

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is executed on this **28th April 2026** between **Indian Coast Guard**, represented by **DIG Narendra Singh, Principal Director Administration** having its headquarters at **Indian Coast Guard HQ, New Delhi** (hereinafter called **Indian Coast Guard** which expression shall unless the context otherwise requires include its successors/legal heirs/administrators/Executors and permitted assigns).

AND

Bank of Baroda, body corporate constituted under the Banking Companies [Acquisition & Transfer of Undertakings] Act, 1970 having its Head Office at Baroda Bhawan, R C Dutta Road, Alkapuri, Gujarat and Corporate Office at Baroda Corporate Centre, C -26, G-Block, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051 hereinafter for brevity sake referred to as "Bank" (which expression shall, unless repugnant to the context or meaning, include its successors and assigns) of the one part; represented by **Mr. Abhishek Raj Joshi, Deputy General Manager, Bank of Baroda** having its office at **Bank of Baroda, 7th Floor, 16 Parliament Street, New Delhi**.

WHEREAS

The **Indian Coast Guard** in its efforts to simplify and streamline the salary disbursement / payment procedure and to make available modern banking facilities to its Salaried Personnel and Pensioners has decided to accept the proposal submitted by Bank of Baroda.

Bank of Baroda possessing technologically advanced infrastructural facilities having offered to provide banking services as detailed herein below to the **Indian Coast Guard Salaried Personnel & Pensioners** operating their Salary/ Pension accounts with the Bank in scheme code SB186.

Now therefore this Memorandum of Understanding witnessed as under:

Both parties have agreed as follows:

1. **PERIOD OF MOU**

This **MOU** shall be operative for a period of **three years** w.e.f. **04th May 2026** with an option to review every year for any amendment/ addition/ deletion of features of the **Baroda Defence and Police Salary Package (SB186) in consultation with Indian Coast Guard**. In case there is no amendment/addition/deletion in offerings during the agreement period then there is no need for annual review of the MOU and the same will continue for total period of three years.



2. CREDIT OF SALARY

(a) The Bank undertakes to credit into account of all Indian Coast Guard personnel who may be holding their account in various branches at various location of the bank and when the salary is received from the Treasury and is available for withdrawal at the start of the normal banking hours on the scheduled date of disbursement of salary.

(b) **Sundry payments during the month:** All non-salary payments / other sundry payments during the month to be remitted to individual account holders will be transferred to respective accounts directly by treasury department. For postings done by Paying Authority through Corporate Internet Banking, the transactions will be carried out as scheduled at the time of upload. In case of failed transaction(s), details of the accounts along with amount where money could not be transferred will be intimated in writing to the Paying Authority within two working days by the Bank.

(c) Bank of Baroda will not charge any commission or service charges for the services rendered at 2(a) and 2(b) above. Bank of Baroda will also arrange for credit of salaries and sundry payments to account holders of other Banks through RBIs platforms, Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT). Bank of Baroda will however will not be held liable for any delay / non-credit of salaries and sundry payments on time for reasons attributable to other parties.

(d) *Accounts being opened by Bank of Baroda in the Training Academies/ Centres will be opened as Baroda Defence and Police Salary Package (SB186) scheme on receipt of temporary numbers (for training) by Training Academies/Centers and on receipt of service numbers, the amendments in the numbers will be undertaken by Bank of Baroda.*

(e) **Existing salary accounts of interested staff of Indian Coast Guard will be converted to (Baroda Defence and Police Salary Package SB186 Scheme) accounts subject to an application-cum- undertaking to be submitted by the account holder as per specimen attached in Annexure-I.**

(f) **'No Dues' Certificate will be issued by Bank of Baroda in the event any Indian Coast Guard personnel is desirous of changing his/her account to another Bank for credit of salary. Specimen 'No Dues' certificate is attached as Annexure-II.**

(g) The Account holders should check whether their account is properly categorized as per their eligibility, as Salary Package benefits are linked to product code of Salary Package account (Scheme code SB 186). Discrepancy observed, if any, should be brought to the notice of concerned Branch immediately else the facilities/benefits under the MOU will NOT be applicable in other scheme codes of Bank.



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(h) **Indian Coast Guard does not undertake any liability for loans given by Bank of Baroda to Indian Coast Guard Personnel in their individual capacities.** The **Indian Coast Guard** will not be impleaded in any claim, action, lawsuit which an account holder may file against Bank of Baroda or vice versa i.e. which Bank of Baroda may file against the account holder. However, **Indian Coast Guard** will provide information about defaulters as regards their current postal address maintained in the records subject to denial due to exigencies of service/ security considerations. Indian Coast Guard will inform the Unit of the defaulting personnel for payment of regular EMLs by the personnel.

3. **FACILITIES TO THE ACCOUNT HOLDERS**

(a) **Indian Coast Guard** shall undertake to treat Bank of Baroda as a preferred banker and circulate this MoU to all its members, though **Indian Coast Guard** does not commit/ take responsibility on number of accounts opened under this MoU arrangement. In lieu of the above the Bank undertakes to provide these special bouquet of customized products suitable for **Indian Coast Guard** Salaried Personnel, Pensioners, Veer Naaris & Family Pensioners.

(b) **Baroda Defence and Police Salary Package offerings for Indian Coast Guard Personnel (Available up to the service tenure).**

Eligibility criteria:

- ✓ Scheme is applicable for **Indian Coast Guard** personnel having regular employment.
- ✓ Scheme will be applicable from date of credit of 1st salary in SB186 scheme only and thereafter regular salary credit in the account.

