भारतीय स्टेट बँक
भारतीय स्टेट बैंक
State Bank of India

वैयक्तिक बँकिंग व्यवसाय गट, कॉरपोरेट आणि संस्थान गठजोड़ विभाग,
13 वा मजला, स्टेट बँक भवन, मादाम कामा रोड, नरीमन पाईंट, मुंबई - 400 021
वैयक्तिक बैंकिंग व्यवसाय इकाई, कॉरपोरेट एव संस्थान गठजोड़ विभाग,
13 वी मंजिल, स्टेट बैंक भवन, मादाम कामा रोड, नरीमन पाईंट, मुंबई - 400 021
Personal Banking Business Unit, Corporate & Institutional Tie-Ups Department,
13th Floor, State Bank Bhavan, Madam Cama Road, Nariman Point, Mumbai - 400 021

Tel. : 022-2202 2689 | Fax : 022-2274 1312 | E-mail : dgm.citu@sbi.co.in | IP Phone : 100265

Director General
Indian Coast Guard
Coast Guard Head Quarters
National Stadium Complex
New Delhi 110001

PB/C&ITU/ 293 30.01.2017

Dear Sir,

**PERSONAL BANKING: DEFENCE SALARY PACKAGE (DSP)/ PARA MILITARY SALARY PACKAGE (PMSP) AND INDIAN COAST GUARD SALARY PACKAGE (ICGSP)**
**A. PERSONAL ACCIDENT INSURANCE (DEATH) COVER (PAI) ALONGWITH ADD ON COVERS**
**B. AIR ACCIDENT INSURANCE (DEATH) COVER FOR GOLD AND ABOVE VARIANTS**
**INSURANCE PROVIDER: FUTURE GENERALI INDIA INSURANCE CO. LTD (FGIICL)**
**POLICY NO : A0869238: PERIOD 04.01.2017 TO 03.01.2018**

We refer to our letter no. PB/C&ITU/180 dated 29.01.2016 and advise that the **Personal Accident Insurance (Death) Cover (PAI) & Air Accident Insurance (Death) cover (AAI)** to all variants of accounts under DSP/PMSP/ICGSP has now been renewed with effect from 04.01.2017. Both PAI (death) and AAI (death) cover has been obtained from **Future Generali India Insurance Company Ltd (FGIICL),** having their registered office at Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone (W), Mumbai 400 013. The new PAI & AAI policy shall be valid for 1 year i.e. **w.e.f 04.01.2017 to 03.01.2018.**

2. Accordingly, PAI and AAI claims, where the salary account holder has met with an **accident** between **04.01.2017** and **03.01.2018** and expires subsequently, but within the twelve calendar months of the date of accident should be submitted to **FGIICL.**

3. Where the salary account holder met with an accident between **04.01.2016 to 03.01.2017** and expired subsequently but within the twelve calendar months of date of accident, the PAI and AAI claims will continue to be serviced by **National Insurance Co Ltd. (NICL)** the previous insurance provider.

4. PAI Cover for Defence and Para Military Jawans has been enhanced from Rs.3 lac to Rs.5 lac. Further, PAI/ AAI cover to Diamond and Platinum variants has been enhanced as detailed in **Annexure-1**. A slew of added covers have also been added for the year 2017.

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

| | |
|---|---|
| **Annexure - 1** | Package wise eligibility |
| **Annexure -1A** | Terms and conditions for Add on Covers included under PAI (applicable in case of accidental death) |
| **Annexure - 2** | General guidelines |
| **Annexure - 3** | Intimation, Claim submission procedure |
| **Annexure - 3A** | Contact details of FGIICL and ARIBL with escalation matrix |
| **Annexure - 3B** | Grievance redressal mechanism |

6. It is essential that the Salary Accounts are opened with appropriate/ correct customer type and product codes under DSP/PMSP/ ICGSP etc. We would request you to send necessary communication to all your personnel having their salary accounts with SBI to verify whether their accounts have been properly classified as DSP/PMSP/ICGSP (as applicable) with appropriate variant such as Silver/ Gold/ Diamond/ Platinum to ensure eligible PAI/ AAI (death) cover amount is available to them.

