

# SBI

रेजिमेंटल फंड / Regimental Fund  
आयची संख्या / Diary No. 260  
दिनांक / Date 02/11/18

भारतीय स्टेट बँक  
भारतीय स्टेट बँक  
STATE BANK OF INDIA

Commanding Officer General,  
Himachal Pradesh Border Police (ITBP)  
Block No. 2, CGO Complex  
Lodhi Road  
New Delhi 110 003

695  
8/2/18

महानिरीक्षक (मुख्यालय)  
Inspector General (HQ)  
आयची संख्या / Diary No. 47  
दिनांक / Date 02.02.18

PBBU/G&ITU/135

128  
9/02/18

05.02.2018

Dear Sir,

**CORPORATE, GOVT. & INSTITUTIONAL TIE-UPS: SALARY PACKAGE ACCOUNTS  
A. PERSONAL ACCIDENT INSURANCE (DEATH) COVER (PAI) ALONGWITH ADD ON  
COVERS AND  
B. AIR ACCIDENT INSURANCE (DEATH) COVER  
INSURANCE PROVIDER: IFFCO TOKIO GENERAL INSURANCE COMPANY LIMITED  
POLICY NO : 51964755 PERIOD 04.01.2018 TO 03.01.2019**

We refer to our letter no. PB/C&ITU/293 dated 27.01.2017 and advise that the **Personal Accident Insurance (Death) Cover (PAI) with add on Cover & Air Accident Insurance (Death) cover (AAI)** to all variants of accounts under DSP/PMS/ICGSP has now been renewed with effect from 04.01.2018. Both PAI (death) and AAI (death) cover has been obtained from **IFFCO Tokio General Insurance Company Ltd (ITGICL)**. The new PAI & AAI policy shall be valid for 1 year i.e. w.e.f 04.01.2018 to 03.01.2019.

2. Accordingly, PAI and AAI claims, where the salary account holder has met with an **accident between 04.01.2018 and 03.01.2019** and expired subsequently, but within the twelve calendar months of the date of accident should be submitted to ITGICL.

3. Where the salary account holder met with an accident between **04.01.2017 to 03.01.2018** and expired subsequently but within the twelve calendar months of date of accident, the PAI and AAI claims will continue to be serviced by **Future Generali India Insurance Company Ltd.**, the previous insurance provider.

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

Annexure - 1	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

कॉर्पोरेट आणि संस्थान गठजोड विभाग  
वैयक्तिक बँकिंग व्यवसाय गट 1  
कॉर्पोरेट केंद्र, 13वा मजला  
स्टेट बँक भवन, मादाम कामा मार्ग  
नरीमन पॉइंट, मुंबई 400021

कॉर्पोरेट एवं संस्थान गठजोड विभाग  
वैयक्तिक बँकिंग व्यवसाय इकाई  
कॉर्पोरेट केंद्र, 13वी मंजिल  
स्टेट बँक भवन, मादाम कामा रोड  
नरीमन पॉइंट, मुंबई 400021

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

AC  
Left Hand  
20/1/18

15/1/18

11/6/18

Bank: sbi  
+91 22 2274 1360  
+91 22 2274 1302 / 11  
+91 22 2274 1312  
sbi.com  
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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

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 ensure eligible PAI/ AAI (death) cover amount is available to them.

6. The PAI/AAI (death) cover will be available for the beneficiaries even in case of death in a **Terrorist/ Naxalite action**.

7. As a measure to assist the claimant in settling the claim with IFFCO Tokio General Insurance Company Ltd (ITGICL), we have engaged the services of M/s **Anand Rathi Insurance Brokers Ltd. (ARIBL), Regent Chambers, 10<sup>th</sup> floor, Jamnalal Bajaj Road, Nariman Point, Mumbai 400021**, who will co-ordinate with ITGICL for expeditious settlement of claims. The contact details of ARIBL is mentioned in **Annexure- 3 A. Death Intimation as well as Claim Forms may also be marked to them for expeditious settlement.**

Yours faithfully,

  
**(Ajay Kumar Jha)**  
**Dy. General Manager (G&ITU)**  
Encl.: a/a

<b>PACKAGE WISE ELIGIBILITY</b>
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**(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
DSP, PMSP, ICGSP ✓	Rs.5 lakh	Rs.10 lakh	Rs.15 lakh	Rs.20 lakh
PSP	Rs.5 lakh	Rs. 5 lakh	Rs.15 lakh	Rs.20 lakh

