

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-04/2023 dated 06.10.2023

Sub: **CSP - Corporate Salary Package with SBI** – Group Personal Accidental Insurance (GPAI) and Group Term Life Insurance (GTL) cover to all Regular employees under "Corporate Salary Package (CSP)" with State Bank of India – Instructions – Reg.

- Ref: 1. MoU dated 31.08.2021 between SBI and APSRTC
2. Circular No.PD-04/2021 dated 14.09.2021.
3. Circular No.PD-05/2021 dated 05.11.2021.
4. Revised MoU dated 21.09.2023 between SBI and APSRTC

Through reference 1st cited, an MoU was executed between APSRTC and SBI to provide Group Personnel Accidental Insurance and Group Term Life Insurance benefits to the employees of APSRTC under "Corporate Salary Package" with State Bank of India and accordingly, guidelines were issued through Circulars at reference 2nd and 3rd cited.

The CSP scheme was reviewed to provide better insurance benefits to the employees and after negotiations with State Bank of India, it was decided to continue the Corporate Salary Package with SBI with the enhanced insurance benefits and accordingly, a revised Memorandum of Understanding (MoU) was executed through reference 4th cited.

As per the revised MoU with SBI, the following insurance benefits are provided under Corporate Salary Package.

Reason for Death	Applicable to the deaths occurred w.e.f.	ACCIDENT INSURANCE		TERM LIFE INSURANCE
		Oriental Insurance Company	Additional coverage on RuPay Card by TATA AIG	SBI LIFE
Accidental Death	04.10.2023 onwards	Eligible for Rs.85 lakhs	Eligible for Rs.10 lakhs	Eligible for Rs.5 lakhs
Accidental - Permanent Total Disability	04.10.2023 onwards	Eligible for Rs.85 lakhs	Not eligible	Not eligible
Accidental - Permanent Partial Disability	04.10.2023 onwards	Eligible for Rs.65 lakhs	Not eligible	Not eligible
Natural	03.09.2023 onwards	Not eligible	Not eligible	Eligible for Rs.5 lakhs

I. Group Term Life Insurance (GTLI):

The SBI LIFE, insurance provider for Group Term Life Insurance for 5 Lakhs insurance benefit, issued Sampoomsuraksha Master Policy No. 72100488106 covering all employees of APSRTC having Corporate Salary Account with State Bank of India. This scheme is applicable upto maximum age limit of 62 years and as such all the employees drawing their salary through Corporate Salary Bank Account with SBI are made eligible to be covered under this policy. An amount of Rs.200/- (inclusive of GST) will be recovered from their monthly salary towards monthly premium.

In case of death of employee either due to natural or accident, the family members of the deceased employee shall claim the insurance benefit from SBI LIFE under this policy. The employee should ensure that his Bank Account with SBI is under Corporate Salary Package.

The Unit Officer shall give death intimation immediately to SBI LIFE through email ID No. sampoomsuraksha@sbilife.co.in duly quoting the Master Policy Number 72100488106 in the Reference and furnishing the details of (a) Name of Employee (b) Staff No. (c) Date of Death (d) Bank Account No. and IFSC Code. A copy of the death intimation shall be marked to Head Office. Please note that insurance company may not entertain the claim if the death intimation is not given within 30 days from the date of death.

There is no change in the claim procedure and claim form which is presently being followed by all the Units, since it is continuation of the earlier policy. The claim form shall be filled in all aspects duly enclosing the clearly visible documents certified by the Unit Officer. The certification of the Branch Manager of the SBI in which the bank account is maintained shall be obtained on the claim form with signature, stamp and seal, and then handed over at the nearest SBI LIFE branch. It is also advised to pursue with the SBI LIFE branch authorities to upload the claim documents in their online portal immediately. After uploading the claim, in case the claim amount is not settled, the reasons for delay shall be ascertained from the SBI LIFE branch and objections if any shall be attended to immediately, for early settlement of the claim.

II(A) Group Personnel Accidental Insurance (GPAI)

For Accidental Deaths and Accidental Disability claims, the SBI informed that M/s. ORIENTAL INSURANCE CO. LTD., is the insurance provider under Policy No. 111700/48/2023/373. All the employees having Corporate Salary Account with SBI, subject to regular salary credit in the account for last three months prior to the date of incident, are covered under the following accidental insurance benefits:

(a) Accidental Death of employee - All CSP Account Holders irrespective of the category of the employee, will be uniformly covered under Group Personal Accidental Death (GPAI) for **Rs.85.00 Lakhs**

(b) Permanent Total Disability of employee in Accident - All CSP Account Holders irrespective of the category of the employee, will be uniformly covered for **Rs.85.00 Lakhs**

(c) Permanent Partial Disability of employee in Accident - All CSP Account Holders irrespective of the category of the employee, will be uniformly covered for **Rs.65.00 Lakhs**

(d) **Air Accidental Insurance cover:** All CSP Account Holders irrespective of the category of the employee, will be uniformly covered for **Rs.1.00crore** Air Accidental Insurance.