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

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

Yours faithfully,

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

Annexure 1

## PACKAGE WISE ELIGIBILITY

### 1) PAI cover for Salary Package Accounts

| PAI Cover | (Rs. In Lakhs) | | | |
|---|---|---|---|---|
| Salary package | Silver | Gold | Diamond | Platinum |
| Defence Salary Package - DSP(Army, Navy & Air Force) | 5.00 | 5.00 | 15.00 | 20.00 |
| Para Military salary Package (PMSP) | 5.00 | 5.00 | 15.00 | 20.00 |
| Indian Coast Guard Salary Package (ICGSP) | 5.00 | 5.00 | 15.00 | 20.00 |

### 2)# Air Accidental Insurance (death) Cover to Salary Package Accounts

| Variant of Salary Account | AAI cover (Rs. in Lakhs) |
|---|---|
| **Gold** | 5.00 |
| **Diamond** | 20.00 |
| **Platinum** | 30.00 |

*(# only when air tickets are purchased by debit to Salary Package account using State Bank Debit Card/ Internet Banking)*

### 3) Add on Cover (Applicable in case of Accidental Death)

i. Cost of Plastic Surgery / Burn (for Gold, Diamond, Platinum)– maximum Rs. 1 lakh
ii. Transportation of Imported Medicine (for Gold, Diamond, Platinum)- maximum Rs. 50,000/-
iii. Death after Coma after accident (more than 24 hrs) - Rs. 1 lakh
iv. Air Ambulance – maximum Rs.5 lakhs
v. Girl Child Cover:
   a. Higher Education (only Graduation)- 10% of PAI cover, maximum Rs. 1 lakh
   b. Marriage (18-25 age) – 10% of PAI cover, maximum Rs. 1 lakh
vi. Family Transportation - Rs.20,000/- (cost of travel incurred by immediate 2 family members to reach place of accident)
vii. Repatriation of mortal remains – maximum Rs.10,000/-

***(Terms and conditions as per Annexure 1A)***

**Annexure 1A**

## Terms & conditions for Add on Covers included under PAI (Applicable in case of Accidental Death)

**1. Cost of Plastic Surgery/Burn:** Where the Salary Account Holder (also referred to as **"insured person")** dies due to accident tenable under terms & conditions of the policy. The insurance company will reimburse the actual cost of plastic surgery, incurred in India, due to burn, incurred prior to death of insured person, subject to a maximum limit of Rs.1 lakh, as an additional benefit.

**2. Transportation of Imported Medicine:** Where the PAI claim is accepted as a valid claim, then Insurance Company will reimburse the expenses incurred as freight charges for importing medicines to India on producing invoice copy of freight expenses, subject to maximum of Rs.50,000/-, as an additional benefit.

**3. Death after Coma:** Where the insured person has after accident gone into Coma, for more than 24hrs (notwithstanding as defined elsewhere), prior to his/ her death, then the insurance Company will pay Rs.1 lakh, as an additional benefit

**4. Air Ambulance:** Where the PAI claim is accepted as a valid claim then the expenses incurred for engaging an Air Ambulance for transporting the insured person to the nearest hospital prior to his death, will be paid by the Insurance Company, subject to maximum amount of Rs.5 lakhs, as an additional benefit.

**Specific Conditions:**

i. Expenses for air ambulance transportation are restricted within India
ii. Return transportation to the Insured person's home by ambulance is excluded.

**5. Girl Child Cover (as an additional benefit)-**

a. **Education Fund:** Where the PAI claim is accepted as a valid claim than an amount of up to 10% of PAI Sum Insured subject to maximum of Rs.1 lakh, is payable as an additional benefit to a Girl Child (of the insured person) pursuing fulltime course in a recognized college, in case the insured person has died due to accident **(other than road accident)**.
b. **Marriage (18- 25 yrs.):** Where the PAI claim is accepted as a valid claim then an amount of up to 10% of PAI Sum Insured subject to maximum of Rs.1 lakh is payable to the Girl child whose age is between 18-25 years (of the insured person), as an additional benefit, subject to the death of the insured person due to accident, **other than road accident.**

**6. Family Transportation:** If a claim is accepted as a valid claim then the expenses incurred in transporting 2 (two) immediate family members to the hospital within India, subject to maximum of Rs.20,000/- will be reimbursed, as an additional benefit.

