

## ANDHRA PRADESH STATE ROAD TRANSPORT CORPORATION

No. P3/863(01)/2021-PO-I

Office of the Managing Director,  
RTC House, PNBS, Vijayawada.

### CIRCULAR No. PD - 05/2021 dated 05.11.2021

Sub: **CORPORATE SALARY PACKAGE (CSP)** – Features of new Corporate Salary Package of SBI – Procedure to claim Insurance amounts - Reg

Ref: 1) Circular No. PD-04/2021 dated 14.09.2021.

2) Master Policy No.72100488106

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The Corporate Salary Package (CSP) of SBI was initially implemented to all employees of APSRTC w.e.f., 12.07.2018 which was concluded by 11.07.2021. Under this package, Personal accidental insurance (PAI) was provided to all employees of APSRTC for an amount of Rs.30 Lakhs.

New CSP scheme with revised enhanced benefits came into force from 04.09.2021 for a period of three years i.e., up to 03.09.2024. Detailed guidelines of new CSP were already issued through Circular at reference 1<sup>st</sup> read above.

As per the terms of new CSP, the following insurance benefits shall be claimed in case of natural death, accidental death as applicable.

Reason for Death	Death occurred during the period	Insurance claim Amount Applicable		
		Rs.30 Lakhs (Accidental death)  by United India Insurance.	Rs.10 Lakhs (Accidental death) (on usage of Rupay card)  by TATA AIG General Insurance	Rs.5 Lakhs (Natural death) (On monthly payment of premium @Rs.200/-) by SBI Life Insurance
Accident	From 12.07.2021 to 03.09.2021	✓	✗	✗
	From 04.09.2021 onwards	✓	✓	✓
Natural	From 04.09.2021 onwards	✗	✗	✓

SBI authorities issued Master Policy under reference 2<sup>nd</sup> cited covering 50,836 employees and communicated the procedure to claim the insurance amounts by the dependents of deceased employees in the standard claim forms supplied for accidental and natural deaths as applicable.

**1. Accidental death - Procedure to claim Rs.30 Lakhs (Thirty Lakh rupees only) under GPA (Group Personal Accident) Insurance Policy for Corporate Salary Package Account Holders of SBI:**

This insurance amount is to be claimed from United India Insurance Company Ltd (UIIC). The claim process is explained below.

**(a) Intimation of the Death to UIIC:**

In the event of accidental death of a CSP account holder, an intimation as per **Annexure-4** shall be given by the claimant through the Depot Manager/Unit Officer to UIIC within 30 days from the date of death, to the following address.

The Chief Manager,  
United India Insurance Co. Ltd.,  
Divisional Office--XI, Maker Bhavan No.1,  
1st floor, Sir V.T. Marg, Mumbai - 400020.  
Fax No.: 022-22624579 Toll-free: 1800222302.  
Land Line Number-022-22624525/22624818,  
Email-Id: (i) [priyankapatil@rathi.com](mailto:priyankapatil@rathi.com)  
(ii) [120300@uiic.co.in](mailto:120300@uiic.co.in)  
(iii) [vtsangtani@uiic.co.in](mailto:vtsangtani@uiic.co.in)

(b) Intimations submitted after 30 days will not be entertained by UIIC.

(c) Submission of the Insurance Claim Forms (**Annexure-5, 6, 7 and 8**) along with other relevant documents as mentioned in all Annexures to UIIC within **90 days** from the date of death of Salary Package Account holder of SBI. **Annexures -6 and 8 are to be certified by the SBI Branch Manager concerned where CSP account is maintained.**

(d) Any documents issued by authorities in Telugu (Local Language) shall be translated into English and certified by notary be submitted (both English and Telugu versions) to UIIC along with other claim forms.

The procedure to be followed for claiming the accidental insurance, benefits offered for accidental death, death in air accidents, death followed by coma (more than 24 hours), disability, add on benefits like imported medicines, air ambulance reimbursements, higher education expenses coverage for girl children, coverage for girl child marriage, family transportation charge reimbursements etc., are explained in detail at **Annexure-9**.