II(B) Additional Accidental death benefits under Group Personnel Accidental Insurance.

For Accidental Deaths, the following additional insurance benefits are covered through **M/s. TATA AIG GENERAL INSURANCE CO.LTD** as detailed hereunder:

- a) **Rs.10 lakhs** additional accidental death benefit will be provided to the employees holding **Corporate Salary Platinum RuPay Debit Card** subject to the condition that such RuPay Debit Card should have been used at least once in 30 days prior to the incident in a POS / e Comm Transaction.

(OR)

- b) Additional Accidental death Insurance coverage on **New RuPay Card Insurance Offer** will be provided to different variant of RuPay Cards as under, subject to the condition that such RuPay Debit Card should have been used at least once in 30 days prior to the incident.

- (i) Rs.10.00 lakh for RuPay Cards of Rhodium, Platinum, Diamond variants
- (ii) Rs.2.00 lakh for Gold and Silver variants

The employees are having the choice either to opt for additional accidental death insurance for (a) or (b) shown above. It is advised that as the option (a) for Rs.10 lakhs on Corporate Salary Platinum RuPay Debit Card is most beneficial to the employee, the employees are advised to obtain the "Corporate Salary Platinum RuPay Debit Card" from the Bank immediately, if they were not issued for such card till now by the SBI.

- c) In addition to the above, additional accidental death insurance will be provided to the employees having ATM Cards (MASTER/VISA) subject to the condition that MASTER/VISA ATM Card should have been used at least once in 30 days prior to the incident

- i) Rs.5.00 lakhs for Rhodium, Platinum MASTER/VISA ATM CARDS
- ii) Rs.2.00 lakhs for Diamond, Gold MASTER/VISA ATM CARDS
- iii) Nil for SILVER ATM CARD

- d) In Accidental death cases, the Unit Officer shall give death intimation immediately (i) to ORIENTAL INSURANCE Co. as per prescribed Claim Intimation Form through email Id: **sbigpa.claims@orientalinsurance.co.in** (ii) If the deceased employee is holding Corporate Salary Platinum RuPay Debit Card, the death intimation shall be given to TATA AIG through email ID No. **rupay@tataaig.com** duly indicating the details of Bank Account No, IFSC Code, RuPay Card Number of the deceased

employee (iii) to SBI LIFE through email ID No. **sampoornsuraksha@sbilife.co.in** Intimations submitted after 30 days will not be entertained by any insurance company. Please note that in case of accidental deaths, the family members are eligible to claim both Accidental death benefits under GPAI and also Rs.5 lakhs benefit from SBI LIFE under GTLI.

III.SBI RISTHEY - The employees shall link up the SBI Bank account numbers of their immediate family members (not exceeding 4 family members) to the Customer Identification File(CIF) of employees CSP account with SBI under the SBI RISTHEY scheme. In case of accidental death of any of the family members linked with SBI RISTHEY, the accidental insurance of Rs.5 lakhs will be provided to the nominee.

IV. Add on Cover in Accidental insurance:

The following add on coverage insurance benefits are provided under CSP in case of accidental cases.

S.No.	Description	Coverage
1	Cost of Plastic Surgery Burn cases	Up to ₹10 lakh
2	Transportation of Imported Medicine	Up to ₹ 5 lakh
3	Death after Coma after accident (more than 48 hrs)	₹ 5 lakh
4	Air Ambulance Cover	Up to ₹ 10 lakh
5	Child Higher Education Cover (Male Child)	₹ 8 lakh
	Child Higher Education Cover (Girl Child)	₹10 lakh
6	Girl Child Cover for Marriage (Age 18-25 Years) for two girl children @ 5 lakh each	Up to ₹ 10 lakh
7	Family Transportation	Up to ₹ 50,000/-
8	Repatriation of mortal remains	Up to ₹ 50,000/-
9	Ambulance Charges	Up to ₹ 50,000/-
10	Additional Cover for all Salary Packages, death while performing duties on foreign soil	₹ 10 lakhs

V. Additional benefits to CSP Account holders: The Bank undertakes to provide following facilities/services to CSP Account holders.

