

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

PB/C&ITU/208

27.01.2014

Dear Sir,

PERSONAL BANKING: DEFENCE SALARY PACKAGE (DSP)/ PARA MILITARY SALARY PACKAGE (PMSP) AND INDIAN COAST GUARD SALARY PACKAGE (ICGSP)

- A. **PROVIDING PERSONAL ACCIDENT INSURANCE (DEATH) COVER (PAI) TO SALARY PACKAGE ACCOUNT HOLDER AND**
B. **PURCHASE PROTECTION (PP) OF Rs.5,000/- ON ATM CARDS ISSUED TO SALARY PACKAGE ACCOUNT HOLDERS**
C. **RELIANCE GENERAL INSURANCE CO. LTD POLICY NO :**
i) PAI: 111134291400034 ii) PP: 111134291100028
VALID FROM 04.01.2014 TO 03.01.2015

We refer to correspondence resting with our letter No. PB/C&ITU/652 dated 06.02.2013 and would like to advise that the Personal Accidental Insurance (PAI) Death Cover to all variants of Accounts under DSP/PMSP/ICGSP, has now been renewed with effect from 04.01.2014, with **M/s Reliance General Insurance Company Ltd (RGICL)**, instead of New India Assurance Co Ltd.

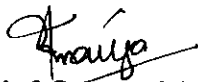
2. The PAI (Death) and PP cover insurance policy with RGICL is effective from **04.01.2014** and shall be valid for 1 year i.e. up to **03.01.2015**.

3. Insurance cover under the new policy has remained unchanged as under:

Salary Package	Variant	PAI cover (Rs in lakhs)	Purchase Protection Cover (In Rs)
DSP, PMSP& ICGSP	Silver	3	Rs.5000/-
DSP, PMSP& ICGSP	Gold / Diamond	5	
DSP, PMSP& ICGSP	Platinum	10	

4. It may be noted that PAI (Death) claims where the salary account holder has met with an **accident** i) between **04.01.2013 up to 03.01.2014** and expired subsequently, should be submitted to **New India Assurance Co Ltd** , and ii) **on or after 04.01.2014** and expired subsequently should be submitted to **RGICL**.
5. It is important to note that the benefit of PAI cover 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.
6. The detailed eligibility criteria, policy guidelines and claim procedures are mentioned in **Annexure 1 and Annexure 2**.
7. The format for intimating the Insurance Company, certificate to be obtained from the Branch as well as claim format are attached as Annexures 3 ,4 ,5,6,8 and 9.
8. The above PAI (Death) cover insurance policy with the Reliance General Insurance Co. Ltd is effective from 04.01.2014 and shall be valid for 1 year i.e. up to 03.01.2015.

Yours faithfully,



Chief General Manager (PB)
Encl: a/a

PERSONAL ACCIDENT INSURANCE DEATH COVER (PAI) AND PURCHASE PROTECTION COVER (PP): POLICY DETAILS

Eligibility:

Active Salary Package Accounts

Extent of Cover:

Salary Package	Variant	PAI cover (Rs in lakhs)	Purchase Protection Cover (In Rs)
DSP, PMSP& ICGSP	Silver	3	Rs.5000/-
DSP, PMSP& ICGSP	Gold / Diamond	5	
DSP, PMSP& ICGSP	Platinum	10	

[#Defence Salary Package (DSP), Para Military Salary Package (PMSP), Indian Coast Guard Salary Package (ICGSP)]

Guidelines:

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

- I. The PAI (Death) Cover will be available only for **death due to an accident**.
- II. The PAI (Death) Cover will be available **ONLY** to Salary Package Accounts where at least 2 months salary is credited to the account preceding the date of the incident.
- III. The policy will be for existing as well as new Salary Package Account holders and ATM card issued to Salary Package Account holders.
- IV. Insurance cover will be available to all the Salary Package Account holders from the date of opening/conversion of accounts under Salary Package and valid ATM cardholders of the Salary Package Accounts from the date of the delivery of the card.
- V. Only Primary Account Holders of Salary Package accounts are covered.
- VI. In case of multiple accounts related to a single CIF, **ONLY ONE** account where salary is credited will be taken into consideration.
- VII. **Pensioners** of DSP, PMSP and ICGSP as well as joint account holders are **not included** under this policy.
- VIII. Death due to Terrorist action is included.
- IX. The Claimant on Death of the primary Salary Account holder shall be:
 - a. The nominee, registered with the bank for the SB account held in single name.
 - b. In case of accounts having more than one name, the surviving account holder/s would be the claimant(s)/beneficiaries for the purpose of insurance claim.