**2. SBI Rupay PLATINUM SALARY DEBIT Card linked additional insurance amount of Rs.10 Lakhs for accidental death - Procedure to claim insurance amount from TATA AIG General Insurance Company Ltd.**

This is an additional accidental death insurance scheme for Rs.10 Lakhs provided as a part of CSP Scheme by SBI through **TATA AIG General Insurance Company Ltd.**

Each CSP salary account holder shall apply to the Branch Manager of CSP account holding branch to provide **SBI RuPay PLATINUM SALARY DEBIT Card** and get the card activated.

Additional Accidental Death coverage of Rs.10 lakhs is linked to the such special SBI RUPAY PLATINUM SALARY DEBIT CARDS subject to the condition that the Debit card shall be utilised at any POS/E-COM at least 45 days prior to date of accidental death. Otherwise, the bereaved family will lose this Additional Insurance amount of Rs.10 lakhs.

All the Unit Officers are requested to educate all the staff through Gate Meetings, Notice Boards etc., to (i) invariably obtain SBI RUPAY PLATINUM SALARY DEBIT CARD at the earliest and (ii) use it regularly for making online/off line payments to monthly bills like electricity charges or telephone bills or purchases etc.

#### **Intimation of the Death to TATA AIG General Insurance Company Ltd.:**

In the event of accidental death of a CSP account holder, an intimation shall be given by the claimant through the Depot Manager/Unit Officer to **TATA AIG General Insurance Company Ltd.** within 30 days from the date of death, to the following address. Intimations submitted after 30 days will not be entertained.

The Chief Manager,  
Tata AIG General Insurance Company Ltd,  
A-501, 5<sup>th</sup> Floor, Building No:4, Infinity Park, Dindoshi,  
Malad (East), Mumbai, 400097.

#### **List of documents to be submitted for making insurance claims:**

- a) Personal Accident Insurance Claim form for RuPay card holders (**Annexure-10**) signed by the nominee /claimant/ legal heir, witnessed by two members and certified by the SBI Branch Manager concerned where CSP account is maintained.
- b) Any other documents which TATA AIG General Insurance Company Ltd deems it fit to call so as to arrive at a claim decision.

All the Insurance Claim Forms along with other relevant documents as mentioned in all Annexures shall be submitted to **TATA AIG General Insurance Company Ltd** within **90 days** from the date of death of Salary Package Account holder of SBI.

#### **3. Group Term Life Insurance (GTLI) for both Natural and accidental Death - Procedure to claim Rs.05 Lakhs (Five Lakh rupees only) under GTLI:**

This is a separate insurance scheme provided by SBI Life Insurance Company Ltd to CSP account holders subject to monthly payment of premium of Rs.200/- per head.

This insurance amount shall be claimed by the claimant through Depot Manager/Unit officer by submitting claim forms to the **nearest Branch Office of SBI Life Insurance Ltd.**

**Intimation of the Death to SBI Life Insurance Ltd.:**

In the event of accidental death or natural death of a CSP account holder, intimation shall be given by the claimant through the Depot Manager/Unit Officer to **SBI Life Insurance Ltd. (through e-mail to sampooransuraksha@sbilife.co.in)** within 30 days from the date of death. Intimations submitted after 30 days will not be entertained.

**List of documents to be submitted for making insurance claims:**

- a) Death certificate in original.
- b) Claim form given at **Annexure-A** signed by the nominee/claimant/legal heir and certified by the SBI Branch Manager concerned where CSP account is maintained.
- c) Aadhar copy and Bank account copy of the nominee/claimant/legal heir.
- d) Copy of the **Good Health Declaration, Covid 19 questionnaire and Nomination form** filled in by the CSP account Holder (employee) which were already obtained and filed in P-case of employee.
- e) If the CSP account holder died after availing medical treatment in a hospital, the following documents shall be submitted.
  - i) Certificate of Hospital Treatment (**Annexure-B**)
  - ii) Medical attendant's certificate (**Annexure-C**)
  - iii) Hospital discharge/death summary and all terminal treatment papers.
  - iv) Medical cause of death certificate
  - v) Past treatment and/ or hospitalization papers, if any
- f) Employer's certificate as given at **Annexure-D** that the deceased member was an employee of APSRTC.
- g) In case of accidental death, attested copies of FIR, Post Mortem Report, Forensic report and all police report.
- h) Any other document which SBI Life deems it fit to call so as to arrive at a claim decision.