- a) Usage of the largest ATM network of SBI Group free of charge.
- b) Usage of other bank ATMs, subject to RBI regulations as applicable from time to time.
- c) Unlimited number of ATM transactions, as per the bank's instructions issued from time to time, irrespective of metro/non-metro locations for all variants.
- d) Anywhere Banking via ATM Card.
- e) Free ATM Card.
- f) Free Supplementary ATM Card for joint Account holders.
- g) Free Facility of setting up of Standing Instructions.
- h) Allotment of safe deposit lockers, subject to availability.
- i) Loans will be disbursed to eligible CSP Account holders upon fulfilment of eligibility criteria and on meeting of Bank's terms and conditions, including establishing the applicant's credit worthiness as per Bank's guidelines.

- j) All other facilities being provided to Bank's normal customers operating salary accounts, subject to the discretion of the Bank.
- k) International Debit cum ATM Card to Gold, Diamond and Platinum categories.
- l) Xpress Credit Loan

VI. Role of Depot Managers/Unit Officers:

The DMs/Unit Officers shall educate all the employee through Gate Meetings, Notice Boards etc., about the importance of the enhanced insurance benefits provided under Corporate Salary Package.

It shall be ensured that all the employees' bank accounts are covered under CSP. If any employee's bank account is not converted into CSP, such employee shall be advised to submit the "**Conversion of Saving Bank Account to CSP Account form**" (proforma enclosed) at the SBI branch where his/her account is maintained.

Instructions were already issued through Circular No. PD-04/2021 dated 14.09.2021, (at the time of entering into CSP) to obtain Good Health Declaration, Covid Questionnaire and Nomination form in the prescribed formats from all the employees. It shall be ensured that all those documents are filed properly in the respective P cases of the employees duly making entries to this effect in the SRs of respective employees. In case of employees newly recruited/ appointed/ reinstated, the above documents shall be obtained immediately without fail. Failure to submit the above documents will render such employees ineligible for the benefits under CSP.

The Death intimation of the employee shall be sent by the Depot Manager/Unit Officer to the Insurance company directly, within 48 hours of the incident, with a copy marked to PO-I:HO.

The relevant claim forms shall be submitted to the respective insurance companies directly from the Unit concerned in the prescribed formats duly filled in and enclosing all the relevant documents which are visible and certified, duly marking a copy to HO.

If the salary of CSP Account holder is not credited for three (3) months consecutively, the Bank will convert such Account of the employee concerned as "normal salary account" rendering such employee ineligible for the benefits under CSP. Hence, all employees are advised to ensure regular receipt of their salaries without any break. Please note that in case of claim for insurance benefit under GPAI, the last three months bank account statement prior to the date of death has to be enclosed to the claim form without fail.

In case of employees for whom salary is not paid due to absence, EOL, sick, LWP etc., for any month, the monthly premium amount of Rs.200/- for each employee will be paid by the Corporation from its funds to SBI towards GTL (Group Term Life Insurance) premium and the same will be recovered from the employees concerned, subsequently by the Unit Officer concerned.

The Unit Officers shall ensure that the employee has given his nomination in favour his family members under CSP and a copy of the same duly attested by the Unit Officer shall be filed in the P case.

The Unit Officer/Depot Managers shall review the status of claims periodically and follow up for attending the objections/furnishing of additional documents from time to time without any delay duly coordinating with the family members of the deceased employees in true spirit, for settlement of the claims at the earliest and provide immediate financial support to the distressed family members of the deceased employees.

Enclosure: as above.

M. L. Singh
06.X.2023
MANAGING DIRECTOR

To

All Officers of the Corporation.

The Branch Manager
State Bank of India
_____ Branch.

Dear Sir,

CORPORATE SALARY PACKAGE - (1) REQUEST FOR CONVERSION OF SAVING BANK ACCOUNT TO CSP ACCOUNT AND (2) UNDERTAKING FROM ALL CSP ACCOUNT HOLDER, NEW & CONVERTED

1. I maintain a CSP SB account with your branch and the account number is _____ / I intend to open a new CSP SB Account. I am presently employed as _____ with APSRTC, my ID number is _____ and my date of birth is ___ / ___ / ___ (DD/MM/YYYY). My mobile number is _____. My present address is appended below which may please be incorporated in your records for which I am enclosing a certificate issued from the unit and request you to accept it for satisfying the KYC norms as prescribed by your bank, along with other document(s) as prescribed by the RBI.

2. In this connection I request that my existing account be converted into a Corporate Salary Package account with all the special features.

3. As regards converting my account to Savings Plus Account (please tick in the appropriate box)

- a) I do not wish to avail of this facility OR
- b) I request you to convert my savings account into a Savings Plus account.