**7.Mortal Remains:** If a claim is accepted as a valid claim, expenses incurred in transporting the mortal remains of the insured person from the place of hospital to his/her residence, subject to maximum of Rs.10,000/-, will be paid as an additional benefit.

**Annexure 2**

## General guidelines

The Free PAI and AAI cover will be governed by the following:-

i. The PAI (Death) Cover will be available **ONLY** in case of death resulting solely and directly from accident caused by external, violent and visible means.

ii. **ONLY** Primary Salary Package Account holders (i.e. account holder for whom salary is being credited) having salary credits for **at least 2 consecutive month's salary preceding the date of the incident** shall be covered.

iii. The policy will be for existing as well as new Salary Package Account holders opened under respective customer types/ product codes.

iv. In case of multiple accounts related to a single CIF, **ONLY ONE** account where salary is credited will be taken into consideration.

v. **Death in Terrorist/ Naxalite action is included.**

vi. In case of Defence (Army, Airforce and Navy) and Para Military Personnel, including their pilots and co-pilots, death due to accident/ ship accident other than declared war by Government of India shall also be covered.

vii. Death of Defence and Para Military Personnel, including their pilots & co-pilots, resulting directly and solely from an injury sustained because of an aircraft accident, in situation which is not declared war, including while conducting rescue operations for civilians during natural disasters like flood and other civilian operations, are covered under the policy.

viii. Crew i.e. pilots/ crew members of commercial airlines/ ships will be covered under the policy as per PAI cover.

ix. The Claimant (Beneficiary) on Death of the primary Salary Account holder shall be:

*a)* The nominee, registered with the bank for the Salary Package Savings Bank account held in single name ***(Bank's role will be limited only to certify that the person nominated is the nominee as per the records of the Bank).***

*b)* *In case* where the nominee's name is not available but the Salary Package Savings Account is a joint account, then the beneficiary will be the surviving joint account holder(s) for the purpose of insurance claim. (Bank's role will be limited only to certify the names of surviving joint account holder(s) as per Bank records)

*c)* In cases other than **a and b** above the claim shall be settled as per the procedure of Future Generali India Insurance Company Ltd. (FGIICL). The identification of legal heirs and the authenticity of the claim would be the responsibility of FGIICL.

x. **The benefit of PAI and AAI will be available to the claimant only if the accounts are opened/ converted under the Salary Package with appropriate product codes i.e. DSP/PMSP/ICGSP**.

xi. The Intimation and claim process for PAI and AAI is detailed in **Annexure-3**

## INTIMATION, CLAIM SUBMISSION PROCEDURE

| Policy Number: A0869238 | Policy period : 04.01.2017 to 03.01.2018 |
|---|---|

### A. INTIMATION (PAI & AAI):

**The intimation of death is mandatory and should be conveyed by the claimant to FGIICL within 90 days of death of the Salary Package account holder through any one of the following Channels**:

I. Call FGIICL 24 X 7 Toll free No. 1800-103-8889/ 1800-209-1016 with the following details:

a) Name of the deceased salary package account holder
b) SBI salary package account number
c) Name of Branch where salary account is maintained (if available)
d) Date of death
e) Date of accident
f) Cause of accident
g) Place of accident
h) In case of DSP/ PMSP/ICGSP accounts : Name of the organization :
DSP (Army, Navy, Air force, GREF); ICGSP; Assam Rifles; PMSP (BSF, CRPF, CISF, ITBP, SSB, NSG), etc.
i) Personal/ Force number (for DSP, PMSP, ICGSP account holders)

**OR**

Email claim intimation as per **Annexure-4** to fgh@futuregenerali.in

**OR**

Fax claim intimation as per **Annexure-4** to1800-103-9998/ 1800-209-1017

**OR**

Despatch the intimation as per **Annexure-4** to

**Future Generali India Insurance Co. Ltd.,**
Future Generali Health, Office No 3.
3rd floor,"A"- Building, G-O-Square,
Near Mankar Chowk, Wakad, Pune - 411 057

II. A copy of the intimation may also be sent to the ARIBL for their information and follow up with FGIICL.

III. Immediately on registering the claim as mentioned above, a claim reference number would be advised to the claimant by FGIICL.