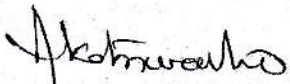
All the Insurance Claim Forms along with other relevant documents as mentioned in all Annexures shall be submitted to **SBI Life Insurance Ltd** within **90 days** from the date of death of Salary Package Account holder of SBI.

**Note:** CSP Account holders shall change the Nominee details, if necessary and submit the revised documents to the Depot Manager/Unit Officer for filing in P-case to avoid difficulty in claiming Insurance amount.

In case of any changes in the Nominee details submitted by CSP account holders, such changes shall be informed to PO-1:HO by Depot Manager/Unit Officer immediately, so as to update such changes in the records of SBI Life Insurance Ltd.

All Depot Managers and Unit Officers shall ensure making insurance claims duly adhering to the above guidelines and facilitate settlement of cases without any problems.

The Depot/Unit concerned shall maintain the records of such insurance claims submitted to the Insurance companies in the formats given at **Annexure 11 and 12** and submit such information as a monthly periodical to PO-1:HO on or before 10<sup>th</sup> of every month.

  
EXECUTIVE DIRECTOR (A)

Encl: As above.

Copy to all Officers of the Corporation.



**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)

<b>Policy No.</b> (A/c State Bank of India)	<b>1203004220P113804906</b>	<b>Address:</b> DO – XI, Maker Bhavan No.1,1st floor, Sir V.T. Marg, Mumbai – 400 020.
<b>Policy Period</b>	<b>04 .01.2021 to</b> <b>03.01.2022</b>	<b>Phone No.</b> 022- 22624525/22624818 <b>Fax No. :</b> 022-22624579 <b>Email Id:</b> 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 <input type="checkbox"/> Gold <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/>
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 .....



**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.*

<b>Policy No.</b> (State Bank of India)	<b>1203004220P113804906</b>	<b>Address:</b> DO – XI, Maker Bhavan No.1,1st floor, Sir V.T. Marg, Mumbai – 400 020.
<b>Policy Period</b>	<b>4.01.2021 to 03.01.2022</b>	<b>Phone No.</b> 022- 22624525/22624818 <b>Fax No.:</b> 022-22624579 <b>Email Id:</b> 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	<b>Annexure 4:</b> Claim Intimation Form		VIII	<i>Viscera Report / Chemical Analysis Report in case where postmortem report shows the cause of death due to poisoning or alcohol or confirm after Viscera/Chemical Analysis Report</i>	
II	<b>Annexure 6:</b> Duly stamped and signed Certificate by SBI Branch Manager on Bank Letter head.		XI	<i>Aadhar Card of Nominee/Joint Account holder /Claimant in the salary package account</i>	
III	<b>Annexure 7:</b> Bank details/ NEFT Form of Nominee/Joint Account /Claimant holder in the salary package account		X	<i>PAN card copy of the Nominee/Joint Account holder/ Claimant in the salary package account. if not available, then form 60</i>	
IV	Attested Copy of Death Certificate		XII	<i>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</i>	
V	Attested Copy of Postmortem Report		XII	<i>Other suitable document to prove legal heirship in case claimant is not a nominee / joint account holder as per Bank's record</i>	
VI	Attested Copy of FIR Report		XIII	<i>In case of multiple heirs, (consent from all the legal heirs)</i>	
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/ <input type="checkbox"/> Gold <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/>
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.