(if b, then the application is being submitted separately)

I confirm that I have read and understood the Terms and Conditions of Savings Plus Account. Payment of proceeds, as well as nomination for the term deposits so made would be as per my/ our Savings Account with you, by debit to which the Multi Option Deposits would be created.

4. Since I am presently posted at / is being posted to _____ I request that my account should be transferred to _____ Branch of SBI for ease of operation.

5. I hereby undertake that I shall obtain a No Objection Certificate letter from SBI in case I desire to change to any other Bank for credit of salary. I further undertake that I shall not seek to change my salary bankers from SBI unless I have liquidated all loans outstanding with SBI

Address _____

Date:

Yours faithfully,

Place:

Name:

Address:



Amicus - VI

Covid Questionnaire(UWM029)
(For Group Business - To be filled by Life to be Assured)

Name of the Master Policy Holder: _____
 Master Policy Number: _____
 Employee ID / Member ID: _____
 Name of Life to be Assured: _____
 Gender: _____ Age: _____

(Answers must be in words. Strokes of the pen or dots or dashes not accepted as valid replies)

Sr#	QUESTIONS	YES	NO
1	In last one month did you have symptoms like loss of sense of smell or taste, any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose/running nose), Sore throat, or Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea, body ache or backache?		
2	In Last three months, have you or your family member(s) been diagnosed with Covid 19 or have been advised to take Covid 19 test or kept in quarantine where results are awaited?		
3	Have you been in close contact with anyone who has been quarantined or who has been diagnosed with COVID-19 ?		
4	Have you or your family members travelled overseas over last 2 months OR plan to travel during the next 6 months ?		

***Please provide relevant details, clarifications and reports if any of questions is answered as "Yes".

Declaration to be given by the Proposer/Life to be assured

I declare that the answers given above are true and to the best of my knowledge and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for life Insurance and that failure to disclose any material fact known to me may invalidate the contract.

Place: _____

Date: DD/MM/YYYY

Signature of Life to be assured

Annexure-VII

NOMINATION FOR BENEFITS FOR GROUP TERM LIFE INSURANCE SCHEME

UNDER CORPORATE SALARY PACKAGE WITH SBI

I hereby nominate the person(s) mentioned below, who is / are member(s) of my family and have the right to receive to the extent specified below any amount that may be sanctioned by the Insurance Company under the Group Term Life Insurance Scheme, as part of Corporate Salary Package with SBI, in the event of my death while in service.

S.No	Names of Nominee(s) (Sri/Smt.)	Relationship with Employee	Age	*Share amount to be paid each (%)	Full address of Nominee(s)
1	2	3	4	5	6
1					
2					
3					
4					

Dated:-

Signatures of Two witnesses:-

1.

2.

Signature of the Employee
 Name :
 Staff No. :
 Designation :
 Unit :

N.B: The employee should draw line across the blank space below his last entry to prevent insertion of any names after he has signed.

* This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

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SBI Life Sampurn Suraksha UIN: UIN040V04
GOOD HEALTH DECLARATION FORM

Guidelines

All Sections/Fields in this form should be completed. Leaving the questions unanswered will not be accepted and may lead to rejection of the proposal. Insurance is a contract of utmost good faith, trusting the life assured to disclose all the fact. In case of any doubt as to whether a fact is material or not, the fact should be disclosed.

Name of the Life Assured (Member) _____
Name of the Master Policy Holder _____ Policy No./Quote No. _____
Employee No / Membership ID: _____ Date of Birth: ____/____/____ AGE: _____ Male/Female

DECLARATION

I hereby declare that I am joining the Group Policy on my own volition. I have been duly apprised of the benefits, terms and conditions of the Group Policy by the Master Policyholder.

Further, I consent on my enrolment of new membership under Group Insurance Policy, issued under the product SBI Life Sampurn Suraksha.

I declare that I am presently in sound mental and physical health. I also declare that I do not have any physical defect/deformity, and perform my routine activities independently. I have never suffered from nor am I currently not suffering from diabetes, hypertension (high blood-pressure), epilepsy, or tuberculosis or genetic disorder. I have not been tested positive for Hepatitis B, Hepatitis C, or HIV and have not been treated or hospitalized in connection with alcohol, narcotic drugs or tobacco consumption. During the last 3 years, I have not been hospitalized for any ailment or disease. I have not taken any treatment nor am I currently receiving any treatment nor have I been advised to undergo medical tests or follow any prescribed line of treatment, for critical illness in the past or in the present.