PERSONAL ACCIDENT INSURANCE DEATH COVER (PAI) AND PURCHASE PROTECTION COVER (PP): CLAIM PROCESS

Policy Number:	Personal Accident Insurance (Death)	1111 3429 1400 0034
	Purchase Protection	1111 3429 1100 0028

A) FOR ACCIDENTAL DEATH CLAIMS

1. The claim process consists of 2 stages :
 - a) Intimation of death
 - b) Submitting the claim forms
2. In the event of death of the Salary Package account holder, an Intimation as per **Annexure 3** is to be given by the claimant to RGICL within 90 days of the death of the customer. The intimation of death of Salary Package Account holder can be sent to the following address:

Reliance General Insurance Co. Ltd.,
 4-1-327 to 337,
 4th Floor, Sagar Plaza, Abids Road,
 Hyderabad 500 001
 Andhra Pradesh
Email : rcarehealth@rcap.co.in

3. The intimation can also be given through the following channels:
 - a) Call RGICL call centre on Toll Free Number 1800 3009
 - b) Fax complete claim intimation form (Annexure 3) to 1800 3010 3001.
 - c) Email complete claim intimation form (Annexure 3) to rcarehealth@rcap.co.in

(The following details are to be provided to on toll free number

- a) Name of the deceased salary package account holder
 - b) SBI salary package account number
 - c) Date of death
 - d) Date of accident
 - e) Cause of accident
 - f) Place of accident
4. Immediately on registering the claim, a reference number would be advised to the claimants by RGICL.
 5. The claimant shall submit the claim as per **Annexure 4 to the address mentioned under para 2 above**, within 90 days after intimation of death with the following documents:
 - a) Attested copy of Death Certificate
 - b) Attested copy of police report and F.I.R.
 - c) Attested copy of Post Mortem Report.



- d) ATM Card No
e) Date of loss
f) Details of items lost
g) Place of loss
h) Contact number and email address of salary account holder
3. The unique claim number generated by the system and advised on the toll free number should be provided as reference number on all further correspondence/ communication with RGICL.
4. The claimant should submit the following documents for claims:
- Claim Form as per **Annexure 8** duly filled and signed by the claimant
 - Attested copy of F.I.R.
 - Original Cash Memo
 - Charge slip indicating purchase of stolen goods was made through ATM Card
 - Original cancelled cheque of bank account on the name of the claimant or NEFT form (**Annexure 9**) of claimant.
5. The claimant should submit the claim together with documents mentioned under para B(4) above to the following address :
- Reliance General Insurance Company Limited,**
210, Sai Infotech, R B Mehta Marg
Patel Chowk, Ghatkopar (East)
Mumbai 400 077
6. The purchase protection will be available up to 60 days from the date of purchase excluding perishable items if purchase takes place within the policy period.
7. Bank will not be a party to any dispute between the card holder and RGICL. Such claims will be settled on production of the bill of purchases made using Debit Card and the declaration by the card holder.

C) **Forms:** forms/ certificates and respective Annexures are:

Cover	Forms/Certificate	Annexure No.
PAI	PAI Claim Intimation Form	Annexure 3
	PAI Claim Form	Annexure 4
	Branch Manager's Certificate	Annexure 5
	NEFT Form for the Claimant	Annexure 6
	(for internal use)	Annexure 7
PP	PP Claim Form	Annexure 8
	NEFT Form for the Claimant	Annexure 9



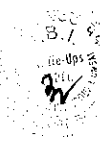
10. **Grievance in Claim settlement:** If the claimant has a grievance that he/she wants the Insurer to address, he/she may contact the insurer with the details of his grievance through:

Sl. No	Channel	Details
1.	Email	services.rgicl@rcap.co.in/
2.	Telephone	1800 3009
3.	Letter	Address: Reliance General Insurance Co. Ltd., 4-1-327 to 337, 4th Floor, Sagar Plaza, Abids Road, Hyderabad 500 001 Andhra Pradesh

11. The Claim escalation matrix for PAI (Death) and PP claims are as under:

CLAIM	Level	Name	Email ID	Mobile No.
PAI (Death)	1 st	Yaksharaaj Vengala	yakshraaj.vengala@rcap.co.in	7569043462
	2 nd	Akula Ventateshwara Rao	venkateswara.akula@rcap.co.in	7569073785
	3 rd	Akansha Chaudhary	akansha.chaudhary@rcap.co.in	9390579521
	4 th	Mahesh Yelapure	mahesh.yelapure@rcap.co.in	7569046184
PP		Anupam Shukla	Anupam.shukla@rcap.co.in	9022942449

12. The details of Insurance ombudsman are also available on IRDA website: www.irda.gov.in, and on website of General Insurance Council: www.generalinsurancecouncil.org.in and RGICL's website.