Package	Silver	Gold	Diamond	Platinum
All Packages	NA	Rs.5 lakh	Rs. 20 lakh	Rs. 30 lakh

*[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)]*

**(b)AAI COVER:**

*The AAI cover claim will be treated as a valid claim only on the pre-condition that the air ticket has been purchased by debit to Salary Package Account using State Bank Debit Card/ SBI Internet Banking (INB). (\* for SUSP, AAI Cover is available to Platinum variant accounts only)*

**Add-on Covers to be included in PAI (Applicable in case of Accidental Death):**

- 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) - 10% of PAI cover max. Rs. 2.00 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/-

<b>TERMS &amp; CONDITIONS FOR ADD ON COVERS TO BE INCLUDED PAI COVER (APPLICABLE IN CASE OF ACCIDENTAL DEATH)</b>
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1. **Cost of Plastic Surgery/Burn:** 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:** 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 benefit 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 10% of PAI Sum Insured subject to maximum of Rs. 2 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.

<b>GENERAL GUIDELINES</b>
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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:
  - a. Nominee, registered with the Bank for Salary Package Savings Account held in single name (Bank's role will be limited only to certify the name of nominee as per records of the Bank)
  - b. In cases where the nominee's name is not available but the bank Salary Package Savings Account is a joint account, then the beneficiary will be the surviving joint account holder(s) for the purpose of insurance claim. (Bank's role will be limited only to certify the names of surviving joint account holder(s) as per Bank records)
  - c. In cases other than i) and ii) above the claim shall be settled as per the procedure of insurer. The identification of legal heirs and the authenticity of the claim would be the responsibility of Insurer.
19. Similarly, salary accounts where salary credit is not forthcoming for a period of 3 consecutive months, should be converted into regular Savings Bank accounts, as the PAI cover is not available to them.

**CLAIM INTIMATION AND SUBMISSION PROCEDURE**  
**IFFCO TOKIO General Insurance Co. Ltd. (ITGI)**

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

ITGI Policy No.51964755

Policy period- 04.01.2018 to 03.01.2019

**(A) CLAIM PROCESS**

1. The claim process consists of 2 stages:
  - (a) Intimation of the Death to ITGI
  - (b) Submission of the Claim Form & other documents to ITGI
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 **ITGI** within 90 days of the death. The timely claim intimation of death is mandatory and to be sent to the following address:

<b>IFFCO</b>	<b>TOKIO</b>	<b>General</b>	<b>Insurance</b>	<b>Company</b>	<b>Limited</b>
AFL House, 2 <sup>nd</sup> Floor, Lok Bharti Complex, Marol Maroshi Road, Andheri (E), Mumbai – 400 059 (Maharashtra)					
Email ID : <a href="mailto:sbigpa@iffcotokio.co.in">sbigpa@iffcotokio.co.in</a>					

3. The intimation can also be given through the following channels :
  - (a) Toll Free No. **1800 103 5499** (*Details to be provided are listed out below*)
  - or*
  - (b) Fax No. **022 – 29203580** (**As per Annexure 4**) *or*
  - (c) Email ID : [sbigpa@iffcotokio.co.in](mailto:sbigpa@iffcotokio.co.in) (**As per Annexure 4**) *or*

(The following details are to be provided to the Toll Free Number

- 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 ITGI.
5. The claimant shall submit the following claim documents to **ITGI Mumbai CSC 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 **Annx. 5**
- b) Attested copy of Police F.I.R (*For Armed forces: Defense Authority report in case FIR is not available*)
- c) Attested copy of Post Mortem Report.
- d) Attested copy of Death Certificate
- e) Bank's Branch Manager Certificate on Bank Letterhead, 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 document 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) Additional requirement: Viscera Report/chemical analysis report in case where post mortem report shows the cause of death due to poisoning or alcohol or any substance abuse.
- l) Aadhar Card of the claimant.

**ii) Additional documents for add on cover (Accidental Death)**

- In addition to all documents applicable for submission of PAI claims,

**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)-**

Medical 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):

a. Education fund: Higher Education (only Graduation)-

- i. 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.
- ii. Birth certificate of the Girl child.

vi. Girl child marriage: Marriage expenses: (18-25 age)

- i. Birth certificate/ Date of birth proof of girl child.
- ii. Document showing relationship with deceased Salary Account holder.

vii. Family Transportation:- (cost of travel 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 charges

All 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 ITGI. **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 ITGI 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 ITGI Mumbai CSC 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). **No claims will be rejected on account of delay in intimation of claim/ submission of claim documents.**
9. ITGI will settle claims independently without the involvement of the Bank.
10. Subsequent correspondence shall be between the claimant and ITGI.
11. All claims shall be entertained by ITGI 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 death occurs after the expiry of policy.