Salary Savings account with Zero balance can be opened through Branch / Tab Banking.

4. **COMPLIMENTARY LIFE INSURANCE COVER BENEFITS**

(a) **The Life Insurance cover will be available only to Salaried Indian Coast Guard Personnel having permanent and regular employment.**

(b) **Insurance Cover at Inception** – **Indian Coast Guard** personnel will be entitled to **Life Insurance cover of Rs. 10 lacs** since inception. The cover will commence from date of 1st salary credit in SB186 (Baroda Defence and Police Salary Package Scheme) account opened in Bank of Baroda. **Indian Coast Guard** personnel who are existing SB186 account holder will also be entitled to life insurance cover from date of 1st salary credit in SB186 Baroda Defence and Police Salary Package Scheme account opened in Bank of Baroda after the date of MoU coming into effect.



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(c) The insurance cover will be applicable to active Salaried SB186 account holders. Pensioners will not be entitled to the life insurance cover.

(d) Age - The Life Insurance cover will be applicable only for the serving personnel upto the age of 60 years or retirement whichever is earlier.

(e) Suicidal deaths will be covered after 12 months from the date of enrolment of account in the scheme subject to regular continuous 12 months' salary credit in Bank of Baroda Defence and Police Salary Package Scheme SB186.

(f) The Life Insurance cover will not exceed the threshold of Rs. 10 Lakhs at any point.

(g) The detailed terms and condition and Standard Operating Procedure is as per Annexure III.

5. **COMPLIMENTARY PERSONAL ACCIDENT INSURANCE BENEFITS FOR SALARIED PERSONNEL**

(a) **Personal Accident Death** Salary account cover of ₹ 125 Lakhs - FLAT (both On-duty and Off-duty), including Air Accident.

(b) **Permanent Total Disability** cover ₹ 125 Lakhs (As per IRDAI Guidelines).

(c) **Permanent Partial Disability** cover upto ₹ 62.5 Lakhs (as per the percentage of disability decided/ revised as per IRDAI Guidelines from time to time) :

Claim settlement in case of Personal Accident Death and Permanent Total Disability will be 100% of the Sum insured amount and Claim settlement in case of Permanent Partial Disability will be as per the below mentioned table-

(Table as per IRDAI Guidelines)

Sr. No	Table of Benefits	% of Capital Sum Insured
1	Accidental Death	100
2	Permanent Total Disability :	
	1. Loss of Sight (both eye)	100
	2. Loss of two limbs	100
	3. Loss on one limb and one eye	100
	4. Permanent total and absolute disablement as certified by Medical Practitioner	100
3	Permanent Partial Disability	
A	Loss of sight of one eye	50
B	Loss of one limb	50
C	Loss of toes-all	20
D	Great-both phalanges	5
E	Great-one phalanx	2
F	Other than great, if more than one toe lost each	1
G	Loss of hearing-both ears	50
H	Loss of hearing-one ear	20



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Sr. No	Table of Benefits	% of Capital Sum Insured
I	Loss of one hand	50
J	Loss of four fingers and thumb of one hand	40
K	Loss of four fingers	35
L	Loss of thumb-both phalanges	25
M	Loss of thumb-one phalanx	10
N	Loss of index finger	
	i) Three phalanges	10
	ii) Two phalanges	8
	iii) One phalanges	4
O	Loss of Middle finger	
	i) Three phalanges	6
	ii) Two phalanges	4
	iii) One phalanges	2
P	Loss of Ring Finger	
	i) Three phalanges	5
	ii) Two phalanges	4
	iii) One phalanges	2
Q	Loss of little finger	
	i) Three phalanges	4
	ii) Two phalanges	3
	iii) One phalanges	2
R	Any other permanent partial disablement	% as assessed by Medical Practitioner appointed by insurance company
S	Loss of Metacarpals	
	(i) First or Second (Additional)	3
	(ii) Third, Fourth or Fifth (Additional)	2

(d) **Personal Accident Insurance** cover is applicable for age between **18 to 60 Years** or up to age of retirement whichever is earlier.

(e) **The detailed terms and condition and Standard Operating Procedure is as per Annexure-IV.**

(f) ***Please note that maximum PAI cover payable shall not exceed ₹ 125 Lakhs.***

6. COMPLIMENTARY PERSONAL ACCIDENT INSURANCE BENEFITS FOR PENSIONERS & VEER NAARIS

(a) **Personal Accident Death** Cover with Pension account upto ₹ 75 Lakhs, including Air Accident.

(b) **Permanent Total Disability** cover upto ₹ 75 Lakhs

(c) **Permanent Partial Disability** cover upto Rs. 37.5 Lakhs (as per the percentage of disability decided/ revised as per **IRDAI Guidelines** from time to time).



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6A. **COMPLIMENTARY PERSONAL ACCIDENT INSURANCE BENEFITS FOR FAMILY PENSIONERS**

- (a) **Personal Accident Death** Cover with Pension account upto ₹ 37.5 Lakhs, including Air Accident.
- (b) **Permanent Total Disability** cover upto ₹ 37.5 Lakhs
- (c) **Permanent Partial Disability** cover upto Rs. 18.75 Lakhs (as per the percentage of disability decided/ revised as per **IRDAI Guidelines** from time to time).

