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/SPA/2020-21/111 Date: 18th March 2021

Dear Sir,

SALARY PACKAGE ACCOUNTS
COMPLIMENTARY ACCIDENT INSURANCE COVERS
RENEWAL OF GROUP PERSONAL ACCIDENT INSURANCE POLICY
FOR THE PERIOD 04.01.2021 TO 03.01.2022

The Group Personal Accident Insurance Policy for Salary Package Accounts has been renewed and **United India Insurance Company Limited (UIICL)** has been re-appointed as Insurance Provider for the period from 04/01/2021 to 03/01/2022.

2. While amount of Personal Accident Insurance (Death) Cover, Air Accident Insurance (Death) Cover, Disablement Cover remain unchanged, Child Education Cover has been enhanced from 15% to 25% with a ceiling of Rs. 5 lac under Add-on-covers. Details mentioned in **Annexure A**.

3. 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 for expeditious settlement of claims. Death Intimation as well as Claims Forms may also be marked to them for expeditious settlement. Details of the Insurance company and Insurance Broker along with the contact number of the dealing officer has been furnished in **Annexure B.**

4. The undernoted annexures detailing claim submission process along with requisite forms required to be submitted by claimants to Insurance Company for settlement of Accident Insurance Claims are also attached:

Annexure 1, 2	➢ General Guidelines. ➢ Terms and conditions for Add on Covers
Annexure 3, 3A, 3B	➢ Claim submission procedure. ➢ Contact details of Insurance Company with escalation Matrix. ➢ Grievance redressal mechanism.
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	➢ Branch Forwarding Letter.
Annexure 9,10,11	➢ Permanent Total and Partial Disability Claim forms.

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

कॉरपोरेट आणि संस्थागत गठजोड़ विभाग
वैयक्तिक बँकिंग व्यवसाय एकक
कॉरपोरेट केंद्र, 13वा मजला
स्टेट बँक भवन, मादाम कामा मार्ग
नरीमन पॉईंट, मुंबई - 400021

कारपोरेट एवं संस्थागत गठजोड़ विभाग
वैयक्तिक बैंकिंग व्यवसाय इकाई
कारपोरेट केन्द्र, 13वी मंजिल
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नरीमन पाईंट, मुंबई - 400021

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

5. It is essential that the Salary Accounts are opened with appropriate/ correct customer type and product codes under Central Armed Police Salary Package (CAPSP). There may be cases where salary is being credited but account is not categorised as CAPSP or salary is being credited in normal Savings Bank Account and some other account is categorised as CAPSP. Benefits of Salary Package will not be available in such cases. Hence, we request to please advise you personnel to verify whether their account have been properly classified as CAPSP with appropriate variant such as Gold / Diamond / Platinum through Pass Book / Internet Banking / YONO and if account is not categorised properly, they should submit a written request to their Home Branch along with latest KYC documents.

Assuring you of our Best services always.

Your faithfully,

(Ajay Kumar Jha)
Deputy General Manager (SPA)

Annexure-A

GROUP PERSONAL ACCIDENT INSURANCE POLICY (04/01/2021-03/01/2022)

A: PERSONAL ACCIDENT INSURANCE (DEATH) COVER			
Package	Gold	Diamond	Platinum
DSP, CAPSP, ICGSP	Rs. 30 Lac		

B: AIR ACCIDENT INSURANCE (DEATH) COVER:			
Package	Gold	Diamond	Platinum
DSP, CAPSP, ICGSP	Rs. 100 Lac		

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

C: PERMANENT TOTAL DISABILITY COVER				
Package	Silver	Gold	Diamond	Platinum
DSP, CAPSP, ICGSP	Rs. 30 Lac			

***(Permanent Total Disablement (PTD)**: Claims will be settled as per IRDA 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 total permanent disablement, the claim will be settled as per IRDA guidelines on PTD).*

D: PERMANENT PARTIAL DISABILITY COVER			
Package	Gold	Diamond	Platinum
DSP, CAPSP, ICGSP	Rs. 10 Lac		

E: ADD-ON COVERS INCLUDED IN PAI (APPLICABLE IN CASE OF ACCIDENTAL DEATH UNDER ALL SALARY PACKAGES)		
Sl No.	Description	Cover amount
i.	Cost of Plastic Surgery/Burn (only for Gold, Diamond & Platinum)	Rs. 2.00 lac
ii.	Transportation of Imported Medicine (only for Gold, Diamond & Platinum)	Rs. 1.00 lac
iii.	Death after Coma after accident (more than 24 hrs)	Rs. 2.00 lac
iv.	Air Ambulance Cover	Rs. 5.00 lac
v.	Higher Education (for College and higher studies)	25% of PAI cover (maximum Rs. 5.00 lac)
vi.	Girl Child Cover for Marriage (18-25 age) – 10 % of entitled PAI Cover.	10% of PAI Cover (maximum Rs. 2.00 lac)

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 1,500/-

Abbreviations used above:

(DSP: Defence Salary Package; CAPSP: Central Armed Police Salary Package; ICGSP: Indian Coast Guard Salary Package).