Branch Name  
Branch Code  
Date:

For State Bank of India

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



**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@uilc.co.in](mailto:vtsangtani@uilc.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)**

<b>CLAIM INTIMATION AND SUBMISSION PROCEDURE UNITED INDIA INSURANCE CO. LTD (UIIC)</b>
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<b>Group Personal Accident Policy for "Salary Package Account Holders of State Bank of India"</b>	
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UIIC Policy No. 1203004220P113804906	Policy period- 04 .01.2021 to 03.01.2022
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- The PAI (Death) Cover will be available **ONLY** in case of death due to an accident.
- b) The PAI (Death) Cover will be available **ONLY** to Salary Package Accounts where at least 2 month's salary is credited to the account preceding the date of the incident.
- c) The policy will be for existing as well as new Salary Package Account holders opened under respective customer types/ product codes.
- d) Only Primary Account Holders of Salary Package accounts (Account holder for whom the salary is being credited) are covered.
- e) In case of multiple accounts related to a single CIF, **ONLY ONE** account where salary is credited will be taken into consideration.
- f) Death in Terrorist/ Naxalite action is included.

**(A) CLAIM PROCESS**

1. The claim process consists of 2 stages:
  - (a) Intimation of the Death to UIIC
  - (b) Submission of the Claim Form & other documents to UIIC
2. In the event of death of the Salary Package account holder, an intimation as per **Annexure 4** is to be given by the claimant to **UIIC** within 90 days of the death. The timely claim intimation of death is mandatory and to be sent to the following address:

<b>United India Insurance Co. Ltd</b> Divisional Office-XI, Maker Bhavan No.1, 1st floor, Sir V.T. Marg, Mumbai - 400020. Fax No.: 022-22624579 Land Line Number- 022- 22624525/22624818 Email-Id:120300@uiic.co.in/ <a href="mailto:vtsangtani@uiic.co.in">vtsangtani@uiic.co.in</a> Toll free: 1800222302
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3. The intimation can also be given through the following channels:
 

**(Applicable both in case of Death and Disability)**

  - (a) Fax No. 022 - 22624579 (As per Annexure 4) or
  - (b) Email ID: 120300@uiic.co.in/ [vtsangtani@uiic.co.in](mailto:vtsangtani@uiic.co.in) (As per Annexure 4)

The following details are to be provided:

- i. Name of the deceased Salary Package Account Holder
- ii. SBI Salary Package Account No.
- iii. Date of Accident
- iv. Date of Death
- v. Place of accident

- vi. Details of accident
  - vii. Name of the Claimant, their Mobile No. and Email ID
  - viii. Name of the SBI Branch and their Code No.
  - ix. Name of the organization in case of DSP / PMSP / ICGSP (Army / Air Force / Navy / Indian Coast Guard/ Assam Rifle / Rashtriya Rifle / BRO(GREF) / BSF / CRPF / CISF / ITBP/ SSB / NSG)
  - x. Personal/ Force number (for DSP, PMSP account holders)
4. Immediately on registering the claim as mentioned above, a system generated reference number would be advised to the claimants by UIIC.

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

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

- a) Completely filled Claim Form duly signed by the claimant, as per **Annexure 5**.
- b) Attested copy of Police F.I.R (For Armed forces: Defence Authority report in case FIR is not available)
- c) Attested copy of Post Mortem Report.
- d) Attested copy of Death Certificate.
- e) Branch Manager Certificate on Bank letter head, as per **Annexure 6**.
- f) PAN card copy of the Claimant. If not available, then Form 60 to be submitted.
- g) Original Cancelled Cheque of Bank Account in the Name of the Claimant / or Photocopy of the first page of the Bank Passbook containing the Name of Account Holder, Bank Account Number, IFSC Code.
- h) NEFT form of claimant as per **Annexure 7**, certified by claimant's Bank, for the purpose of payment in respect of settlement of claim.
- i) Other suitable documents to prove legal heirship in case claimant is not a nominee/ joint account holder as per Bank's record. In case of multiple heirs, consent form.
- j) For Air Accident: Bank statement indicating purchase of Air ticket using SBI Debit card/ Internet Banking.
- k) Viscera Report/chemical analysis report in case where post mortem report shows the cause of death is poisoning or alcohol or any substance abuse.
- l) Aadhar Card of the claimant.

