**
	c)	Age	
2		**Details of Accident**	
	a)	Nature of Accident	
	b)	Cause of Accident	
	c)	Whether the appearance of the injuries are 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

Annexure 11

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

Branch Name: *Branch Code No:*

Address: _____
*Email:*_____
Telephone No:

This is to certify that Shri/Smt/Ms._____
who has disabled 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 **Salary Package Account** holder	:	
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, 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, **Date:**

..... **Branch)**

Branch Manager
SS No.