## **E) SETTLEMENT PROCESS and CONTACT DETAILS**

1. On receipt of complete set of documents, ITGI will process the claim. Any further requirement/ deficiencies in the documents submitted shall be sought by ITGI within 7 working days of receipt of the claim.
2. All the documents being in order, ITGI will settle the claim within 15 working days from the date of receipt.
3. All the correspondence related to claim will be directly taken up by ITGI with the claimant. Branch can be a facilitator.
4. All the settlement/ disputes will be between the claimant and ITGI.
5. ITGI will settle claims independently and the claim settlement will be entirely the responsibility of ITGI. Bank will have no liability towards any claim/dispute between the claimant and ITGI.
6. In case of any delay ITGI shall pay interest as per IRDA Norms.

**CONTACT DETAILS AND ESCALATION MATRIX**  
**IFFCO TOKIO General Insurance Co. Ltd. (ITGI)**

Any communications for correspondence regarding claims should be sent to:

**IFFCO TOKIO General Insurance Company Limited**  
**AFL House, 2nd Floor, Lok Bharti Complex, Marol Maroshi Road, Andheri (E),**  
**Mumbai – 400 059 (Maharashtra)**  
**Email ID: [sbigpa@iffcotokio.co.in](mailto:sbigpa@iffcotokio.co.in)**

Status of the claims can be sought, using system generated claim number, from any one of the following channels. :

Sr. No.	Channel	Details
1	Email ID	<a href="mailto:sbigpa@iffcotokio.co.in">sbigpa@iffcotokio.co.in</a>
2	24 X 7 Toll Free No.	1800 103 5499
3	Fax No.	022 - 29203580
4	Contact	022 - 67771217

Any communications through email regarding claims should be sent to the following Email ID: [sbigpa@iffcotokio.co.in](mailto:sbigpa@iffcotokio.co.in)

All documents to be forwarded to the Address mentioned below

**IFFCO TOKIO General Insurance Company Limited**  
**Email ID: [sbigpa@iffcotokio.co.in](mailto:sbigpa@iffcotokio.co.in)**

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

Escalation Level	Designation	Telephone
1 <sup>st</sup> Escalation	Executive Claims	022 - 67771217
2 <sup>nd</sup> Escalation	DGM – Claims	022 - 67771317
3 <sup>rd</sup> Escalation	GM – Claims	022 - 67771280

Assistance can also be availed from ARIBL for knowing the status of claims as well as resolution of grievance and their contact details are:

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	<a href="mailto:paihelpdesk@rathi.com">paihelpdesk@rathi.com</a>
6	Letter	Anand Rathi Insurance Brokers Lt. (ARIBL), Regent Chambers, 10 <sup>th</sup> Floor, Jamnalal Bajaj Marg, NarimanPoint, Mumbai 400021

**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 [support@iffcotokio.co.in](mailto:support@iffcotokio.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 Gurugram (Haryana). 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 [chiefgrievanceofficer@iffcotokio.co.in](mailto:chiefgrievanceofficer@iffcotokio.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](mailto:nonlifecomplaints.pvt@irda.gov.in)  
Toll Free Number: 155255, e-mail ID: [complaints@irda.gov.in](mailto:complaints@irda.gov.in)

- a) It has been decided to engage the services of ARIBL for expeditious resolution of any grievance. **Moreover, ITGI has agreed that no claim will be rejected unless it is decided in the bipartite meeting between them and ARIBL.**
- b) A copy of the intimation/claim/grievance may also be forwarded to M/s. Anand Rathi Insurance Brokers Ltd. (ARIBL) who will co-ordinate with ITGI for settlement of all claims. Contact details of ARIBL are as mentioned above.
- c) 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](http://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>.