RELIANCE

General Insurance

**GROUP PERSONAL ACCIDENT
CLAIM INTIMATION FORM**

*Issuance of this form is not to be taken as an admission of liability.
(to be submitted to Reliance General Insurance Co Ltd.(RGICL) within 90 days after date of death of
Salary Package Account holder)*

Call Centre no.: 1800 3009

Reliance General Insurance Co Ltd 4-1-327 to 337 4th Floor, Sagar Plaza, Abids Road, Hyderabad- 500001, A.P.	Fax: 180030103001 Email : rcarehealth@rcap.co.in
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Policy	SBI Salary Account Holders	Policy Number	1111 3429 1400 0034
		Policy Period	04.01.2014 to 03.01.2015

**INTIMATION TO BE SUBMITTED FOR CLAIMING PERSONAL ACCIDENT INSURANCE
(DEATH) COVER ON SALARY PACKAGE ACCOUNT WITH SBI**

1	Name of Salary Package Account holder	:	
2	Address in full	:	
3	Age	:	
4	a) Date of Accident	:	
	b) Time of Accident	:	
	c) Place of Accident	:	
	d) How did the accident occur?	:	
	e) Date of Death	:	
5	a) Name of the Bank Branch and Branch Code where the Salary Package Account is maintained	:	
	b) Complete Postal address of the Bank Branch to which correspondence can be exchanged by RGICL	:	
6	Salary Package Account No	:	
7	Type of Salary Package Account	:	# CSP/DSP/PMSP/ICGSP/SGSP/CGSP/PSP/RSP
8	Variant of Salary Package A/C :	:	@ Silver/ Gold/ Diamond/ Platinum
9	Personal Accident Insurance Cover(entitled)	:	
10	Name of Nominee & relationship with account holder	:	
11	Address of the nominee with contact detail	:	

[#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)]

(@ STRIKE OUT WHAT IS NOT APPLICABLE)

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

Signature & Name
(Nominee/Joint A/c Holder/ Unit Head)





GROUP PERSONAL ACCIDENT - CLAIM FORM

Policy	State Bank of India – Salary Account Holders	Policy Number:	1111 3429 1400 0034
		Policy Period:	04/01/2014 to 03/01/2015
		Claim No.:	
		Date of Claim registration:	

1. Name of the Insured (Deceased)		
2. Salary Account No. with SBI		
3. Name & Code of SBI Branch		
4. Address of the Claimant #	Flat No/Door No.	Building name
	Road	
	Area	
	City	Pin code
	State	
	Phone No.	
	Mobile No.	
	E-mail Id	
5. Details of the Accident		
a. Date of accident:		
b. Time of accident:		
c. Place of accident:		
d. Date of death:		
e. Claim Amount:		
f. Particulars of accident:		

6. Documents submitted (Tick the box)	
a) Attested copy of FIR Report * <input type="checkbox"/>	g) NEFT form of claimant <input type="checkbox"/>
b) Attested copy of Post Mortem Report <input type="checkbox"/>	h) Other suitable document to prove legal heirship in case claimant is not a nominee/joint account holder as per Bank's record <input type="checkbox"/>
c) Attested copy of Death Certificate <input type="checkbox"/>	i) * For armed forces: Defence Authority report in case FIR is not available. <input type="checkbox"/>
d) Bank's Branch Manager certificate <input type="checkbox"/>	Additional Requirement:
e) PAN card copy of the Claimant. if not available, then form 60) <input type="checkbox"/>	Viscera Report / chemical analysis report in case where post mortem report shows the cause of death due to poisoning or alcohol or any substance abuse. <input type="checkbox"/>
f) Original Cancelled cheque of Bank account in the name of the Claimant/ or Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFS code. <input type="checkbox"/>	

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.

Name of Claimant.# Signature of claimant #

Mobile no.

should be of the same person



Annexure 5

(On Bank's Letter Head)

State Bank of India,
 Branch Name : _____ : Code No _____
 Address : _____
 Telephone No _____
 email : _____@sbi.co.in

No :

Date :

Policy Number	1111 3429 1400 0034
Policy Period	04.01.2014 to 03.01.2015

CERTIFICATE

This is to certify that Shri/Smt/Ms. _____ who has expired on _____ due to accident (as per the documents enclosed), is a holder of **Salary Package Account 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/etc.)	:	
6	Variant of Salary Package Account :	:	#Silver/ Gold/ Diamond/Platinum
7	Claim amount under Personal Accident Insurance	:	Eligibility as per Table A below
8	Details of Nominee registered with the Bank on above mentioned Salary Package Account.(if any)	:	
	Full Name:		
	Address		
	Phone No.		
9	Full name of Joint Account Holder(s) of the above mentioned Salary Package Account (for Joint Accounts)	:	
	Full Address of Joint Account Holder		
	Phone No.		