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

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

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

In addition to documents applicable for submission of PAI claims, undernoted Certificates/ documents are also required:

- i. Cost of Plastic Surgery / Burn (only for Gold, Diamond, Platinum)**
  - a. Treating doctor's/ Surgeon Certificate
  - b. Original Discharge Summary containing all relevant details.
  - c. All original bills and their receipts.

- d. Copies of all reports and prescriptions.
- e. First prescription/ consultation letter from the Doctor.
- f. Original Money Receipt duly signed with revenue stamp.

ii. Transportation of Imported Medicine (only for Gold, Diamond, Platinum)

- a. Medical Practitioner's prescription.
- b. Copy of medicine invoice.
- c. Invoice copy of freight expenses mentioning details of medicine imported, country of origin from which it is being imported, date and price of the medicine and freight expenses.

iii. Death after Coma after accident (more than 24 hrs)-

Medial certificate mentioning the duration of coma (start and end of coma period) supported by discharge summary and indoor case papers.

iv. Air Ambulance

- a. Attending Doctor's advice/ note with reason for shifting of the patient.
- b. Original invoice and receipt for the Air Ambulance mentioning date of travel, sector (from/ to place) and total amount.

v. Higher Education Cover for child (only Graduation)

Copy of admission confirmation and certificate from educational institute in a recognized college in India for Graduation along with duration of course and date of enrollment along with KYC documents.

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.
- c. KYC documents.

vii. Family Transportation: - (Travelling cost incurred by immediate 2 family members to reach place of accident)

- a. Original bill, receipt and travel ticket showing date of travel, Sector (from/to) and amount incurred.
- b. Copy of proof of the immediate family member such as Ration Card.

viii. Repatriation of mortal remains: -

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

ix. Ambulance charge

All related original bills and their receipts.

6. Claimant will submit the Claim Form completed in all respects, with relevant documents mentioned under **Para 5** above, directly to UIIC. **The system generated Claim Number/ Salary Account No. should be mentioned on the**



**Claim Form while sending the physical documents.** The Claim No. can be used for any queries/further follow up with the UIIC claim department.

7. However, in case, the claim application is received by the SBI Bank Branch having the Salary Account, it shall be forwarded to UIIC Mumbai Office (Address in Para 2) along with a detailed covering letter.
8. **The total period for intimation and claim submission is 180 days maximum i.e. period for intimation + claim submission = 90 + 90 = 180 maximum (from date of death).**
9. UIIC will settle claims independently without the involvement of the Bank.
10. Subsequent correspondence shall be between the claimant and UIIC.
11. All claims shall be entertained by UIIC where accident has occurred within the period of policy and death has occurred:
  - a) within the period of policy or
  - b) within 12 months of date of accident, in event where death occurs after the expiry of policy.

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

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

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

Any communications for correspondence regarding claims should be sent to:

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

Status of the claims can be sought, using system generated claim number/ AccountNumber, by any of the following channels:

Sr. No.	Channel	Details
1	Email ID	120300@uiic.co.in/ vtsangtani@uiic.co.in
2	Land Line Number	022- 22624525/22624818
3	Fax No.	022-22624579

All documents to be forwarded to the Address mentioned below

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

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

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

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

Sr. No.	Channel	Details
	Name	Anand Rathi Insurance Brokers Ltd.
1	Contact Person	Bhupendra Thanekar, Manager (Corporate General Insurance)
2	Telephone	022-4909 3006,
3	Mobile	9833784147
4	Toll Free No	1800-123-8733
5	Email	<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, Nariman Point, Mumbai 400021

## Annexure 3 B

### GRIEVANCE REDRESSAL MECHANISM

#### Escalation Level 1

- i. If you are not satisfied with Insurance Company's services and wish to lodge a complaint you can fill the online form or you may email to the customer servicedesk at [120300@uiic.co.in](mailto: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 by the Company. In case the resolution is likely to take longer time, they will inform you of the same through an interim reply.

#### Escalation Level 2

- i. For lack of a response or if the resolution still does not meet your expectations, you can write to the Head - Customer Services at [vtsangtani@uiic.co.in](mailto:vtsangtani@uiic.co.in).
- ii. After examining the matter, they will send you their 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 the Insurance Company 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  
Email 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. **UIIC has agreed that no claim will be rejected unless it is decided in the bipartite meeting between them and ARIBL.**
- 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 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>.