@ A Critical Illness is defined as any one of the following:
[1] have suffered or be suffering from cancer, [2] be advised or be taking treatment for any heart disease, [3] have undergone any major surgery requiring full anaesthesia during the last 12 months, [4] have undergone major organ transplant, [5] have been advised medically to undergo chest/heart surgery or surgery requiring full anaesthesia within the following six months from the date of declaration, [6] have kidney and/or liver failure, [7] have suffered or be suffering from stroke, paralysis, or any mental illness, [8] have suffered or is suffering from any chronic, irreversible disease of the lungs or brain or liver, [9] have suffered or be suffering from AIDS or venereal diseases.

I Declare that my work does not involve working in mine or exposure to harmful substances, chemical or gas.

For females only,

I am not pregnant and there is no history of miscarriage, abortion or other gynaecological disorders in last three months.

I hereby understand and agree that no insurance cover will commence until the risk is accepted and requisite premium has been received by SBI Life and SBI Life conveys its written acceptance of this application for life insurance cover. I further understand and agree that life insurance cover provided to me shall be governed by the Master Policy Contract issued in favour of the Master Policyholder. Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health, employment on the grounds of secrecy, I, my heirs, executors, administrator or any other person or persons having interest of any kind whatsoever in the life insurance cover provided to me, hereby agree that such authority, having such knowledge or information, shall at anytime be at liberty to divulge any such knowledge or information to the Company.

I hereby declare and agree that the foregoing declaration has been given after fully understanding the same and is true and complete to the best of my knowledge and that I have not withheld any information that may influence my admission into the Group Insurance Plan of SBI Life.

I hereby agree that this form including the declaration shall form the basis of my admission into the Group Insurance Plan and if any untrue statement be contained therein, I, my heirs, executors, administrators and assignees shall not be entitled to receive any benefits under the Group Insurance Plan, I also agree that the Company shall not be liable for any claim on account of illness, injury, or death, the cause of which was known prior to approval of my request for assurance or if I have withheld or concealed any material information in the above statements.

Signature of Group Member _____
Name: _____
Date _____

Place _____
Name of the MPH official / Witness _____
Signature of MPH official / Witness _____
Place _____ Date _____

DECLARATION WHEN THE MEMBERSHIP FORM IS FILLED BY A PERSON OTHER THAN THE GROUP MEMBER / GROUP MEMBER SIGNS IN A VERNACULAR LANGUAGE / GROUP MEMBER IS ILLITERATE (THUMB IMPRESSION CASES)

I hereby declare that I have read out and explained the contents of membership form and all other documents incidental to availing the Group Insurance Scheme from SBI Life Insurance Company Ltd to the Group Member and that he/she said that he/she had understood the same and the he/she agrees to abide by all the terms and conditions of the same.

I hereby declare that I have fully explained to the Group Member that the answers to the questions form the basis for the Group Insurance Cover and that if any untrue statement is contained herein, no benefits will be payable by the SBI Life.

I hereby declare that I have explained the contents of this form to the Group Member in _____ Language, that I have truly and correctly recorded the answers given by the Group Member and that the Member has affixed his/her signature/ thumb impression on the membership form in my presence, after fully understanding the contents thereof.

Signature of the person making the declaration
Name and Address: _____

Signature of Group Member

Date: _____

Section 41 of the Insurance Act, 1938, as amended from time to time

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Extract of Section 45 of Insurance Act, 1938, as amended from time to time

"No Policy of life insurance shall be called into question on any ground whatsoever after the expiry of three years from the date of policy. A policy of life insurance may be called into question at any time within 3 years from the date of policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policy holder is not alive.

In case of repudiation of the policy on the ground of misstatement or suppression of a material fact and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

For complete details of this section and the definition of "date of policy", please refer section 45 of the Insurance Act, 1938, as amended from time to time

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 :

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- 3. Date of Death :

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- 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:

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 _____ **Nominee Signature**

Authorized Signatory on behalf of the Master Policy Holder:

Name & Designation: _____

Contact No.: _____ **Date:**

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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.



Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai-400020.

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

#Do not leave any fields Blank, mark NA where not applicable.

Policy No. (A/c State Bank of India)	111700/48/2023/373	Address: SBI GPA Claims Cell Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai-400020. Phone :022-22821746 / 22821459 / 228281365 Toll Free No.: 1800-11-8485 Fax No. 022-22821648 Email Id: sbigpa.claims@orientalinsurance.co.in Cc. milindpmb@orientalinsurance.co.in paihelpdesk@rathi.com
Policy Period	04 .01.2023 to 03.01.2024	

1	Name of Salary/Pension 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/Pension Account No.	
5	Xpress Credit (PL) Outstanding (if any), Ac for DSP/CAPSP/ICGSP (Death in action) against Anti National Activities, Terrorist, Naxalite foreign enemy only	
6	Type of Salary Package/Pension Account (Tick the appropriate one)	CSP/DSP/CAPSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP/Pensioner (DSP/CAPSP/ICGSP)