**Annexure 4**

**IFFCO TOKIO General Insurance Company Limited**  
AFL House, 2<sup>nd</sup> Floor, Lok Bharti Complex, Marol Maroshi Road,  
Andheri (E), Mumbai – 400 059 (Maharashtra)  
Email Id: [sbigpa@iffcotokio.co.in](mailto:sbigpa@iffcotokio.co.in)

**GROUP PERSONAL ACCIDENT/ AIR ACCIDENT CLAIM INTIMATION FORM  
TO BE SUBMITTED FOR CLAIMING PERSONAL ACCIDENT INSURANCE  
(DEATH) /  
AIR ACCIDENT INSURANCE COVER ON SALARY PACKAGE ACCOUNT  
HOLDERS OF SBI**

*Issuance of this format for intimation of a claim is not to be taken as an admission of liability.  
(To be submitted to IFFCO Tokio General Insurance Co. Ltd. (ITGI) within 90 days after  
date of death of Salary Package Account holder)*

Policy	State Bank of India – Salary Account Holders	<b>Fax No. : 022 – 29203580</b> <b>Tollfree Phone No. : 1800 103 5499</b>
<b>Policy No. 51964755 for Policy Period 04/01/2018 to 03/01/2019</b>		

1	Name of Salary Account holder	
2	Address in full	
3	Age (in years)	
4	a) Date of Accident	
	b) Time of Accident	
	c) Place of Accident	
	d) Details of Accident	
	e) Date of Death	
5	a) Name of the Bank Branch where the Salary Package Account is maintained	
	b) Branch Code of the Bank Branch where the Salary Package Account is maintained	
	c) Postal Address of Bank Branch to which correspondence can be exchanged by FGIICL	
6	Salary Package Account No	
7	Type of Salary Package Account	# CSP/DSP/PMSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP
8	Variant of Salary Package A/C :	@ Silver/ Gold/ Diamond/ Platinum

9	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
10	Personnel / Force number in case of DSP / PMSP / ICGSP	
11	Name of Nominee 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	Mobile 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 Insured

\_\_\_\_\_

\_\_\_\_\_

E Mail of Individual Signing Above (if available)

Mobile/ Contact Number of Individual Signing Above

**Annexure 5**

**IFFCO TOKIO General Insurance Company Limited**  
AFL House, 2<sup>nd</sup> Floor, Lok Bharti Complex, Marol Maroshi Road,  
Andheri (E), Mumbai – 400 059 (Maharashtra)  
Email Id: [sbigpa@iffcotokio.co.in](mailto:sbigpa@iffcotokio.co.in)

**GROUP PERSONAL ACCIDENT/ AIR ACCIDENT - CLAIM FORM**

*Issuance of this form is not to be taken as an admission of liability*

Policy	State Bank of India – Salary Account Holders	Claim No.:	
Claim Intimation No.		Date of Claim Registration:	
<b>Policy No. 51964755 (Policy Period 04/01/2018 to 03/01/2019)</b>			
1. Name of the Salary Account holder (Deceased)			
2. Salary Account No. with SBI			
3. Name of SBI Branch			
4. Code No. of SBI Branch			
5. Name of Claimant			
6. Address of Claimant  (Complete address with Pin code)			
7. Details of the Accident			
a. Date of Accident:			
b. Time of Accident:			
c. Place of Accident:			
d. Date of Death:			
e. Particulars of Accident:			



f. Claim Amount:	PAI (INR): AAI (INR): Total (INR): Add-on Covers:
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<b>8. Documents Submitted (Tick the box)</b>	
<p>a. Attested Copy of FIR Report <input type="checkbox"/></p> <p>b. For Armed forces: Defence Authority report in case FIR is not available <input type="checkbox"/></p> <p>c. Attested Copy of Post Mortem Report <input type="checkbox"/></p> <p>d. Attested Copy of Death Certificate <input type="checkbox"/></p> <p>e. Bank's Branch Manager Certificate on Bank Letterhead Annexure 6 <input type="checkbox"/></p> <p>f. PAN card copy of the Claimant. if not available, then form 60) <input type="checkbox"/></p> <p>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. <input type="checkbox"/></p>	<p>h. NEFT Form of Claimant <input type="checkbox"/></p> <p>i. Other suitable document 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 from (Annexure 5 A) <input type="checkbox"/></p> <p>j. For Air Accident : Bank statement indicating purchase of Air ticket using SBI Debit card / Internet Banking <input type="checkbox"/></p> <p>k. Additional Requirement  Viscera Report / Chemical Analysis Report in case where post mortem report shows the cause of death due to poisoning or alcohol or any substance abuse. <input type="checkbox"/></p> <p>l. Aadhar Card of Claimant <input type="checkbox"/></p>

I / We hereby declare that the foregoing statements made by me / us are true in all respects, that I / We have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I / We 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/our right to compensation forfeited. I am/ We are 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.

