



**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. (A/c State Bank of India)</b>	<b>1203004220P113804906</b>	Address: DO – XI, Maker Bhavan No.1,1st floor, Sir V.T. Marg, Mumbai – 400 020.
<b>Policy Period</b>	<b>04 .01.2021 to 03.01.2022</b>	Phone No.022- 22624525/22624818 Fax No. : 022-22624579 Email Id: 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. (State Bank of India)</b>	<b>1203004220P113804906</b>	Address: DO – XI, Maker Bhavan No.1,1st floor, Sir V.T. Marg, Mumbai – 400 020. Phone No.022- 22624525/22624818 Fax No.: 022-22624579 Email Id: 120300@uiic.co.in/ sbigpaclaims@gmail.com
<b>Policy Period</b>	<b>4.01.2021 to 03.01.2022</b>	

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)**

SI 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	<i>Attested Copy of Death Certificate</i>		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	<i>Attested Copy of Postmortem Report</i>		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	<i>Attested Copy of FIR Report</i>		XIII	<i>In case of multiple heirs, (consent from all the legal heirs)</i>	
VII	<i>Defence Authority report in case FIR is not available (For Armed forces)</i>				

*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.: <b>1203004220P113804906</b>	Policy Period 04.01.2021 to 03.01.2022
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*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@uiic.co.in](mailto:vtsangtani@uiic.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:



**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)**