Claim settlement in case of Personal Accident Death and Permanent Total Disability will be 100% of the Sum Insured Amount and Claim settlement in case of Permanent Partial Disability will be as per the below mentioned table-

(Table subject to IRDAI Guidelines)

Sr. No	Table of Benefits	% of Capital Sum Insured
1	Accidental Death	100
2	Permanent Total Disability :	
	1. Loss of Sight (both eye)	100
	2. Loss of two limbs	100
	3. Loss on one limb and one eye	100
	4. Permanent total and absolute disablement as certified by Medical Practitioner	100
3	Permanent Partial Disability	
A	Loss of sight of one eye	50
B	Loss of one limb	50
C	Loss of toes-all	20
D	Great-both phalanges	5
E	Great-one phalanx	2
F	Other than great, if more than one toe lost each	1
G	Loss of hearing-both ears	50
H	Loss of hearing-one ear	20
I	Loss of one hand	50
J	Loss of four fingers and thumb of one hand	40
K	Loss of four fingers	35
L	Loss of thumb-both phalanges	25
M	Loss of thumb-one phalanx	10
N	Loss of index finger	
	i)Three phalanges	10
	ii)Two phalanges	8
	iii)One phalanges	4
O	Loss of Middle finger	
	i)Three phalanges	6
	ii)Two phalanges	4



Sr. No	Table of Benefits	% of Capital Sum Insured
	iii)One phalanges	2
P	Loss of Ring Finger	
	i)Three phalanges	5
	ii)Two phalanges	4
	iii)One phalanges	2
Q	Loss of little finger	
	i)Three phalanges	4
	ii)Two phalanges	3
	iii) One phalanges	2
R	Any other permanent partial disablement	% as assessed by Medical Practitioner appointed by insurance company
S	Loss of Metacarpals	
	(i) First or Second (Additional)	3
	(ii) Third, Fourth or Fifth (Additional)	2

(d) **Personal Accident Insurance** cover is applicable from the age of 60 years or retirement age whichever is earlier and **will be available till death**.

(e) **The detailed terms and condition and Standard Operating Procedure is as per Annexure IV**

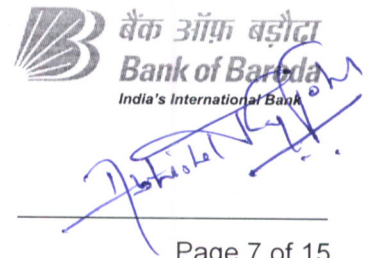
7. **ADDITIONAL PERSONAL ACCIDENT INSURANCE COVERAGE**

(a) **YODDHA DEBIT CARD (Free of Cost) - Personal Accident Death and Permanent Total Disability Cover of ₹ 10 Lakhs – Off Duty Cover Only (as per NPCI guidelines)**

- Yoddha Debit Card is a Rupay variant and under this Rupay Debit Card, the Insurance Coverage is applicable only when the card has been used for minimum one Financial transaction at any Pos/ E-commerce both Intra and inter-bank i.e. on us or off-us within 30 days prior to date of accident including accident date of Rupay Card Holder.
- The beneficiary could be nominee of the account of the cardholder or legal heir as per the competent court order.
- Claim Intimation Period – Intimation should be within 90 days of the accident.
- Claim Submission Period – Within 60 days of claim intimation.
- Detailed Standard Operating Procedure is as per **Annexure V**
- Guidelines w.r.t cover type/ claim intimation/ submission timelines subject to change as per Insurance Company. Same would be communicated to Indian Coast Guard Authorities before implementation.

(b) **Rakshmah Credit Card:**

- Lifetime free Yoddha Credit Card (No Annual / Issuance /Re-issuance Fees)
- Personal Accident Insurance cover of Rs 20 Lakh - **Off Duty Cover Only**



amount reduction in the home loan account to the extent of daily outstanding credit balance in the Savings Bank account. Many other attractive variants under Home Loan product are available.

➤ **Baroda Education Loan-**

- Bank of Baroda offers Baroda Vidya, Baroda Gyan and Baroda Scholar loan facilities for education starting from School to Post Graduate levels also for studying abroad.

➤ **Baroda Personal Loan-**

- Personal loan upto ₹ 20 lacs at attractive pricing.
- Pre-approved Personal loans available.
- Digital loans available to all employees.

➤ **Salary Overdraft Facility:-**

- Up to ₹ 3 Lakhs - Available immediately after two salary credit. (Maximum ₹ 3 Lakhs i.e. average of last two months net salary credited in account). Specimen Form is attached as **Annexure VI**.

➤ **100% waiver on processing charges of Housing Loan, Auto Loan, Education Loan, Mortgage Loans and Personal Loan (terms and conditions applicable)*.**

➤ **Concession of 0.25% Rate of Interest in applicable ROI on Auto Loan for the Account holders who have availed home loan subject to ROI not below BRLLR.**

➤ **Takeover of Loans facility-**

- Home Loan take over facility as per banks extant guidelines issued from time to time.

➤ **Many other products like Car loan, Two Wheeler loan, Pensioner loan, Mortgage loan etc. are available under retail portfolio.**

(f) **Whatsapp Banking:**

- New Digital Delivery channel- Whatsapp Banking.
- Available in both Hindi and English language.
- Many services like Request Cheque book, Mini Statement, Account blocking etc. are available.

(g) **Other benefits with Baroda Central Salary / Pension Account:**

- **50% waiver** on Locker Rentals.
- **100% waiver** on De-mat Annual Maintenance charges
- **75% waiver** on issuance charges for Gift and Travel card.

(h) **Family Accounts:** Maximum six Zero balance Saving Accounts of spouse, children, parents, siblings can be opened linked to the Salary Account.