भारतीय स्टेट बैंक S.B.I. C.I. Tie-UPS DEPTT. MUMBAI NATIONAL BANKING GROUP राष्ट्रीय बैंकिंग समूह मुंबई

## B. CLAIM PROCESS (PAI & AAI) {DOCUMENTS}:

**The claimant shall submit the claim to FGICL to the address mentioned under para-A-I (i) above, within 180 days of date of death along with the following documents**:

a) Completely filled claim form as per **Annexure-5.**
b) Attested copy of Death Certificate.
c) Attested copy of F.I.R.
d) Attested copy of Post Mortem Report.
e) Certificate from Home Branch indicating the account of deceased as Salary Package operating account, along with variant, name of the nominee/ joint account holder(s) as per Bank record. (**Annexure-6).**
f) The application by the claimant containing details of his Account Number (i.e. Bank, Branch, Account No, MICR Code No, and IFS Code No) along with cancelled cheque of his bank account for the purpose of NEFT payment of claim, for submission to FGIICL, as per **Annexure-7**.
g) PAN card copy of the Claimant. If PAN card is not available, then form 60 may be submitted.
h) Other suitable document to prove legal heirship in case claimant is not a nominee/joint account holder as per Bank's record
i) For Armed forces, where FIR is not available, Defence authority report to be submitted.
j) Additional requirement: Viscera Report / chemical analysis report in case where post mortem report shows the cause of death due to poisoning or alcohol or any substance abuse.

**(Other than issue of certificate as per Annexure 6, the Branch Manager will not attest/ certify any of the above mentioned documents.**

Claimant will submit the Claim Form complete in all respects, with relevant documents mentioned above directly to FGIICL.

## C. ADDTIONAL REQUIREMENTS FOR AAI

a. The Air Accident insurance Cover will be available **ONLY IF** purchase of air tickets takes place by debit to Salary Account using the State Bank Debit Card/ Internet Banking, within the policy period and accident also takes place within the policy period

b. The following document (in addition to the documents for claim under PAI) to be submitted for AAI claims:
Certified copy of Bank statement of Salary Package Account indicating debit to Salary Package account using State Bank Debit Card/ Internet Banking for purchase of Air ticket/ payment to travel agent for purchase of Air ticket by the Salary account holder.

c. Bank will not be a party to any dispute between the claimant and FGIICL. Such claims will be settled on production of the proof of Airline tickets purchased by debit to Salary Package account using Debit Card/ Internet Banking and the declaration by the claimant.

## D. ADDITIONAL DOCUMENTS FOR ADD ON COVER (Accidental Death)

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

**i. Cost of Plastic Surgery / Burn (only for Gold, Diamond, Platinum)**

a. Treating doctor's/ Surgeon Certificate
b. Original Discharge Summary containing all relevant details.
c. All original bills and their receipts.
d. Copies of all reports and prescriptions.
e. First prescription/ consultation letter from the Doctor.
f. Original Money Receipt duly signed with revenue stamp.

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

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

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

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

**iv. Air Ambulance – Maximum Rs. 5 lakhs**

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. Girl Child Cover:**

**a. Education fund:**Education(only Graduation)-10% of PAI cover,maximum Rs.1 lakh

i. Copy of admission confirmation and certificate from educational institute stating details of full time course in a recognized college in India for Graduation along with duration of course and date of enrollment.
ii. Birth certificate of the Girl child.

**b. Marriage expenses: (18-25 age)–10% of PAI cover, maximum Rs.1 lakh**

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

vi. **Family Transportation – maximum Rs.20,000/-** (cost of travel incurred by immediate 2 family members to reach place of accident)

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

**vii. Repatriation of mortal remains – maximum Rs.10,000/-**

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

## E. CLAIM SETTLEMENT PROCESS

1. Immediately on registering the claim a system generated reference number will be advised to the claimant by FGIICL. **The Claim reference Number/ Claim Number should be mentioned on the claim form while sending physical documents.** The claim number should be used for any queries/follow up/ correspondences with FGIICL claim department.