Annexure- B

GROUP PERSONAL ACCIDENT INSURANCE POLICY (04/01/2021-03/01/2022)
INSURANCE COMPANY: UNITED INDIA INSURANCE COMPANY LTD.

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.

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

Escalation Matrix (UIIC) - Contact Details

Escalation Level	Designation	Contact No.
1st Escalation	Administrative Officer	8108145679
2nd Escalation	Assistant Manager	7507900037
3rd Escalation	Divisional Manager	9730228022

INSURANCE BROKER
M/S ANAND RATHI INSURANCE BROKERS LTD.POLICY PERIOD: 04/01/2021 TO 03/01/2022

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

Land Line No.	**022-4909 3000/3003/3006**		
Contact details of dealing officials:			
Name	Designation	Mobile No.	Email id
Bhupendra Thanekar	Manager (Corporate General Insurance)	9833784147	bhupendrathanekar@rathi.com
Kunal Balakrishnan	Asstt. Manager	9167866050	kunalbalakrishnan@rathi.com

Annexure 1

GENERAL GUIDELINES

1. 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. The current Policy is valid from 04/01/2021 to 03/01/2022.

3. The Personnel Accident Insurance Cover will be available to all the Salary Package customers of CSP/DSP/CAPSP/ICGS/RSP/SGSP/CGSP/ PSP/Start-Up/PSP-Home Guards etc.

4. Insurance Cover will be available to the existing as well as new Salary Package Account holders.

5. 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.

6. The benefit of PAI and AAI will be available to the claimant only if the account is under the Salary Package with appropriate product codes in CBS.

7. In case of multiple accounts related to a single CIF, the account in which salary was credited will be taken into consideration.

8. Joint account holders of Salary Package Accounts, Account holders of Special Package for Insurance & Commission Agents (SPICA), Broking Clients, Pensioners of DSP, CAPSP, ICGSP, and Sailors below 18 years of age opened under DSP (Navy) are not included under PAI /AAI Cover.

9. In case of Defence (Army, Air Force, and Navy) and Central Armed Police (CAPSP), 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. Death due to high altitude conditions will also be treated as eligible for Accident Insurance cover.

10. Death of Defence and Central Armed Police 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, are 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.

12. The AAI claim will be treated as valid claim only in event of death happened while undertaking journey by Airline and the related Air Ticket having been purchased by debit to Salary Package Account of the deceased.

13. Claimants may submit claim forms either directly to the Insurance Company/ Insurance Broker or through Branch. 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. 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 after intimation within 180 days of the date of death. Claims occurring between 04.01.2021 to 31.03.2021 will have additional 60 days window for claim intimation (150 days) & Documents submission (240 days).

16. On receipt of the claim, the insurance company shall 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.

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 registered in Salary Package account of deceased 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- 2

ADD-ON COVERS: DETAILS AND TERMS & CONDITIONS (APPLICABLE IN CASE OF ACCIDENTAL DEATH)

1. **Cost of Plastic Surgery/Burn (only for Gold 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):** 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 24 hrs, 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.

   Specific Conditions

   (i) Expenses for air ambulance transportation are restricted within India.

   (ii) Return transportation to Salary Account Holder's (the Insured Person) home by ambulance is excluded.

5. **Higher Education Cover (College and higher studies):** If a claim is accepted as a valid claim, Education cover is extended for higher education (College and higher Studies) of children of the insured person, pursuing fulltime course in a recognized college. An amount of up to 25% of PAI Sum Insured subject to maximum of Rs. 5 lakh, is payable, in case the insured person has died due to 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 will be extended to dependent 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.

7. **Family Transportation:** 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**. Expenses incurred towards Ambulance Charges, subject to maximum of Rs.1, 500/- will be paid as an additional benefit.

Note: Add-on cover amount is payable only when the claim is found admissible for PAI (Death) Cover.

