

Claim Process for Lost Card Liability Cover
SBI Gold/Yuva/Pride/Platinum/Premium/Signature Debit Card
(Visa/MasterCard)

1. Policy No: 240700591810000058

(Please note: Policy number has to be mentioned on every communication to the insurance company.)

2. The claimant will be the Cardholder.

3. The insured has to lodge FIR with police immediately on the occurrence of burglary or theft or Loss of Debit Card.

4. The claimant has to submit Loss Card Liability Intimation Form **(Page-2)**, within **7 days of last unauthorized transaction occurred using the lost Debit Card** through speed /registered post/courier/by hand/ email to:

NATIONAL INSURANCE CO. LTD.

The Manager, DO-XVII, Belapur Division

Vindhya Commercial Complex,

5th Floor, Plot No. 1, Sector 11, CBD Belapur, Navi Mumbai – 400 614.

Tel. 022-2757 5426/2757 9963/ 2756 0813

Fax: 022-2757 4342

Email Ids: Vinayak.Bhise@nic.co.in / 240700@nic.co.in / SmitaS.Patil@nic.co.in / RachanaK.Singh@nic.co.in

Additionally mark Emails to ANAND RATHI INSURANCE BROKERS LTD.

Email ID : sharduljoshi@rathi.com / binitashah@rathi.com

Mobile – Mr. Shardul Joshi - +91 7045417583

5. The Lost Card Liability *Claim Form (Pages 5-6)* duly filled in all respects should be submitted within 50 days thereafter (i.e. period for intimation + claim = 7 days + 43 days = 50 days maximum). The claimant has to submit the documents as per the *Documents Check List for Lost Card Liability Cover (Page-4)* along with Certificate from the Bank's Branch where the Cardholder's account is maintained, confirming the authenticity of Cardholder, his Account No. and Debit Card Number and the details of the unauthorized transactions using the Debit Card. **(Pages 7-8).**

6. The claimant will also have to submit *Bank Account Details (Page-9)* at the time of settlement of claim.

7. All correspondence shall be only between the claimant and National Insurance Company Limited.

8. The cover will operate 2 days prior to reporting (including reporting day) and cover will cease to operate after 7 days of intimation of loss to the bank.

9. Detailed terms and conditions are provided on **Page-10.**

10. Please note that all the documents submitted in regional language need to be translated to English (attested by gazette officer) to avoid delay in the settlement process.

Schedule I

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड



(भारत सरकार का उपक्रम)

बेलापूर मण्डल कार्यालय: विंध्या कमर्शियल काम्पलेक्स, 5वीं मंजिल, प्लॉट क्र. 1,
सेक्टर 11, सी. बी. डी. बेलापूर, नवी मुंबई – 400 614

NATIONAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

DO-XVII, Belapur: Vindhya Commercial Complex, 5th Floor, Plot No. 1,
Sector 11, CBD Belapur, Navi Mumbai – 400 614

Tel. 2757 5426/2757 9963 (D): 2756 0813 Fax: 2757 4342, website: www.nationalinsuranceindia.com
Email Ids: Vinayak.Bhise@nic.co.in / 240700@nic.co.in / SmitaS.Patil@nic.co.in / RachanaK.Singh@nic.co.in
(Registered & Head Office: 3, Middleton Street, Kolkata – 700 071)

Loss Card Liability Insurance Claim Intimation Form

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

Date: _____

Place: _____

Policy No: 240700591810000058

Intimation for unauthorized transactions done using lost SBI Debit Card

1.	Name of SBI Debit Card Holder	
2.	Address of the Cardholder	
3.	Age of the Cardholder	
4.	SBI Debit Card No.	
5.	Debit Card Variant	
6.	Account No.	
7.	Date of loss of Debit Card	Date: _____ Time: _____
	Date of Intimation of loss of debit Card to Bank	
	Total amount of loss through unauthorized transactions	
8.	Date and time of blocking of Debit Card	
9.	Name of the SBI Branch and Branch Code where the Cardholder's account is maintained	Branch Name :
		Branch Code :
10.	Details of unauthorized transaction/s	(a) Amount: Date & Time: Merchant Name: _____

		(b) Amount: Date & Time: Merchant Name: (c) Amount: Date & Time: Merchant Name:
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(Signature of the Claimant)

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड



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Email Ids: Vinayak.Bhise@nic.co.in / 240700@nic.co.in / SmitaS.Patil@nic.co.in / RachanaK.Singh@nic.co.in

(Registered & Head Office: 3, Middleton Street, Kolkata – 700 071)

Documents Check List for Loss Card Liability Claim

SI	Documents	
1.	Copy of FIR which should be lodged immediately.	
2.	Proof of complaint lodge with Bank	
3.	Duly completed claim form	
4.	Self-Declaration of loss due to unauthorized transaction/s using lost SBI Debit Card	
5.	Confirmation from the Bank about transaction and Card no. from bank records	
6.	Statement of the account in which the card was issued showing all the unauthorized transactions carried out using the lost SBI Debit Card	
7.	Immediate intimation to be submitted within 7 days & claim form to be submitted within 50 days from the date of last unauthorized transaction using the lost SBI Debit Card.	
8.	The cover will operate 2 days prior to reporting (including reporting day) and cover will cease to operate after 7 days of intimation of loss to the Bank	