2. Claimants will submit claim form complete in all respect, with relevant documents mentioned above, either directly to FGIICL or through Branch concerned.

3. **The claimant should submit the claim form along with the related documents mentioned above to FGIICL at the address mentioned under para-B and D (if applicable) above, within 180 days of date of death of Salary Package account holder.**

4. On receipt of the claim (along with all documents), FGIICL will send an acknowledgement to the claimant/sender.

5. FGIICL will, on receipt of complete set of documents, process the claim. Any requirement/deficiencies in the documents submitted, shall be sought by FGIICL within 10 working days of receipt of the claim documents.

6. All the documents being in order, FGIICL will settle the claim within 15 working days from the date of receipt of complete set of documents.

7. All the correspondence related to claim will be directly taken up by FGIICL with the claimant without involving the Bank.

8. All claims will be entertained by FGIICL where accident has occurred within the policy period and death has occurred:
   i. within the policy period or
   ii. After the expiry of policy, but within 12 months of the accident date.

9. All the settlement/ disputes will be between the claimant and FGIICL.

10. FGIICL will settle claims independently without the involvement of the Bank and the claim settlement will be entirely the responsibility of FGIICL. Bank will have no liability towards any claim/dispute between the claimant and FGIICL.

11. All future correspondence shall be between the claimant and FGIICL

12. In case of any delay FGIICL shall pay interest as per IRDA Norms.

13. All other terms and conditions of the policy will be as per the standard policy of the Company.

**Annexure 3A**

## CONTACT DETAILS AND ESCALATION MATRIX OF FUTURE GENERALI INDIA INSURANCE CO. LTD (FGIICL) & ANAND RATHI INSURANCE BROKERS LTD. (ARIBL)

Any communications for correspondence regarding claims should be sent to

**Future Generali India Insurance Co. Ltd.,**
Future Generali Health, Office No 3,
3rd floor, "A"- Building, G-O-Square, Near Mankar Chowk,
Wakad, Pune - 411 057 (Maharashtra)

Assistance can be sought for knowing the claim status from any of the following

| SI NO | CHANNEL | Details |
|---|---|---|
| | Name | Future Generali India Insurance Co. Ltd. |
| 1 | Email | fgh@futuregenerali.in |
| 2 | 24 X 7 Toll free No | 1800-103-8889/ 1800-209-1016 |
| 3 | Toll free Fax | 1800-103-9998/ 1800-209-1017 |

Contact details of escalation matrix:

| Escalation level | Designation | Telephone no |
|---|---|---|
| 1st Escalation | Assistant Manager – Claims | 020-6790 4548 |
| 2nd Escalation | GM- Health Claims | 020-6790 4501 |
| 3rd Escalation | Head – Health Claims | 020-6790 4502 |

A Copy of the Intimation/ claim/ grievance may also be forwarded to M/s Anand Rathi Insurance Brokers Ltd (ARIBL) who will co-ordinate with FGIICL for settlement of all claims. Contact details of ARIBL are as under:

| SI NO | CHANNEL | Details |
|---|---|---|
| 1 | Name | **Anand Rathi Insurance Brokers Ltd** |
| 2 | Contact Person | Bhupendra Thanekar – 98337 84147 |
| 3 | Telephone | 022- 4909 3006 |
| 4 | Toll free number | 18001238733 |
| 5 | Email | paihelpdesk@rathi.com |
| 6 | Letter | Anand Rathi Insurance Brokers Ltd.(ARIBL)<br>Regent Chambers, 10th floor, Jamanlal Bajaj Marg, Nariman Point, Mumbai 400021 |

**Annexure 3B**

## GRIEVANCE REDRESSAL MECHANISM

a. Future Generali has committed to provide "Exceptional Customer- experience". However, If the policy holder/ claimant has any grievance that the policy holder/ claimant wishes the insurance company to redress, the policy holder/ claimant may contact the FGIICL with the details of grievance through the following medium:

| Sr No | Channel | Details |
|---|---|---|
| 1 | Website | www.futuregenerali.in |
| 2 | Email | fgcare@futuregenerali.in |
| 3 | Helplines | 1800-220-233 (from MTNL/BSNL) 1860-500-3333 |
| 4 | Telephone | 022-6783 7800 |

b. It has been decided that to engage the services of ARIBL for expeditious resolution of any grievance. **Moreover FGIICL has agreed that no claim will be rejected unless it is decided in the bipartite meeting between them and ARIBL**.