9. **RIGHT TO WITHDRAW BENEFITS**

The Bank reserves the right to withdraw, discontinue, or modify any or all benefits, scheme and coverage, with -03- months' prior notice. No person shall have any claim or right to continue with the benefits upon such withdrawal or modifications.

10. **DISSEMINATION**

The MoU, once entered by both Parties, will be widely disseminated to all **Indian Coast Guard** personnel by means of service letters, **Indian Coast Guard** Data Network, Internet or any other means. Bank of Baroda will also disseminate through its Bank website.

11. **TERMINATION**

(a) In the event of termination of the MOU before its terms as per Para 1 earlier, the disbursement of salaries to the individual may continue with the Bank at the discretion of the Bank as an ordinary account holder, without any special salary benefits under this MOU.

(b) This MOU may be terminated by either party by giving three months advance notice of termination in writing to the other Party (the "Defaulting Party") provided:-

If the Defaulting Party has committed a material breach of any term of this agreement and has failed to remedy such breach (if capable of remedy) within thirty (30) days after notice from the other party to do so

Or

If the Defaulting party repeatedly commits the same breach of any of the terms of this MOU, then the MOU may be terminated without any further notice.

Or

If there is a material adverse change in any applicable law affecting Banks generally.

12. **RECALL OF SALARY DISBURSED**

In exceptional circumstances, the Indian Coast Guard may recall the salary erroneously disbursed to deserters or delinquent employees. Upon written request of the Indian Coast Guard communicating specific details of Personnel, bank account, period and amount, and further subject to availability of funds in the specified account, Bank of Baroda will comply with the request and refund the amount to the Indian Coast Guard through Demand Draft or through Electronic mode of transfer to departments account. Bank of Baroda will not be liable or be held accountable for any consequential or related action arising from the act of debiting the specified amount and refund of amount to the Indian Coast Guard. Pending refund of the amount recalled, Bank of Baroda may freeze



all transactions to the concerned salary account for limited time/ period to prevent withdrawals from it.

13. **PENSION PAYMENTS**

Bank of Baroda on its part will arrange to make pension disbursements in compliance with instructions issued by Government of India from time to time and pension credit will follow same modalities as salary.

14. **Indian Coast Guard BANKING COMPLAINT REDRESSAL AND REVIEW MECHANISM**

(a) A Review Mechanism is in place for complaints and other pending issues. All pending issues will be reviewed on a quarterly basis. The Review Committee will consist of the Complaint Redressal Committee of the Bank and include an official duly appointed by the Indian Coast Guard Head Quarters.

(b) Apart from the above, Bank also has a very well-laid-down policy on Customer Grievance Redressal. This policy covers all types of customers including pensioners and the timeframe for redressal as well as the various channels available for lodging the complaints. The policy details are available at Bank's website for public information. The Baroda Defence and Police Salary Package account holders (s) have the additional option to use such channels for redressal of their individual grievances/ complaints.

(c) In the event that a dispute remains unresolved, it may be referred to the Banking Ombudsman appointed by RBI under the Banking Ombudsman Scheme.

15. **PUBLICITY**

Bank of Baroda may publish/ market about its services extended to Indian Coast Guard Salaried Personnel under this MOU and / or promote its business objectives from time to time. **Publicity by Bank of Baroda to be allowed by Indian Coast Guard in house Magazine, Roll calls & informed gatherings.**

16. **PERSONAL ACCIDENTAL INSURANCE – CLAIM MECHANISM**

The Nominee / Next of Kin to submit the required documents to the Bank Branch. The Bank Branch will forward the same to Central Banking Department after completing all the required papers. The detailed claim mechanism is mentioned in Standard Operating Procedure as per Annexure III/ Annexure IV and various claim forms as per Formats.

17. **AMENDMENT**

Any provisions of this MOU may be amended, waived, discharged or terminated (in each case) only by an instrument in writing signed by or on behalf of the party against whom






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enforcement of the amendment, waiver, discharge or termination is sought. No breach of or default under any of the provisions of this MOU by either party may be waived or discharged without the other party's written consent thereto.

18. NOTICES

Each notice, demand or any other communication to be given or made hereunder shall, except as otherwise provided herein, be given or made in writing and may be sent by one party to the other party by Registered Post, telex, facsimile or by hand to the address or numbers mentioned above or through email on official *insurer's email* or such other address and numbers as one party may inform the other in writing. (Refer Annexure III/ Annexure IV for Escalation Matrix).

19. FORCE MAJEURE

The Parties shall not be liable for any failure to perform any of its obligations under this MOU if the performance is prevented, hindered or delayed by a Force Majeure event (defined below) and in such case its obligations shall be suspended for so long as the Force Majeure Event continues (provided that this shall not prevent the accrual of interest on a principal amount which would have been payable but for this provision). Each party shall within a week inform the other of the existence of a Force Majeure Event and shall consult together to find a mutually acceptable solution.

"Force Majeure Event" means any event due to any cause beyond the reasonable control of the Party, including, without limitation, unavailability of any communication system, sabotage, fire, flood, explosion, acts of God, civil commotion, strikes or industrial action of any kind, riots, insurrection, war or acts of government.

20. LAW, JURISDICTION AND DISPUTES RESOLUTION

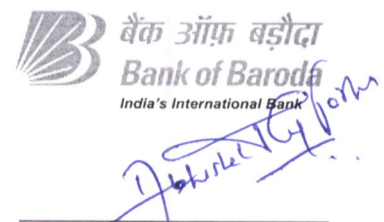
(a) The provisions of this MOU shall be governed by and, construed in accordance with the Indian law and the courts in New Delhi shall have the exclusive jurisdiction to deal with any issue arising out of this Agreement.