**TATA-AIG GENERAL INSURANCE COMPANY LTD**Address: A-501,5Th Floor, Bldg No -4, Infinity Park, Dindoshi,  
Malad (East), Mumbai -- 400 097
**Personal Accident Insurance Claim form  
For RuPay Cardholder's**
**IMPORTANT**

1. Issuance of this form is not an admission of Liability or a waiver of the terms, conditions and exceptions of the insurance contract.  
2. No claim will be admitted without a Medical Report as per format to be obtained at claimant's expense. 3. Claim form for Accidental Death/Dismemberment of RuPay Platinum / Select Cardholder's (To be submitted at the Branch)

Policy No. 0238443404 / 0238443469

Claim No. \_\_\_\_\_

**1 PERSONAL DETAILS**

Name of RuPay Cardholder \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ PIN \_\_\_\_\_Occupation \_\_\_\_\_  
Age \_\_\_\_\_**Type of RuPay Card held (please tick):**RuPay Platinum Card RuPay Select Card 

Bank Account No: \_\_\_\_\_

RuPay Card No: \_\_\_\_\_

Date of Last Transaction: \_\_\_\_\_

Nature of Transaction: \_\_\_\_\_

Any other RuPay Card held by the same person : YES / NO  
(If Yes please give details) : \_\_\_\_\_**2 CLAIMANT (NOMINEE) DETAILS (Mandatory for Death claims)**

Name of the Nominee (Claimant) \_\_\_\_\_

(As per Bank Records)

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
PIN \_\_\_\_\_

Relationship with deceased customer \_\_\_\_\_

Mobile Number &amp; Email id \_\_\_\_\_

**3 BRANCH DETAILS (FOR CUSTOMER)**

Bank Name \_\_\_\_\_

Name of Branch \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

PIN \_\_\_\_\_

IFSC code of Branch \_\_\_\_\_

Name of Branch Contact \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email id \_\_\_\_\_



**4 DETAILS OF ACCIDENT**

Nature of claim DEATH / DISABLEMENT / DISMEMBERMENT

Date of Incident \_\_\_\_\_

Date of Death (if applicable) \_\_\_\_\_

Place and Location (Full Address) \_\_\_\_\_

Cause Description \_\_\_\_\_

**5 DETAILS OF INJURIES**

Specify Injured / dismembered Parts of Body \_\_\_\_\_

Total Disablement (if any) \_\_\_\_\_  
Percentage \_\_\_\_\_(%) \_\_\_\_\_(In Words)

**6 WITNESSES**

1) Name \_\_\_\_\_ 2) Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Contact No. \_\_\_\_\_ Contact No \_\_\_\_\_

**7 TREATMENT DETAILS**

A Casualty Doctor  
Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Registration No \_\_\_\_\_

B Hospital(s) if Hospitalized  
Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_

**8 AMOUNT OF CLAIM**

A Permanent Disablement Amount (Rs) \_\_\_\_\_

B Death Amount (Rs) \_\_\_\_\_

**9 PAST HISTORY**

A Have you made any claims in the PAST with TATA AIG or other insurance company?  
YES/NO

B If YES, please give details including accident and Insurance details

I hereby declare that I have suffered injuries as described above and all the details given are ABSOLUTELY TRUE AND CORRECT. I hereby agree to forfeit all my rights to compensation if any of the foregoing facts and /or details are found to be false or incorrect. I further authorize the hospital, doctor diagnostic laboratory, organization, establishment or any other body or person dealt with in the course of this claim to give any information or document sought for by the Insurance Company.

Signature of the Insured/Claimant

Signature of Incumbent with branch Seal

Date:  
Place:



**Sampoorn Suraksha Non Employer Scheme Claim Form**

To,  
 Claims Department  
 SBI Life Insurance Co. Ltd.  
 7th Level (D Wing) & 8th Level, Seawoods Grand  
 Central, Tower 2, Plot No. R-1, Sector 40,  
 Seawoods, Nerul Node, Navi Mumbai - 400706.