Annexure 3

CLAIM INTIMATION AND SUBMISSION PROCEDURE
INSURANCE COMPANY: UNITED INDIA INSURANCE CO. LTD (UIICL)

Group Personal Accident Policy for "Salary Package Account Holders of State Bank of India"	
UIICL Policy No. ***1203004220P113804906***	Policy period- 04.01.2021 to 03.01.2022

(A) CLAIM PROCESS

1. The claim process consists of 2 stages:
   (a) Submission of Intimation to UIICL
   (b) Submission of the Claim Form & other documents to UIICL
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 – 22624579**
   (b) Email ID: 120300@uiic.co.in/ vtsangtani@uiic.co.in

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

II) Disability Claims (Only undernoted forms are required)

a. Intimation as per Annexure 4
b. Disability Claim form as per annexure 9
c. Medical Certificate as per annexure 10
d. Branch Certificate as per annexure 11
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 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 and above)

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.

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

8. However, claim application received by the SBI Bank Branch having the Salary Account, should be forwarded to UIICL 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 UIICL 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.

Annexure 3 A

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

Claim documents are to be sent to:

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

Escalation Matrix (UIICL) - Contact Details

Escalation Level	Designation	Contact No.
1st Escalation	Administrative Officer	8108145679
2nd Escalation	Assistant Manager	7507900037
3rd Escalation	Divisional Manager	9730228022

Annexure 3 B

GRIEVANCE REDRESSAL MECHANISM

Escalation Level 1

i. If claimant is not satisfied with Insurance Company's services he/ she can lodge a online complaint with UIICL or send email to the customer service desk at 120300@uiic.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 you of the same through an interim reply.

Escalation Level 2

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

Escalation Level 3

Within 30 days of lodging a complaint with UIICL, if satisfactory response is not received from the Insurance Company, Insurance Regulatory & Development Authority (IRDA) or the Insurance Ombudsman whose details are given below may be approached:

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

- 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 complainant 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.

Annexure 4

UNITED INDIA INSURANCE CO. LTD

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

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT CLAIM INTIMATION FORM (SALARY PACKAGE 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 due to accident only is covered under the Policy and account should be under Salary Package as on date of accident/death)

Policy No. (A/c State Bank of India)	*1203004220P113804906*	*Address: DO – XI, Maker Bhavan No.1,1st floor, Sir V.T. Marg, Mumbai – 400 020.*
Policy Period	*04 .01.2021 to 03.01.2022*	*Phone No.022- 22624525/22624818* *Fax No. : 022-22624579* *Email Id: 120300@uiic.co.in/ sbigpaclaims@gmail.com*

1	*Name of Salary 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 Account No.*	
5	*Type of Salary Package Account (cross the appropriate one)*	*// CSP/DSP/CAPSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP*
6	*Variant of Salary Package A/c (tick the appropriate box)*	*Silver* ☐ *Gold* ☐ *Diamond* ☐ *Platinum* ☐
7	*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:
8	Name of the organization for others i.e. PSP/CGSP/SGSP/RSP/SUSP/CSP	Name of Employer: Department Name:
9	Personnel/Force/Batch No./ Employee ID number	
10	Details of SBI Branch where Salary Account was maintained	Branch Name: Branch Code: Place: State:
11	Name of Nominee/Joint Account holder in the salary package account (as per Bank's record)	
12	Relationship of Nominee with Account Holder	
13	Address of the Nominee	
14	E Mail ID of Nominee (if available)	
15	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 .....

Annexure 5

UNITED INDIA INSURANCE CO. LTD.

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

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)	***1203004220P113804906***	*Address: DO – XI, Maker Bhavan No.1,1st floor, Sir V.T. Marg, Mumbai – 400 020.*
Policy Period	***4.01.2021 to 03.01.2022***	*Phone No.022- 22624525/22624818* *Fax No.: 022-22624579* *Email Id:* 120300@uiic.co.in/ *sbigpaclaims@gmail.com*

1	*Name of Salary Account holder*	
2	*Address of Claimant*	
3	*Cause of Death*	
4	*Date of Death of Salary Account Holder*	
5	*Salary Package Account No.*	
6	*Name of the organization*	
7	*Name of Nominee/Joint Account holder in the salary package account*	
8	*Mobile Number of Nominee/ Joint account holder*	
9	*Contact Number of other close person/relative*	
10	*Details of SBI Branch where Salary Account is maintained*	*Branch Name:* *Branch Code:* *Place:* *State:*
11	*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 alcahol 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)*				

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

Policy No.:	*1203004220P113804906*	*Policy Period 04.01.2021 to 03.01.2022*

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	Name of Salary Package account DSP/CAPSP/ICGSP/PSP/CSP/SGSP/CGSP/RSP/SUSP	:	
7	Salary Package Account Variant:	:	*Silver/ ☐ Gold ☐ Diamond ☐ Platinum ☐*
8	Claim amount under PAI/ Air	:	PAI: AAI:
9	Is nomination available in the Account of the deceased (Yes/No to be mentioned)		
10	Name of nominees, if available	:	
	Address of Nominee	:	
	Contact No.	:	
11	Nominee A/c details if available	:	
12	Full name of Joint Account Holder(s) of the above-mentioned Salary Package Account (for Joint Accounts only) and address	:	
	Contact No. of Joint account holder/s	:	

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.