(# Strike out what is not applicable)



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

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

Branch Manager
Seal and stamp of Branch

Table A: Eligibility for Personal Accident Insurance (Death) Cover on Salary Package Accounts

Package	PAI Cover for Variants (In Rs)			
	Silver	Gold	Diamond	Platinum
CSP	1 Lakh	5 Lakh	5 Lakh	10 Lakh
RSP	1 Lakh	5 Lakh	5 Lakh	10 Lakh
SGSP	1 Lakh	5 Lakh	5 Lakh	10 Lakh
CGSP	1 Lakh	5 Lakh	5 Lakh	10 Lakh
DSP	3 Lakh	5 Lakh	5 Lakh	10 Lakh
PMSP	3 Lakh	5 Lakh	5 Lakh	10 Lakh
ICGSP	3 Lakh	5 Lakh	5 Lakh	10 Lakh
PSP	3 Lakh	5 Lakh	5 Lakh	10 Lakh
Jawans of Home Guards covered under PSP	1 Lakh	5 Lakh	5 Lakh	10 Lakh

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



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

The Claims Manager,
 Reliance General Insurance Co. Ltd.,
 4-1-327 to 337 4th Floor, Sagar Plaza, Abids Road,
 Hyderabad- 500001, Andhra Pradesh.

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	
	Category	Personal Accident Insurance (Death) claim –SBI Salary Package Account Holders
	Policy Number	1111 3429 1400 0034
	Policy Period	04.01.2014 to 03.01.2015
	Claim number , if any , provided (policyholders only)	
	Permanent Address	Address for Communication
2.	Bank Account Details for NEFT/RTGS	
	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.

3.	I wish to receive alerts from the company on processing of payments to my account through SMS and /or email	
4.	Mobile No. (for SMS alert)	
5.	Email ID (for email notification)	

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, Reliance General 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 Reliance General Insurance Co. Ltd. responsible if the transaction is delayed or not effected at all or credited to an incorrect account for the reasons of incomplete/incorrect information.

Signature of the Applicant (Claimant)

Place:

Date:

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

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





Call Centre no.: 1800 3009

PURCHASE PROTECTION (THEFT & BURGLARY) - CLAIM FORM

Policy	State Bank of India – Salary Account Holders	Policy Number:	1111 3429 1100 0028
		Policy Period:	04/01/2014 to 03/01/2015
		Claim No.:	
		Date of Claim registration:	

1. Name of the Insured			
2. Salary Account No. with SBI			
3. ATM Card No.			
4. Name & Code of SBI Branch			
5. Address of the Claimant #	Flat No/ Door No.	Building name	
	Road		
	Area		
	City	Pin code	
	State		
	Phone No.		
	Mobile No.		
	E-mail Id		
6. Details of the Theft/Burglary:			
a.	Date of Theft/Burglary:		
b.	Time of Theft/Burglary:		
c.	Value of Goods:		
d.	FIR lodge date:		
e.	Claim Amount:		
7. Documents submitted (Tick the box)			
a) Attested copy of FIR Report		<input type="checkbox"/>	
b) Original Cash Memo		<input type="checkbox"/>	
c) Charge slip indicating purchase of stolen goods through ATM Card		<input type="checkbox"/>	
d) Original Cancelled cheque of Bank account on the name of the Claimant/or Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFS code.		<input type="checkbox"/>	
e) NEFT form of claimant		<input type="checkbox"/>	
8. Brief description of goods stolen and how the loss happened.			

I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles and property described belong to the person/s named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or Otherwise.

Name of Claimant.#..... Signature of claimant #

Mobile no.

should be of the same person



NEFT FORM FOR PURCHASE PROTECTION
(To be submitted by the claimant only)

The Claims Manager,
Reliance General Insurance Company Limited,
210, Sai Infotech, R B Mehta Marg
Patel Chowk, Ghatkopar (East)
Mumbai 400 077

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	
	Category	Purchase Protection on ATM Cards –SBI Salary Package Account Holders
	Policy Number	1111 3429 1100 0028
	Policy Period	04.01.2014 to 03.01.2015
	Claim number , if any , provided (policyholders only)	
	Permanent Address	Address for Communication
2.	Bank Account Details for NEFT/RTGS	
	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

3.	I wish to receive alerts from the company on processing of payments to my account through SMS and /or email	
4.	Mobile No. (for SMS alert)	
5.	Email ID (for email notification)	

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, Reliance General 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 Reliance General Insurance Co. Ltd. responsible if the transaction is delayed or not effected at all or credited to an incorrect account for the reasons of incomplete/incorrect information.

Signature of the Applicant (Claimant)

Place:

Date:

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

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