**Claim Form for Death Benefit under Sampoorn Suraksha Non Employer Employee Scheme**

Master Policy (MP) Number: \_\_\_\_\_ Member ID: \_\_\_\_\_

We write to convey that the under mentioned policyholder was covered under One year renewal Group Life Insurance scheme and has expired.

**DETAILS OF THE DECEASED MEMBER (Please write in capital letters)**

1. Name of the Life Assured (Deceased)	
2. Date of Birth	DDMMYY
3. Date of Death	DDMMYY
4. Nominee Name & Relationship	
5. Sum Assured	
6. Cause of Death	
7. Account details of Nominee	
Account No.	
IFSC Code	
Bank & Branch Name	

**Certified that the information furnished is true and correct in every respect to the best of our knowledge and belief**

Place: \_\_\_\_\_ Nominee Name: \_\_\_\_\_

Date: DDMMYY \_\_\_\_\_ Nominee Signature \_\_\_\_\_

**Authorized Signatory on behalf of the Master Policy Holder**

Name & Designation: \_\_\_\_\_

Contact No: \_\_\_\_\_ Date: DDMMYY \_\_\_\_\_

**Aadhaar Consent:**

I, < Name of the Customer >, hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorise the Company to obtain necessary details like Name, DOB, Address, Mobile Number, Email, Photograph through the QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose and for all service aspects related to my policy/ies. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, Driving licence, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of issuing insurance policy to me and for servicing them. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me. I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me regarding various servicing and other matters related to my policy/ies.

**WITHOUT PREJUDICE**

**Part IV**

Was there any other disease or illness which preceded or co existed with the ailment at the time of his/her admission into the hospital? If so what was it? Please provide history of such disease or illness stating.

(a) Date when the patient first observed such disease: [ D | D | M | M | Y | Y | Y | Y ]

(b) By whom treated: [ | | | | | | | | | | | | | | | | | | | | | | | | | | | | ]

(c) Nature of Ailment: \_\_\_\_\_

(d) Hospital Name and Address: \_\_\_\_\_

(e) Phone No. of Hospital: [ | | | | | | | | | | | | | | | ]

(f) Indoor Patient number: [ | | | | | | | | | | | | | | | | | | | | | | ]

(g) Was the Patient suffering from any physical or Mental disability and if yes, the details thereof: \_\_\_\_\_

**Part V**

Had the patient been admitted or treated by you or your hospital earlier. If yes, Please provide the following details:  Yes  No

Date		Inpatient / Outpatient	Reason for seeking treatment	Treatment Given
From	To			

Have you attached a copy of the Indoor case papers & death / Discharge Summary  Yes  No

If No, please provide reason: \_\_\_\_\_

Certified that the above information is correct as per records of the Hospital.

"The information is based on records maintained in the Register No. \_\_\_\_\_ Entry No. \_\_\_\_\_ dated \_\_\_\_\_

Date: [ D | D | M | M | Y | Y | Y | Y ] Signature: \_\_\_\_\_

Name of the Doctor: [ | | | | | | | | | | | | | | | | | | | | | | ]

Qualification: [ | | | | | | | | | | | | | | | | | | | | | | ]

Registration No.: [ | | | | | | | | | | | | | | | | | | | | | | ]

Designation: [ | | | | | | | | | | | | | | | | | | | | | | ]

Address of Hospital / Clinic: [ | | | | | | | | | | | | | | | | | | | | | | ]

Stamp of the Clinic / Hospital / Doctor

Contact No.: [ | | | | | | | | | | | | | | | | | | | | | | ]

Provide Discharge / Death Summary and Treatment Records/Papers for the above.