For State Bank of India

Branch Name
Branch Code
Date:

Signature of Branch Manager (SS No.)
Name of the Signing Officer:

Annexure 7

NEFT FORM FOR PERSONAL ACCIDENT INSURANCE

(To be submitted by the Nominee/Claimant/Legal heir only)

UNITED INDIA INSURANCE CO. LTD.

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

*(Policy No. **1203004220P113804906**)*

Sir,

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

Bank Account Details for NEFT/RTGS	
Name of the Claimant (Account Holder)	
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 Photocopy 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)
Name:

Place:
Date:

(On Bank's Letter Head)

Annexure 8

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

No. Dated:

Dear Sir/ Madam

CLAIM UNDER PERSONAL ACCIDENT INSURANCE (DEATH)/ AIR ACCIDENT (DEATH) COVER
FOR SALARY PACKAGE ACCOUNT No: _____
POLICY NO: 1203004220P113804906
VALID FROM 04/01/2021 TO 03/01/2022
SALARY ACCOUNT HOLDER: _____
CLAIMANT: SHRI/SMT/Ms _____

We forward herewith application for claim under Personal Accident Insurance (Death)/ Air Accident Insurance received from Shri/Smt/Ms..... Son/Spouse of Shri/Smt/Ms. ....., a Salary Package account holder with our branch under ..... Salary Package, along with the following enclosures:

a) Copy of claim intimation form. (Annexure 4)
b) claim form (Annexure 5)
c) Certificate from the Bank along with the name of the nominee/ joint account holder, duly certified by the Bank officer with full address. (Annexure 6)
d) NEFT Form of the claimant, containing original cancelled cheque of the Bank account on the name of the claimant/ Photocopy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFSC code. (Annexure 7)
e) Attested Legible Copy of Death Certificate.
f) Attested Legible Copy of Police report and FIR with incident report. (For armed forces, Defence authority report in case FIR is not available)
g) Attested Legible Copy of Postmortem Report
h) Pan Card copy /Form 60 of the Nominee/Legal heir
i) Aadhaar Card copy of Nominee/Legal heir

(Note: 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.

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 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 regard should be made directly with the Insurance Company without involving the Bank. Admissibility of claim will be decided by the Insurance Company as per the Insurance Policy. The claim settlement will entirely be the responsibility of Insurance Company. All 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
(Branch Stamp)

Annexure 4

UNITED INDIA INSURANCE CO. LTD

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

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT CLAIM INTIMATION FORM (SALARY PACKAGE 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 due to accident only is covered under the Policy and account should be under Salary Package as on date of accident/death)

Policy No. (A/c State Bank of India)	*1203004220P113804906*	*Address: DO – XI, Maker Bhavan No.1, 1st floor, Sir V.T. Marg, Mumbai – 400 020.*
Policy Period	***04 .01.2021 to 03.01.2022***	*Phone No.022- 22624525/22624818* *Fax No.: 022-22624579* *Email Id: 120300@uiic.co.in/ sbigpaclaims@gmail.com*

1	*Name of Salary Account holder*	
2	*Address in full*	
3	*a) Date of Accident*	
	b) Time of Accident	
	c) Place of Accident	
	d) Details of Accident	
4	*Salary Package Account No.*	
5	*Type of Salary Package Account (cross the appropriate one)*	*# CSP/DSP/CAPSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP*
6	*Variant of Salary Package A/c (tick the appropriate box)*	*Silver* ☐ *Gold* ☐ *Diamond* ☐ *Platinum* ☐
7	*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:
8	Name of the organization for others i.e. PSP/CGSP/SGSP/RSP/SUSP/CSP	Name of Employer: Department Name:
9	Personnel/Force/Batch No./ Employee ID number	
10	Details of SBI Branch where Salary Account was maintained	Branch Name: Branch Code: Place: State:
11	Name of Nominee/Joint Account holder in the salary package account (as per Bank's record)	
12	Relationship of Nominee with Account Holder	
13	Address of the Nominee	
14	E Mail ID of Nominee (if available)	
15	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 .....

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

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)	**120300422OP113804906**	*Fax No. : 022-22624579* *Phone No. :* **022- 22624525/22624818**
Policy Period	***04 .01.2021 to 03.01.2022***	*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.*

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)	
☐ 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.

Name:

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.

		Details of Claimant (Salary Account Holder)	
1	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 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	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
SS No.
Branch Name:
Branch Code:
Branch Stamp