c. If the Policy holder/ claimant is not satisfied with the Company's redressal of the grievance through one of the above methods, the Policy holder may contact the Company's Head of Customer Service Cell at:

**The Grievance Redressal Officer,**
Future Generali India Insurance Co.Ltd,
Indiabulls Finance Centre,
Tower 3, 6th Floor, Senapati Bapat Marg,
Elphinstone (W), Mumbai- 400 013

d. 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. The complaint may register his grievance through IRDA (Insurance Regulatory and Development Authority) online, at http://www.igms.irda.gov.in. The guidelines for taking up the complaint with the Insurance Ombudsman, along with their address are available on the consumer education website of the IRDA, http: www.policyholder.gov.in/ombudsman.aspx.

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## ANNEXURE 4

Future Generali
**Health**

**Future Generali India Insurance Co. Ltd.**
**Address:** Future Generali Health, Office No. 3, 3rd Floor,
"A"-Building, G-O-Square, Wakad, Pune - 411 057, Maharashtra
**Email Id:** fgh@futuregenerali.in

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

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

| Policy | State Bank of India – Salary Account Holders | ***Fax No.:*** **1800 209 1017 / 1800 103 9998**<br>**Tollfree Phone:** 18001038889/18002091016 |
|---|---|---|
| **Policy No. A0869238 for Policy Period 04/01/2017 to 03/01/2018** | | |

| | | |
|---|---|---|
| 1 | Name of Salary Account holder | |
| 2 | Address in full | |
| 3 | Age (in years) | |
| 4 | a) Date of Accident | |
| | b)Time of Accident | |
| | c) Place of Accident | |
| | d)Details of Accident | |
| | e) Date of Death | |
| 5 | a) Name of the Bank Branch where the Salary Package Account is maintained | |
| | b) Branch Code of the Bank Branch where the Salary Package Account is maintained | |
| | c) Postal Address of Bank Branch to which correspondence can be exchanged by FGIICL | |

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## ANNEXURE 4

Future Generali
**Health**

| | | |
|---|---|---|
| 6 | Salary Package Account No | |
| 7 | Type of Salary Package Account | # CSP/DSP/PMSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP |
| 8 | Variant of Salary Package A/C : | @ Silver/ Gold/ Diamond/ Platinum |
| 9 | Name of the organization in case of DSP / PMSP / ICGSP | @ Army / Air Force / Navy / Indian Coast Guard/ Assam Rifle / Rashtriya Rifle / BRO (GREF) / BSF / CRPF / CISF / ITBP / SSB / NSG |
| 10 | Personnel / Force number in case of DSP / PMSP / ICGSP | |
| 11 | Name of Nominee in the salary package account [If Available] | |
| 12 | Relationship of Nominee with Account Holder [If Available] | |
| 13 | Address of the Nominee *(if available)* | |
| 14 | E Mail ID of Nominee *(if available)* | |
| 15 | Mobile Number of Nominee *(if available)* | |

*[#Corporate Salary Package **(CSP)**, Defence Salary Package **(DSP)**, Para Military Salary Package **(PMSP)**, Indian Coast Guard Salary Package **(ICGSP)**, State Government Salary Package **(SGSP)**, Central Government Salary Package **(CGSP)**, Police Salary Package **(PSP)** and Railway Salary Package **(RSP)**, Start up Salary Package **(SUSP)**]*

**(@ STRIKE OUT WHAT IS NOT APPLICABLE)**

The foregoing details are true to the best of my / our knowledge and belief.