Schedule III

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड



(भारत सरकार का उपक्रम)

बेलापूर मण्डल कार्यालय: विंध्या कमर्शियल काम्प्लेक्स, 5वीं मंजिल, प्लॉट क्र. 1,
सेक्टर 11, सी. बी. डी. बेलापूर, नवी मुंबई - 400 614

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(Registered & Head Office: 3, Middleton Street, Kolkata - 700 071)

Lost Card Liability Insurance Claim Form

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

Details of Insured

Policy No: 240700591810000058

Insured Name:-

Address: - _____

Claim No: - _____ **(IF AVAILABLE) SEX: - M/F**

Cardholder's name	
Card number	
Card Variant	
Validity period	
Date of loss of Debit Card	
Place of loss of Debit Card	
Type / brief of loss	
Date of intimation of loss of Debit Card (to bank)	
Date and time of blocking of card	
Total Loss/misuse amount using lost Debit Card	
Date & time of lodgment of FIR	
Type of fraud (put ✓)	() pos () eCom () ATM

Transaction details	<p>(a) amount:</p> <p>date & time: merchant name:</p> <p>(b) amount:</p> <p>date & time: merchant name:</p> <p>(c) amount:</p> <p>date & time: merchant name:</p>
<p>Cardholders signature _____</p> <p>Date ___/___/___</p>	

Schedule IV

(On Bank's Letter Head)

SBI of India,
Branch Name: _____: Code No _____
Address: _____
Telephone No _____ Fax No: _____
Email: _____@sbi.co.in

Ref No. _____ Date: _____

Policy No: 240700591810000058

This is to certify that Shri/Smt/Ms _____
who has suffered a loss of Rs. _____, due to unauthorized transactions
done using his lost SBI Debit Card on _____ (as per
the documents enclosed), is a SBI Debit Cardholder.

1.	Name of SBI Debit Cardholder	
2.	Address of the Cardholder (as per Banks record)	
3.	SBI Debit Card No. with date of issuance	
4.	Type of SBI Debit Card	
5.	Bank Account No.	
6.	Name of the SBI Branch and	Branch Name :

	Branch Code where the Cardholder's account is maintained	Branch Code :
7.	Date & time of loss of Card reported by the Cardholder to the Bank	
8.	Date & time of blocking of the Debit Card by the Bank	
9.	Amount claimed by the Cardholder (Loss reported by the cardholder due to unauthorized transactions from his lost Debit Card.	Rs.
10.	Type of fraud (put ✓)	() pos () eCom () ATM
11.	Detail of the unauthorized transactions	(a) amount: date & time: merchant name: (b) amount: date & time: merchant name: (c) amount: date & time: merchant name:

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

Signature
(Branch Manager/Branch Head)

Schedule V

Date: _____

Place: _____

The Senior Divisional Manager,
National Insurance Company Limited,
DO-XVII, Belapur, Vindhya Commercial Complex,
5th Floor, Plot No. 1, Sector 11, CBD Belapur,
Navi Mumbai – 400 614
Tel. 022-2757 5426/2757 9963/2756 0813, Fax: 2757 4342

Bank Account Details:

Claimant Name	
Claimant's Account No	
Claimant's Bank Name	
Claimant's Bank Branch Address	
Claimant's Bank IFSC Code	
MICR Code	
Type of Account	

Bank Sign & Stamp

Signature of the Claimant:

Date:

Date:

Other Terms & Conditions:

- 1) This Cover is available only for transactions where OTP/PIN is not required. All OTP/PIN based transactions are excluded.
- 2) Debits established against the insured resulting only from the fraudulent misuse of lost and/or stolen Card purporting to have been issued to the insured and the subsequent use of such Debit Cards by any unauthorized person by any means.
- 3) The Lost Card Liability *Claim Form* duly filled in all respects should be submitted within 50 days thereafter (i.e. period for intimation + claim = 7 days + 43 days = 50 days maximum). The claimant has to submit the documents as per the *Documents Check List for Lost Card Liability Cover* along with Certificate from the Bank's Branch where the Cardholder's account is maintained, confirming the authenticity of Cardholder, his Account No. and Debit Card Number and the details of the unauthorized transactions using the Debit Card.
- 4) The cover will operate 2 days prior to reporting (includes reporting day) and cover will cease to operate after 7 days of intimation of the loss to the bank
- 5) Claim has to be reported as early as possible but within 7 days of the loss.
- 6) The loss intimation of the claim for Loss liability Cover will be given to police authority. No FIR/Final Police Report should be insisted.
- 7) All the settlement/disputes will be between the claimant and the insurance company and Bank will not be a party to such disputes.
- 8) The claim settlement will be entirely the responsibility of the Insurance Company and Bank will have no liability towards any claim/dispute.