7	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"/>
8	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:
9	Name of the organization for others i.e. PSP/CGSP/SGSP/RSP/SUSP/CSP	Name of Employer: Department Name:
10	Personnel/Force/Batch No./ Employee ID number	
11	Details of SBI Branch where Salary Account was maintained	Branch Name: Branch Code: Place: State:
12	Name of Nominee/Joint Account holder in the salary package account [as per Bank's record]	
13	Relationship of Nominee with Account Holder	
14	Address of the Nominee	
15	E Mail ID of Nominee (if available)	
16	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



Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai-400020

Group Personal Accident/ Air Accident Claim Form

(To Be Filled by Nominee/ Claimant/ Legal Heir)

Submission of this format for claim is not to be taken as an admission of liability.

Policy No. (State Bank of India)	111700/48/2023/373	Address: SBI GPA Claims Cell Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai-400020. Phone :022-22821746 / 22821459 / 228281365 Toll Free No.: 1800-11-8485 Fax No. 022-22821648 Email Id: sbigpa.claims@orientalinsurance.co.in Cc. milindpmb@orientalinsurance.co.in paihelpdesk@rathi.com	
Policy Period	4.01.2023 to 03.01.2024		
1	Name of Salary/Pension Account holder		
2	Address of Claimant		
3	Date of Accident		
4	Date of Death of Salary/Pension Account Holder		
5	Cause of Death		
6	Salary/Pension Package Account No.		
7	Xpress Credit (PL) Outstanding (if any), for DSP/CAPSP/ICGSP only	Ac No:	O/s as on date:
8	Name of the organization		
9	Name of Nominee/Joint Account holder in the salary/pension package account		
10	Mobile Number of Nominee/ Joint account holder		
11	Contact Number of other close person/relative		
12	Branch Details where Salary/Pension Account is maintained	Branch Name: Branch Code: Place: State:	
13	Claim Amount (eligibility as per he variant/Package)	PAI: Rs. AAI: Rs. Add on Covers: Rs.	

**Please ensure to enclose below mentioned documents:
DOCUMENTS TO BE SUBMITTED ALONG WITH ANNEXURE 5 (Claim Form)**

Sl No.	Documents	Enclosed (Yes / No)		Documents	Enclosed Yes / No
I	Annexure 4: Claim Intimation Form		VIII	Viscera Report / Chemical Analysis Report in case where postmortem report shows the cause of death due to poisoning or alcohol or confirm after Viscera/Chemical Analysis Report	
II	Annexure 6: Duly stamped and signed Certificate by SBI Branch Manager on Bank Letter head.		IX	Aadhar Card of Nominee/Joint Account holder /Claimant in the salary package account.	
			X	Salary Ac Statement for last three months and Copy of Salary Slip last three Months (Prior to date of accident)	
III	Annexure 7: Bank details/ NEFT Form of Nominee/Joint Account /Claimant holder in the salary package account		XI	PAN card copy of the Nominee/Joint Account holder/ Claimant in the salary package account. if not available, then form 60	
IV	Attested Copy of Death Certificate		XII	Attested copy of the first page of the Bank Passbook or cancelled Cheque containing the Name of Account Holder (claimant), IFSC Code of the Bank, Bank Account Number of Nominee/Joint Account holder/ Claimant	
V	Attested Copy of Postmortem Report		XIII	Other suitable document to prove legal heirship in case claimant is not a nominee / joint account holder as per Bank's record	
VI	Attested Copy of FIR Report		XIV	In case of multiple heirs, (consent from all the legal heirs)	
VII	Defence Authority report in case FIR is not available (For Armed forces)		XV	Certified Copy of Final Police Investigation Report in case of train accident/drowning/murder	

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

To be submitted on Bank's letter head

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	Xpress Credit (PL) Outstanding (if any), for DSP/CAPSP/ICGSP only	:	Ac No. O/s as on Date:
7	Name of Salary Package account DSP/CAPSP/ICGSP/PSP/CSP/SGSP/CGSP/RSP/SUSP	:	
8	Salary Package Account Variant:	:	Silver/ <input type="checkbox"/> Gold <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/>
9	Date of last Salary Credit (Prior to Accident)	:	
10	Claim amount under PAI/ Air	:	PAI: AAI:
11	Name of the Joint account holder of Salary Account (if available)	:	
12	Address/Contact No of Joint Account holder	:	
13	Is nomination available in the Account of the deceased (Yes/No to be mentioned)	:	
14	Name of nominee(s), if available	:	
	Contact No./ Address of Nominee	:	
15	Nominee A/c details (Ac should be in SBI only)	:	