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**Signature of Claimant**  
**Name of Claimant**

**Full**

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**E Mail of Claimant Signing Above**  
**Mobile Number of Claimant Signing Above**

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

Branch Name:  
Address:

Branch Code No:

Telephone No:  
Email:

No:

Date:

<b>Policy No</b>	<b>51964755</b>	<b>Policy Period (04.01.2018 to 03.01.2019)</b>
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**CERTIFICATE**

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 <b>Salary Package Account</b> holder	:							
2	Address in full (as per Bank records)	:							
3	Date of Accidental Death (as per death certificate)	:							
4	Name of the Bank Branch where the Salary Package Account is maintained	:							
5	Type of Salary Package account (Mention DSP/PMSP/ICGSP/PSP/CSP/SGSP/CGSP/RSP etc.)	:							
6	Salary Package Account details :	:	<table border="1"> <tr> <td>A/c No</td> <td></td> </tr> <tr> <td>Date of Opening</td> <td></td> </tr> <tr> <td>Variant</td> <td>#Silver/ Gold/ Diamond/ Platinum</td> </tr> </table>	A/c No		Date of Opening		Variant	#Silver/ Gold/ Diamond/ Platinum
A/c No									
Date of Opening									
Variant	#Silver/ Gold/ Diamond/ Platinum								
7	Claim amount under Personal Accident/ Air Accident Insurance (Where Applicable)	:	<table border="1"> <tr> <td>PAI</td> <td>Rs.</td> </tr> <tr> <td>AAI</td> <td>Rs.</td> </tr> </table>	PAI	Rs.	AAI	Rs.		
PAI	Rs.								
AAI	Rs.								
8	Details of Nominee registered with the Bank on above mentioned Salary Package Account.(if any)	:	( Mention full Name ↑ )						
	Address								
	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 other 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.

\_\_\_\_\_  
**Branch Manager (Signature)**

**SS No.** \_\_\_\_\_

\_\_\_\_\_  
**Full Name of Individual Signing Above**

\_\_\_\_\_  
**E Mail of Individual Signing Above**

\_\_\_\_\_  
**Mobile Number of Individual Signing Above**

**For State Bank of India,**

**(..... Branch)**

**Branch Manager  
(SS No.            )**

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

**IFFCO Tokio General Insurance Co. Ltd.;**  
AFL House, 2<sup>nd</sup> Floor, Lok Bharti Complex,  
Marol Maroshi Road, Andheri (E),  
Mumbai - 400059

Sir,

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

1.	<b>Registration for NEFT/RTGS payments</b>	
	<b>Name of the Claimant (Account Holder)</b>	
	<b>Category</b>	Personal Accident Insurance (Death) claim / Air Accident Insurance claim SBI Salary Package Account Holders
	<b>Policy Number</b>	51964755
	<b>Policy Period</b>	04.01.2018 to 03.01.2019
	<b>Claim number , if any , provided (policyholders only)</b>	
	<b>Permanent Address</b>	Address for Communication
2.	<b>Bank Account Details for NEFT/RTGS</b>	
	<b>Name of account Holder/Claimant</b>	
	<b>Bank Name</b>	
	<b>Bank Branch Name</b>	
	<b>Bank Branch Address</b>	
	<b>MICR Code</b>	
	<b>Full Bank Account No. (for NEFT)</b>	
<b>IFSC Code</b>		

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, IFS 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, National 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 National 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:

Certified that the Bank Account Details mentioned under item 2 above is correct.

Sign of Authorised Signatory of Bank/ Branch with seal and date

**IFFCO Tokio General Insurance Co. Ltd.,**  
AFL House, 2<sup>nd</sup> Floor, Lok Bharti Complex,  
Marol Maroshi Road, Andheri (E),  
Mumbai - 400059

No.

Dated:

Dear Sir/ Madam

**CLAIM UNDER PERSONAL ACCIDENT INSURANCE (DEATH)/ AIR ACCIDENT (DEATH) COVER FOR SALARY PACKAGE ACCOUNT**

**NO:**

**POLICY NO: 51964755 VALID FROM 04.01.2018 TO 03.01.2019**

**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) Attested copy of Death Certificate.
- d) Attested copy of police report and FIR. (For armed forces, Defence authority report in case FIR is not available)
- e) Attested 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 **IFFCO Tokio General Insurance Co. Ltd** at the above mentioned 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, 10<sup>th</sup> Floor, Jamanlal Bajaj Marg, Nariman Point, Mumbai 400021

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