_____ _____

**Signature of Person Intimating Claim** **Full Name of person Intimating Claim**

**Relationship with Insured** _____

_____ _____

**E Mail of Individual Signing Above (if available)** **Mobile/ Contact Number of Individual Signing Above**

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

# ANNEXURE 5

Future Generali
Health

## GROUP PERSONAL ACCIDENT/ AIR ACCIDENT - CLAIM FORM

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

| | | | |
|---|---|---|---|
| Policy | State Bank of India – Salary Account Holders | Claim No.: | |
| Claim Intimation No. | | Date of Claim Registration: | |

**Policy No. A0869238 Policy Period 04/01/2017 to 03/01/2018**

| | |
|---|---|
| 1. Name of the Salary Account holder (Deceased) | |
| 2. Salary Account No. with SBI | |
| 3. Name of SBI Branch | |
| 4. Code No. of SBI Branch | |
| 5. Name of Claimant | |
| 6. Address of Claimant (Complete address with Pin code) | |
| 7. Details of the Accident | |
| A. Date of Accident: | |
| B. Time of Accident: | |
| C. Place of Accident: | |
| D. Date of Death: | |
| E. Particulars of Accident: | |

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**Health**

# ANNEXURE 5

| | | |
|---|---|---|
| F. Claim Amount: | PAI | Rs. |
| | AAI (INR); | Rs. |
| | Total (INR): | Rs. |
| | Add-on Covers: | Rs. |

**8. Documents Submitted (Tick the box)**

| | |
|---|---|
| a. Attested Copy of FIR Report ☐ | 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. ☐ |
| b. For Armed forces: Defence Authority report in case FIR is not available ☐ | |
| c. Attested Copy of Post Mortem Report ☐ | h. NEFT Form of Claimant ☐ |
| d. Attested Copy of Death Certificate ☐ | |
| e. Bank's Branch Manager Certificate on Bank Letterhead Annexure 6 ☐ | i.. For Air Accident : Bank statement indicating purchase of Air ticket using SBI Debit card / Internet Banking ☐ |
| f. PAN card copy of the Claimant. if not available, then form 60) ☐ | j. Additional Requirement Viscera Report / Chemical Analysis Report in case where post mortem report shows the cause of death due to poisoning or alcohol or any substance abuse. ☐ |

I / We hereby declare that the foregoing statements made by me / us are true in all respects, that I / We have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I / We have made or in any further declaration the Company may require shall make any false or fraudulent statement or untrue averment whatever, the Claim shall be void and my/our right to compensation forfeited. I am/ We are willing if required, to make and provide to the Company a statutory Declaration of the whole of the foregoing statement or of any other statement made in connection with this claim.

**Signature of Claimant**

**Full Name of Claimant**

**E Mail of Claimant Signing Above**

**Mobile Number of Claimant Signing Above**

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# ANNEXURE 5

**Claim Documentation Specific to Additional Covers under the Policy**

A. **Cost of Plastic Surgery/ Burns**
   i. Original Discharge Summary containing all relevant details
   ii. Treating Doctor's/Surgeon's Certificate
   iii. All Original Bills and their Receipts
   iv. Copies of all Reports & prescriptions
   v. First Prescription / Consultation Letter from your Doctor.
   vi. Original Money Receipt duly signed with a Revenue Stamp.

   If the above documents have been submitted to another insurer and balance amount is being claimed under this policy, then copies of all the above documents can be submitted alongwith a letter from the insurer stating that original documents have been retained by them and the final amount settled by them.

B. **Transportation of Imported Medicine** – Prescription, copy of medicine invoice and invoice copy of freight expenses mentioning details of the medicine imported, country from which it is being imported, date and price of the medicine and freight expenses.

C. **Death after Coma** – Medical certificate mentioning the duration of coma (start and end of coma period) supported by Discharge Summary and Indoor Case Papers.

D. **Air Ambulance Cover** – Original Bill and Receipt for the Air Ambulance mentioning date of travel, sector (from / to place) and total amount. Attending Doctor's Certificate.

E. **Girl Child Education Fund** – copy of admission confirmation or certificate from educational institute stating details of full time course in a recognized college in India for graduation alongwith duration of the course and date of enrolment.

F. **Marriage Expenses For Girl Child** – Birth Certificate / Date of Birth proof of girl child. Document must show relationship of child with insured member.

G. **Family Transportation** – Ration Card, Original Bill, Receipt and Travel Tickets showing Date of Travel, Sector (From / To) and amount incurred.

