

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
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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
7	Claim amount under Personal Accident/ Air Accident Insurance (Where Applicable)	:	PAI	Rs.
			:	AAI
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)