(b) ARBITRATION

(i) BOB and Indian Coast Guard shall make every effort to resolve amicably any dispute arising between them or in connection with the contract, by direct informal negotiation. If 30 days after the commencement of such informal negotiations, Bank of Baroda and Indian Coast Guard are unable to resolve the contract dispute amicably, either party may refer the issue for resolution by formal arbitration.

(ii) The dispute, controversy or claims arising out of or in connection with the MoU shall be referred to a sole arbitrator to be appointed by mutual consent.

(iii) The place of arbitration shall be at New Delhi.



(iv) The arbitral procedure shall be conducted in the English language, and any award or awards shall be rendered in English. The procedural law governing the arbitration shall be the Indian law.

(v) The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enforce the judgment thereon in any one or more of the highest courts having jurisdiction. The Parties further agree that such enforcement shall be subject to the provisions of the Indian Arbitration and Conciliation Act, 1996 and neither Party shall seek to resist the enforcement of any award in India on the basis that award is not subject to such provisions.

(vi) Each Party will bear the expenses/costs incurred by it in appointing the Arbitrator. However, the cost of appointing sole or third Arbitrator shall be borne equally by both the Parties i.e Bank of Baroda and Indian Coast Guard."

21. MISCELLANEOUS

(a) In the event any Indian Coast Guard personnel having account under Baroda Defence and Police Salary Package (SB 186) Scheme desires to change his salary account from Bank of Baroda to some other Bank, *'No Dues' Certificate will be issued by Bank of Baroda if customer has no outstanding dues in loan or any other charges. Before changing the salary account by Indian Coast Guard personnel, the concerned deptt at Indian Coast Guard should mandatorily take NOC issued by present banker from the employee.* The disbursement of salaries to any bank other than Bank of Baroda shall occur only upon submission of the requisite NOC issued by Bank of Baroda to the relevant authorities.

(b) Personnel of Indian Coast Guard having existing accounts in Bank of Baroda should get their account converted in scheme code SB 186 for getting the above benefits and include nomination for seamless benefits. **Accounts in other scheme or opened in other scheme are not eligible for facilities and benefits under this MOU.**

(c) All new accounts opened, or existing accounts converted under this MoU should be mandatorily to be done in Bank of Baroda's salary scheme SB186.

(d) In the event of non - credit of salary for more than three months in the Baroda Defence and Police Salary Package (Serving employees and Pensioners) account or default in loan accounts of any employees, Bank has the discretion to convert such account to normal Saving Bank account and shall withdraw all benefit extended to the Baroda Defence and Police Salary Package account holder.

(e) The Bank will consider the installation of ATMs, and setting up of branches / extension counters at locations that are mutually convenient.

(f) The Indian Coast Guard on its part will make efforts to provide space for setting up ATMs and Branches which is suitable for the Bank's requirements. The space, if available, will be provided on rent as mutually agreed by both the parties. If Indian Coast Guard is unable to provide so, Bank of Baroda shall try to find the suitable place to set



up its ATMs. In such an event, if Bank of Baroda is also unable to get such space, Bank of Baroda shall not be liable to set up ATMs as contained above. Bank of Baroda shall use its best efforts to procure such space in case Indian Coast Guard fail to provide the space.

(g) As regards "Know Your Customer norms", a service certificate/ letter issued/ countersigned by the authorized signatory from the individual's unit, certifying the identity and present address of the employees, will be acceptable to the Bank. In addition, the employee can submit the officially valid documents as prescribed by Reserve Bank of India from time to time.

(h) Credit card issuance at the sole discretion of our subsidiary BOB Cards. Any Insurance claims on Credit card should be dealt with BoB Cards. Refer to **Annexure VII** for MITC related to Credit Card.

(i) The definitions and conditions pertaining to accidental and natural deaths shall strictly adhere to the guidelines issued by the Insurance Regulatory and Development Authority of India (IRDAI).

(j) In case of accidental death, the deceased personnel shall be eligible for both Life Insurance and Personal Accident Insurance coverage. In the case of natural death, only Life Insurance coverage shall be applicable, with no entitlement to Personal Accident Insurance.

(k) In the event of the death of a Indian Coast Guard personnel covered under the insurance policy, any claim settlement amount shall first be utilized toward clearing any outstanding dues or liabilities owed to Bank of Baroda. The remaining balance, if any, shall then be disbursed to the nominee.

(l) Indian Coast Guard will endeavour to open, canvass, or transfer institutional accounts to Bank of Baroda, thereby strengthening the mutual relationship.

(m) The relationship and the operational terms of this MoU shall be reviewed biannually (every six months) to ensure continued alignment and effectiveness.

(n) The timeline for claim intimation and submission of documents are clearly outlined in the Annexures. The nominee to ensure that they follow the timeframe defined else the claim would be **rejected by the Insurance company and no query would be entertained thereafter by the Bank of the Insurance company**. The timelines are subject to change as per terms and conditions of renewed policy during the MOU tenure. The timelines for both GPA and GTL would be communicated as and when they change for renewed policy.

- **For GTL Claims:** The timelines for claim intimation and documents submission must be within -90- days from the date of death The renewed policy timelines if changed would be suitably intimated by 02.05.2026. Failure to intimate and submit the documents within this time frame would reject the claim.