H. **Mortal Remains** – Original Bill and Receipt for transport of mortal remains showing date and sector (From / To)

Annexure 6

भारतीय स्टेट बैंक
State Bank of India

Branch Name : _____: Code No_____

Address : _____

Telephone No _____ email : _____@sbi.co.in

---

No : Date :

## CERTIFICATE

**Policy No. A0869238 for Policy Period 04/01/2017 to 03/01/2018**

This is to certify that Shri/Smt/Ms._____ who has expired on _____ due to accident (as per the documents enclosed), is a holder of **Salary Package Account No.**_____

The details of Salary Package account are as under:

| | | | | |
|---|---|---|---|---|
| 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 | Name of the Bank Branch where the Salary Package Account is maintained | : | | |
| 5 | Type of Salary Package account (Mention DSP/PMSP/ICGSP/PSP/ CSP/SGSP/CGSP/RSP/SUSP,etc. | : | | |
| 6 | Salary Package Account details : *(# Strike out what is not applicable)* ⇨ | : | A/c No | |
| | | | Variant# | *Silver/ Gold/Diamond/Platinum* |
| 7 | **Claim amount** under Personal Accident/Air Accident Insurance (Where applicable) | : | *PAI* | *Rs.* |
| | | | *AAI* | *Rs.* |

***( PAI- Personal Accident Insurance : AAI- Air Accident Insurance )***

*(DSP- Defence Salary Package/PMSP- Para Military Salary Package /ICGSP- Indian Coast Guard Salary Package /PSP- Police Salary Package/ CSP- Corporate Salary Package/SGSP- State Government Salary Package /CGSP- Central Government Salary Package /RSP- Railway Salary Package/SUSP- start up salary package)*

***(Affix round stamp of branch with signature and SS No of Branch Official)*** ⇨

| | | | |
|---|---|---|---|
| 8 | Details of Nominee registered with the Bank on above mentioned Salary Package Account.(if any)<br><br>Full Name: | : | |
| | Address | | |
| | Phone No. | | |
| 9 | Full name of Joint Account Holder(s) of the above mentioned Salary Package Account (for Joint Accounts) | | |
| | Full Address of Joint Account Holder | | |
| | Phone No. | | |

*(# Strike out what is not applicable)*

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

The claim settlement will be entirely the responsibility of Insurance Company. All settlements/disputes will be between the claimant and the Insurance Company and the Bank will not be a party to such disputes.

***For* State Bank of India**

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

**(Name .....)**

**(SS No. .....)**

**Seal and stamp of Branch**

*(Official signing the certificate should ensure that all the relevant information are properly filled up)*

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# ANNEXURE 7

## NEFT FORM FOR PERSONAL ACCIDENT INSURANCE

***(To be submitted by the claimant only)***

**Future Generali India Insurance Co. Ltd.**
**Address:** Future Generali Health, Office No. 3, 3rd Floor,
"A"-Building, G-O-Square, Wakad, Pune - 411 057, Maharashtra
**Email Id:** fgh@futuregenerali.in Toll Free: 1800-103-8889 / 1800-209-1016

Sir,

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

| | | |
|---|---|---|
| 1. | **Registration for NEFT/RTGS payments** | |
| | **Name of the Claimant (Account Holder)** | |
| | **Category** *(Tick as applicable)* | SBI Salary Package Account Holders ☐<br>Personal Accident Insurance (Death) claim ☐<br>Air Accident Insurance claim ☐ |
| | **Policy Number** | **A0869238** |
| | **Policy Period** | **04.01.2017 to 03.01.2018** |
| | **Claim number , if any , provided** | |
| | **Permanent Address:** | |
| | **Address for Communication:** | |
| | **Email Address:** | |
| | **Mobile Number:** | |

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## ANNEXURE 7

| | | |
|---|---|---|
| 2. | **Bank Account Details for NEFT/RTGS** | |
| | **Name of Account Holder / Claimant** | |
| | **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 Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFS code. Please verify the details with your bank before submitting.

I/We hereby declare that the particulars given above are correct and express my/our willingness to receive credit of claim proceeds through the mode indicated above. Notwithstanding my/our choice of mode, Future Generali 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 Future Generali India 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 Claimant**
Place:
Date:

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

Sign of Authorised Signatory of Bank/ Branch with seal

**Full Name of the Claimant**

**E Mail of the Claimant**

**Mobile Number the Claimant**