Annexure - C



WITHOUT PREJUDICE

**MEDICAL ATTENDANT'S CERTIFICATE**

(To be completed by the Medical Attendant of the Life Assured in his/her last illness)

- (a) Form to be filled in English only  
 (b) Kindly fill up the form complete in all respects and accompanied by relevant documents, original or certified photocopies of the records or documents  
 (c) Kindly be legible in filling up the form and ensure all information is declared correctly and clearly. DO NOT leave any column blank

Please note that the Claimant has already consented to share the Medical papers/details with the Insurance Company

Policy Number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Patient Registration No./IP No: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**PART I**

Name of Patient (Life Assured) \_\_\_\_\_  
 Date of Birth: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

**PART II**

Was the patient related to you?  Yes  No  
 If yes, How? \_\_\_\_\_

**PART III**

Date of Death: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Time of Death: \_\_\_\_\_  
 Place of Death (Please provide the full address): \_\_\_\_\_  
 Cause of death:  Natural  Accidental  Others  
 If Others, Please Specify: \_\_\_\_\_  
 Primary Cause of Death: \_\_\_\_\_  
 Secondary Cause of Death: \_\_\_\_\_  
 Duration of illness: \_\_\_\_\_  
 Symptoms of illness: \_\_\_\_\_  
 The date on which you first examined/ treated the patient: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 The period of consultation by you from: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] to [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**PART IV**

Were the Life Assured's habits regular and moderate?  Yes  No

If No, Please provide the details:

Nature of Habits	Duration ( in years )	Quantity per day
Smoking		
Tobacco Consumption		
Alcohol Consumption		

WITHOUT PREJUDICE

Was Life Assured's health Regular and Normal

Yes  No

If No, Please provide details – Did the Life Assured suffer from any of the following:

Diabetes  Hypertension  Heart Disease  Kidney Disease  Liver Disease  Cancer  Others

If Any Others, Please specify \_\_\_\_\_

What were the other diseases that co-existed or preceded with the terminal illness \_\_\_\_\_

History of such diseases: \_\_\_\_\_

Date when first observed: \_\_\_\_\_

By whom treated? \_\_\_\_\_

By whom the above history was reported to you? \_\_\_\_\_

Provide Discharge / Treatment Summary and Treatment Records/Papers for the above.

PART V

Are you the family doctor for the deceased?

Yes  No

If yes, for How long? \_\_\_\_\_

If not, Please provide the name and address of his family doctor \_\_\_\_\_

When and for what ailments did you treat the deceased preceding his last illness? \_\_\_\_\_

Did you know any other medical practitioner/Hospital who attended the deceased?

Yes  No

If yes, please provide their names and addresses \_\_\_\_\_

Was any Post Mortem Examination of the body done?

Yes  No

"The information is based on records maintained in the Register No. \_\_\_\_\_

Entry No. \_\_\_\_\_

dated | D | D | M | M | Y | Y | Y | Y | "

I \_\_\_\_\_ Medical Attendant of the deceased \_\_\_\_\_

DO HEREBY solemnly DECLARE that the above statements are true and correct to the best of my knowledge and belief and that the deceased did not die by his/her own act.

Date | D | D | M | M | Y | Y | Y | Y |

Place \_\_\_\_\_

Name of the Doctor: \_\_\_\_\_

Qualification: \_\_\_\_\_

Registration No. \_\_\_\_\_

Designation: \_\_\_\_\_

Address of Hospital / Clinic: \_\_\_\_\_

Contact No: \_\_\_\_\_

Certifying Doctor Signature with  
Stamp of the Clinic / Hospital

**Annexure-D**

**ANDHRA PRADESH STATE ROAD TRANSPORT CORPORATION**

Office of the Depot Manager/Unit Officer,  
\_\_\_\_\_ Depot /Unit,  
Date:\_\_\_\_\_.

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that Sri/Smt. \_\_\_\_\_  
(Name of the deceased employee), E\_\_\_\_\_ (Staff Number),  
Designation\_\_\_\_\_ was an employee of \_\_\_\_\_ Depot/Unit.

He/she worked in the depot/Unit from \_\_\_\_\_ to \_\_\_\_\_ (date of death).

These details are certified as per the records of the Depot/Unit so as to submit claims to SBI Life Insurance Company Ltd under Group Term Life Insurance (GTLI) of Corporate Salary Package Scheme.

**SIGNATURE OF THE DEPOT MANAGER/UNIT OFFICER  
(with office seal)**