- **For GPA Claims:** The timelines to intimate the claim along with submission of basic documents (which include KYC documents of the deceased, cause of death, GD, FIR, Post-mortem, Panchnama and Death Certificate) from the date of accident is 180 days. Failure to intimate and submit the documents within this time frame would reject the claim.

(o) Bank of Baroda is committed to the business development with Indian Coast Guard and will continuously strive to improve the offerings through the Baroda Defence and Police Salary Package. These improvements will be applicable to all the Baroda Defence and Police Salary Package accounts of Indian Coast Guard.

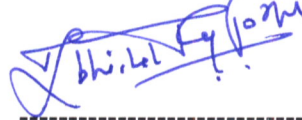
In witness thereof, each Party has scribed their respective hands through duly authorized representative.

Signed on behalf of
Indian Coast Guard Head Quarters



Name: DIG Narendra Singh
Designation: Principal Director Admin
Indian Coast Guard

Signed on behalf of
Bank of Baroda



Name: Mr. Abhishek Raj Joshi
Designation: Deputy General Manager
Defence Banking Vertical,
Bank of Baroda

Witnesses:



(1) DIG JS Malik
Director Admin
Indian Coast Guard



(1) Mr. Neeraj Byas
AGM, Defence Banking Vertical
Bank of Baroda



(2) Comdt. (JG) Soniya Singh
Deputy Director Admin
Indian Coast Guard



(2) Mr. Sachin Agarwal
CM, Defence Banking Vertical
Bank of Baroda



Annexure I

Application-cum undertaking to be taken from all account holders new/ existing / applying for conversion of account and Undertaking for sharing data to 3rd Party

The Branch Manager
Bank of Baroda
.....Branch

Dear Sir,

BARODA DEFENCE & POLICE SALARY PACKAGE

- (1) Request for Conversion of Saving Bank Account to Baroda Defence & Police Salary Package &
(2) Undertaking from New/ Existing Salary Package Account Holders for Sharing of personal Data with third parties

1. I maintain SB account with your branch / intend to open a new savings account under Baroda Defence and Police Salary Package Scheme SB186. My account number is..... (*Strike out whichever is not applicable*).
2. I am presently employed/ retired from **Indian Coast Guards** as (Rank). My Employee Number is..... and my Date of Birth is My mobile number is My present address is appended below which may please be incorporated in your records for which I am enclosing..... (as documentary proof). I request you to accept it for satisfying KYC norms be prescribed by your bank along with other KYC documents as prescribed by RBI.
3. I am also enclosing Service Certificate / copy of PPO issued from the office and request you to accept it for satisfying the norms as prescribed by the Bank.
4. In this connection, I request that my existing SB account be converted into eligible salary package account. I understand that auto sweep facility can be provided in this account and the special request is being submitted for the same separately. (*Strike out whichever is not applicable*).
5. Since, I am presently posted at / being posted to I request that my account should be transferred to branch of BoB for ease of operation. (*Strike out whichever is not applicable*).
6. I hereby undertake that I shall obtain a "No Dues Certificate" from Bank of Baroda in case I desire to shift my account to any other bank for credit of Salary. I further undertake that I shall not shift / change my salary bankers from Bank of Baroda unless I have liquidated all loans outstanding with Bank of Baroda.
7. I hereby give my consent to BoB to share my personal data with the companies/ entities offering the complimentary benefits/ special features related to the salary package account for the purpose of availing such benefits/ features.

Yours faithfully,

(Signature)

Date :
Place :
Address :

Name :
Mob No :



Annexure II

The Branch Manager
Bank of Baroda
_____ Branch

Dear Sir,

BARODA DEFENCE & POLICE SALARY PACKAGE (SB186) - REQUEST FOR ISSUANCE OF NO OBJECTION CERTIFICATE TO TRANSFER SALARY FROM BANK OF BARODA TO ANOTHER BANK

- 1- I maintain a salary SB account with your branch.
- 2- I am presently employed as _____ with _____
- 3- My account number is : _____
- 4- My Mobile Number is : _____
- 5- My present address is : _____

- 6- I request you to issue me a No Dues Certificate as I desire to change my salary credit Bank from where I need to draw my monthly salary.
- 7- I wish to undertake that I do not have any loans outstanding in my name/ Jointly in my name in any branch of Bank of Baroda.

Yours faithfully,

Name : _____
Date : _____
Address: _____
Place : _____
(with Rank and Decoration/ Address)

To be submitted to the Bank in duplicate and acknowledgement obtained from the Branch Manager/ Authorized signatory of BANK OF BARODA on the second copy, duly stamped including date of receipt by the Bank and signature number of the Bank signatory.



Annexure III

Group Term Life Insurance Policy for personnel of Indian Coast Guard who are Salary Account Holders of M/s Bank of Baroda

SOP covers Salary Account opening, Terms and conditions for Insurance offerings and procedure for Claim Settlement.