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 Oriental Insurance Company Ltd." 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

Name of the Signing Officer:
P.F. No.:



NEFT FORM FOR PERSONAL ACCIDENT INSURANCE
(To be submitted by the Nominee/Claimant/Legal heir only)

Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai-400020

sbigpa.claims@orientalinsurance.co.in / milindpmb@orientalinsurance.co.in

(Policy No. **111700/48/2023/373**)

Sir,

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

SBI Account Details for NEFT/RTGS	
Name of the Claimant (Account Holder)	
Bank Name	State Bank of India
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 Passbook 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, The Oriental Insurance Co. Ltd. reserves the right to issue a cheque/credit the account in the mode that may deem fit. I/We would not hold The Oriental 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.

I authorize State Bank of India to recover / adjust any Loan / dues outstanding in the name of the life assured / deceased before allowing release of funds from my account in which insurance claim due is paid.

Name: (.....)

Signature of the Applicant (Claimant)

Place:

Date:/...../.....

(This is required on a stamp paper of Rs. 100/-. The document must be notarized on all pages.)

Consent for Release of Claim to Single Legal Heir

Affidavit regarding legal heirs of late _____
_____ (Name of the Deceased)

S/O _____

(Father's Name), to be produced to The Oriental Insurance Company Limited, by WE (being the claimants of the Group Personal Accidental Insurance claim amount):

Name with relationship with the deceased, Age and Occupation of the legal heirs.

Sr. No	Name of Legal Heir	Relationship with Deceased	Age (Years)	Occupation	Signature
1					
2					
3					
4					
5					

All residing at:

(Full address), do hereby solemnly affirm and declare as under:

1. That the above persons are the only legal heirs of Late.

_____ (Name of the Deceased), who was

Permanently Residing at _____

And who expired on _____ (Date of Death) in an accident dated _____ (Date of Accident).

2. We understand that relying on this affidavit, The Oriental Insurance Company Limited, has agreed to process the Group Personal Accidental Insurance claim application made by us in respect of the accidental death of Late

_____ (Name of the Deceased).

3. We do hereby state and declare that we are the only legal heirs of late

_____ (Name of the Deceased)

S/O. _____

(Father's Name) entitled to receive the Group Personal Accident Insurance claim amount.

4. We have no objection to hand over the said amount of Rs.

_____/ -related to the insurance

Claim to one of us _____

_____ (Name of the Nominee).

Solemnly affirmed at _____ (Place) on

this _____ day of _____ Year _____.

Witness

I know the Affiants

1. Name:

Signature:

2. Name:

Signature:

3. Name:

Signature:

**CERTIFICATE IN RESPECT OF THE NOMINEE AS PER THE
SERVICE RECORD
TO WHOMSOEVER IT MAY CONCERN**

We herewith certify that

Late _____ (Name of deceased) was a permanent employee of _____ (Name of Organisation) and other details as per our service records are as below:

1	Date of Death	
2	Force / ID no	
3	Designation	
4	Posting Location	
5	Salary Package Account No	
6	Name of SBI Salary Account Branch	

As Nominee is not recorded on SBI Salary Package account we confirm below details as per service records available for Next of Kin (NOK)/ Nominee with organisation and superannuation/ Pension and other official benefits have been paid by department

1	Name of Nominee	
2	Relationship with deceased	
3	Name and code of Bank	
4	Account No of Bank of NOK	
5	Address of Bank of NOK	
6	IFSC Code of NOK	
7	Mobile No of NOK	

We request to The Oriental Insurance Company Limited making payment to _____ (Name of Claimant) on our certifications, the identification and authenticity of legal heir/s shall not responsibility of United India Insurance Co Ltd and Future dispute / legal issues regarding nominee if any post settlements of claim, United India Insurance Co will not be held liable in any matter whatsoever.

Enclosed Copies of Nominee's documents
PAN Card

1) Bank passbook 2) Aadhar Card/

Name of Authorised Signatory :
Designation :
Unit Location/ Number :
Date :
Signature with Stamp :
Contact No :



Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate,
Mumbai-400020.