Description of the Group	Indian Coast Guard Salary Account Holder Group
Type of Policy	Group Term Life Cover
Sum Insured for Death Benefit only	<ul style="list-style-type: none"> ❖ Complimentary Life Insurance Cover of Rs. 10 Lakhs for salary accounts of Indian Coast Guard Personnel under Bank of Baroda Defence and Police Salary Package (SB186). The following conditions apply: <ul style="list-style-type: none"> ❖ The life insurance cover will be available to regular and permanent Indian Coast Guard personnel only. ❖ Insurance cover since inception – Indian Coast Guard personnel will be entitled to life insurance cover of Rs. 10 lacs since inception. The cover will commence automatically on 1st credit of salary in the account after the MOU date. Indian Coast Guard Department personnel who are existing account holder will also be entitled to life insurance cover from the date of MOU coming into effect. The existing account holders will have to get their accounts converted to SB-186 scheme mandatorily for getting the Insurance coverage. ❖ The insurance cover will be applicable to regular permanent and active salaried account holders only and Pensioners will not be entitled to the life insurance cover. ❖ Suicidal deaths will be covered after 12 months from the date of enrolment of account in the scheme provided regular and continuous 12 month salary has been credited in account. ❖ The Life Insurance cover will not exceed the threshold of Rs. 10 Lakhs at any point.
Coverages	<ul style="list-style-type: none"> • Any kind of death such as natural death, death due to any illness, death due to pre-existing illness. • Suicide deaths will be covered after 12 months from the date of enrolment of a personnel provided regular and continuous 12 month salary has been credited in account.
Exclusions	<ol style="list-style-type: none"> 1. NCB - The insurance company does not under any conditions, cover death or disability due to or consequent upon the use of Nuclear, Chemical or Biological weapons 2. AWR - Active war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, civil commotions assuming the proportions of or amounting to a popular rising, military rising, insurrection, rebellion, military or usurped power or any act of any person acting on behalf of or in connection with any organization actively directed towards the overthrow by force of any Government or to the influencing of it by terrorism or violence. 3. PWR/T - Passive War Risk and/or Passive Terrorism
Maximum cover ceasing age	60 Years or date of retirement whichever is earlier
Free cover limit (FCL) (INR)	INR 10,00,000.00
Actively at work (AAW) Clause	Waived for all members



TERMS AND CONDITIONS:

- ❖ Group Term Life Insurance policy from the Insurance Company is for a period of one year, for the various sum insured mentioned above in the event of any kind of death such as natural death, death due to any illness, death due to pre-existing illness etc.
- ❖ Complimentary Life Insurance Cover of Rs. 10 Lakhs for opening salary accounts of Indian Coast Guard Personnel under Baroda Military Salary Package. The following conditions apply:
- ❖ Insurance cover since inception – Indian Coast Guard personnel will be entitled to life insurance cover of Rs. 10 lacs since inception. The cover will commence automatically on credit of 1st salary in the account after the execution of MOU. Indian Coast Guard personnel who are existing account holder will also be entitled to life insurance cover from the date of 1st salary credit in account after the MOU coming into effect provided they get the account converted in Scheme code SB186 (Baroda Defence and Police Salary Account).

FRAMEWORK OF THE POLICY:

- a) The details of Account Holders of Bank of Baroda i.e. date of birth, gender, date of opening of Account would be made available separately by Bank of Baroda, Zonal Office, New Delhi, through email with the broker and Insurance Company.
- b) Group Term Life Insurance Policy from the Insurance Company will cover the requested Indian Coast Guard Salary Account Holders at any given point of time.
- c) There will not be any medical examination for the members of Group Term Life Insurance Policy irrespective of the age of Indian Coast Guard Salary Account Holders of Bank of Baroda.
- d) The coverage of the policy would be applicable from the very inception of the policy till the last date of its validity irrespective of any eventualities facing them at any time, including illnesses - whether pre-existing or developed during the course of policy, absences or leaves from work, accidents or any other circumstances whatsoever.
- e) Bank of Baroda, Zonal Office, New Delhi, shall have a right to add or exclude new Account Holders and existing Account Holders from the coverage. Additional premium, if any, due to such additions of new Employees and Accounts will be calculated on pro-rata basis. Similarly, for any deletion from the coverage, Bank of Baroda, Zonal Office, New Delhi, would inform and the premium would be pro-rated/ recalculated. If any net excess premium is found the excess amount would be refunded back to Bank of Baroda, Zonal Office, New Delhi, at the end of the coverage period.
- f) Life Insurance Policy cover is applicable only for the serving personnel till the age of 60 years or retirement whichever is earlier.
- g) The Claim would be settled within 30 days after submission of all the required claim documents.
- h) The Insurance Company should release the payment of claim to the Master Policy holder or dependent of deceased personnel through the bank/account of the nominee/dependent of the deceased Salary Account holder on submission of all the claim documents mentioned in the claim administration procedure. The payment to the deceased would be made after accounting for any loans outstanding in the name of the deceased/jointly in the name of the deceased.
- i) Insurance Broker will coordinate with the claimant and Insurer for follow up and expeditious settlement of all the claims.
- j) Declaration of Good Health has been waived off for this policy
- k) The Policy is a worldwide cover and it will be 24*7 cover. Specific countries are excluded from cover unless specifically agreed in this Agreement namely: Central African Republic, Democratic Republic of Congo, Eritrea, Guinea-Bissau, Iran, Iraq, Lebanon, Libya, Mali, North Korea, Somalia, South Sudan, Sudan, Yemen



STANDARD EXCLUSIONS UNDER THE POLICY:

1. NCB - The insurance company does not under any conditions, cover death or disability due to or consequent upon the use of Nuclear, Chemical or Biological weapons.
2. AWR - Active war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, civil commotions assuming the proportions of or amounting to a popular rising, military rising, insurrection, rebellion, military or usurped power or any act of any person acting on behalf of or in connection with any organization actively directed towards the overthrow by force of any Government or to the influencing of it by terrorism or violence.
3. PWR/T - Passive War Risk and/or Passive Terrorism

CLAIMS PROCESS:

The following procedure is agreed upon and adopted to deal with the claims arising under the policy issued to Bank of Baroda.