PERMANENT TOTAL/ PARTIAL DISABILITY CLAIM FORM

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

(To be filled in by the Salary account Holder)

Policy No. (A/c State Bank of India)	111700/48/2023/373	Address: SBI GPA Claims Cell Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai- 400020. Phone :022-22821746 / 22821459 / 228281365 Toll Free No.: 1800-11-8485 Fax No. 022-22821648 Email Id: sbigpa.claims@orientalinsurance.co.in Cc. milindpmb@orientalinsurance.co.in paihelpdesk@rathi.com
Policy Period	04 .01.2023 to 03.01.2024	

1. Name of the Salary Account Holder	
2. Occupation	
3. Name of the organization in case of DSP / PMSP / ICGSP/PSP	
4. Designation and Force No	
5. Salary Account No. with SBI	
6. Type of Salary Package Account	
7. Name & Code of SBI Branch	
8. Address of the Claimant	
9. Contact No & Email ID of Salary Account Holder	
10. Details of the Accident	
a. Date of accident:	
b. Time of accident:	
c. Place of accident:	



Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate,
Mumbai-400020

MEDICAL CERTIFICATE

Claims must be supported by medical evidence furnished by the insured and at his expense.

Details of Claimant (Salary Account Holder)		
1	a) Salary Account Number	
	b) Name	
	c) Sex	Male: Female:
	d) Age	
2	Details of Accident	
	a) Nature of Accident	
	b) Cause of Accident	
	c) Whether the appearance of the injuries is consistent with account given of the accident	
3	Details of Injury/ loss	
4	Date on which you first attended claimant for this injury	
5	Is claimant suffering from any diseases or illness apart from his injury and is there any illness by circumstances which may tend to retard recovery? If So, give particulars?	
6	Present Condition	
7	How Long from the happening of the accident do you consider total disablement will last?	
8	Name of Existing Doctor (if treatment is changed)	
<p>Having personally examined the above-named insured, I certify that the above statements are correct and that the injured person is necessarily disabled by accident referred to</p>		

Date:

Address:

Name:

Registration No.

Stamp

Qualification:

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

This is to certify that Shri/Smt./Ms.----- who has got disabled on --
----- due to accident (as per the documents enclosed), is a holder of Salary
Package Account, details thereof are as under:

1.	Name of the Salary Package Account holder	
2.	Salary Package Account No.	
3.	Address in full (as per Bank records)	
4.	Date of Accidental	
5.	Details of Injury/Loss as per Medical Certificate	
6.	Name of SBI Bank Branch where the Salary Package Account is maintained	
7.	Type of Salary Package account	
8.	Claim amount under Personal Accident/	
9.	Phone No.	
10.	Email ID	

The Bank or its Officers will not be held responsible for the genuineness / authenticity of documents like FIR, Death Certificate, Postmortem report, etc. being submitted by the claimant to the Insurance Company. It shall be the responsibility of the Insurance Company to ascertain their authenticity. All further correspondence should be made directly between the claimant and the Insurance Company. The claim disposal will be the responsibility of Insurance Company. All settlements/disputes will be between the claimant and the Insurance Company, and the Bank will not be a party to such disputes.

For State Bank of India,

Name / Signature of Branch Manager

P.F. No.:

Branch Name:

Branch Code:

Branch Stamp

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. for Platinum Card: 0239318916

Policy No. for Select Card: 0239321718

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 & 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. _____

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:

Annexure D

Declaration from Member Bank [on Bank's letterhead]

We hereby confirm that Mr./Mrs. _____ having
Aadhar number _____ is holder of
account number no. _____ and was issued a RuPay
Card bearing no. _____.
Account opening date: _____

Card type: **[PLATINUM / SELECT / OTHER-** please specify]

A. Details of Card induced transaction qualifying for the RuPay Insurance Program 2022-23.

Date of Transaction : _____
Type of Transaction : _____
Brief Description of transaction : _____

[Copy of entire 30 days Account Statement of cardholder with highlighted qualifying transaction to be attached]

B. Details of Nominee / Legal Heir

Name of Nominee / Legal Heir: _____
Aadhar Number of Nominee/ Legal Heir: _____
Relation with Cardholder: _____
Nominee's/ Legal Heir's Bank Name: _____
Nominee's/ Legal Heir's Account number: _____
Nominee's/ Legal Heir's Account IFSC code: _____

[Copy of Pass Book / Cancelled Cheque of Nominee/Legal Heir's A/c. to be attached]

[In case Nominee details are not available, Legal Procedure to be adopted as per bank's guidelines and Legal Heirs details to be provided.]

AUTHORISED SIGNATORY
WITH BANK SEAL.

C. Brief Description of Accident [to be narrated in English / Hindi only by Bank Official]

D. Details of Bank's Official for follow up regarding the captioned claim.

Name and Address of Bank:

Name of Official :

Contact Number :

Mobile:

Landline:

Email ID of Bank **Branch** :

Email ID of Bank **RO/ZO** :

We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

We also confirm that the documents sent in support of the captioned claim are true copies and have been verified by us with the original documents.

AUTHORISED SIGNATORY
WITH BANK SEAL.