Intimation of Claim:

Every claim is to be immediately notified to the concerned officials of MARSH INDIA through an official email upon the happening or on coming to the knowledge of M/s. Bank of Baroda. On receipt of the intimation, MARSH INDIA Team will register the claim with the Insurance Company and generate the Claim Intimation no.

All the claims of the Insured will be intimated through M/S Marsh India Insurance Brokers Pvt. Ltd., who will co-ordinate with Insurer. Nodal officer for Marsh India will be Jignesh Panchal & for Shriram will be Sidam Sridevi.

On receipt of the intimation, the Claim will be registered, and the Insurance Company will be provided with a Letter of Requirements.

Claim Notification Period: If a claim is made under the scheme, it should be promptly reported to the insurer. However, it must not be later than 365 days after the date of death but within 90 days from policy year's annual renewal date (at present the renewal date is 2nd May), whichever is earlier. Additionally, all necessary supporting evidence must also be provided within this timeframe. This timeline may change based on the terms and conditions of the renewed policy which would be intimated to the Organisation.

Notwithstanding anything contained in this Agreement, the insurer shall not be liable for any claim for which the insurer has not received notice within claim notification period as mentioned above.

The intimation of claim shall include

- Brief note on incident (Including Date & Time of incident)
- Details of the Affected Customer Account/name of the concerned person/ contact details of the Nominee to be contacted
- Copy of Death Certificate (issued by the local health and medical authority)

Claims can be intimated through

Registered Post/Courier – Intimation with supporting documents can be sent to claims department at head office by courier to the below address.



Jignesh Panchal
Marsh India Insurance Brokers Pvt. Ltd.
701 & 702, Venus Stratum
Jhansi Ki Rani BRTS Stop
Surendra Mangaldas Road
Nehrunagar, Ahmedabad
Gujarat – 380015

Email – Intimation with supporting documents can be sent to

- ❖ bobclaims.gtl@marsh.com
- ❖ Jignesh.Panchal@marsh.com
- ❖ balkishan.s@marsh.com
- ❖ defenceclaims@bankofbaroda.co.in

For Death Claim

- Filled Claim Intimation Form attested by the Nominee and Master Policy Holder.
- Copy of Death Summary (issued by the local health and medical authority)
- Copy of death certificate
- Copy of Age and ID proof of Life Assured
- Copy of ID & Address proof of all nominees applying for the Claim
- Copy of Bank Passbook / Personalized Cancelled Cheque of all nominees applying for the Claim
- Hospitalization documents (discharge summary, all investigation reports) in case the Member was treated for any illness related to the cause of death / Attending Physician's Statement
- Any other document or information that we may need to process the claim depending on the cause or nature of the claim
- Legal Evidence of Title in the form of Succession certificate from court having competent jurisdiction or Probate of Will (In case nominee name is not available in the bank account details)

Dept. – Group Term Life Insurance Policy for Bank of Baroda A/c holders

It is agreed and understood that documentation forms an important component of any insurance claim.

Branch Manager of the Bank where the account exists will send duly filled, signed & stamped claim form along with all the relevant claim documents required to the address mentioned below-

Jignesh Panchal
Marsh India Insurance Brokers Pvt. Ltd.
701 & 702, Venus Stratum
Jhansi Ki Rani BRTS Stop,
Surendra Mangaldas Road
Nehrunagar, Ahmedabad, Gujarat – 380015

- ✓ MARSH INDIA Team must ensure that complete set of documents are submitted to the Insurer in one go, within a TAT of T+1 Day after receipt of documents from the Claimant i.e. Further if any deficiency is raised, then it must be ensured that the claimant gets the deficiency document, and the compliance is made within 7 days of receipt of documents. The MARSH



INDIA Team has to see whether the additional document request made by the Insurance Company is valid or not.

- ✓ MARSH INDIA Team has to examine the pendency of the claim which are pending for more than 1 month after the submission of complete set of documents. If any claim is pending on account of deficiency of documents which are not forthcoming in spite of number of reminders, the MARSH INDIA Team has to get in touch with the Claimant and find out the facts and facilitate the process of submission of documents & thereafter processing of the Claim.
- ✓ The MARSH INDIA Team has to play a big role in cases which are recommended for rejection. The MARSH INDIA Team has to respond within 72 working hours of receipt of such rejection cases with their own observations to Insurance Company and the Bank.
- ✓ Provide monthly Claims MIS for the review of The Bank and ensure that there are no claims which are ageing beyond 30 days are at the minimum.
- ✓ In the event of a claim undergoing investigation, resolution will be pursued within 21 days to the best of MARSH INDIA ability. Extensions beyond 30 days will be permissible solely in instances where claimant documents are pending.

CLAIMS FOLLOW UP / PROCESSING:

The reminders shall be sent by M/S Marsh India Insurance Brokers Pvt. Ltd. to Bank at regular intervals for pending claim documents, a communication via letter in hard copy / email will be sent to client with defined timeline.

Reminder process would be same for the document's deficiency also.

1st reminder T+ 7 days

2nd reminder T+ 15 days

3rd reminder T + 30 days

T is Date of Intimation

**Business Working Days

CLAIM PAYMENT:

- Once the claim is approved the payment in the form of NEFT shall be done to the Savings Bank Account of the Registered Nominee/s or in case the nominee is not registered or pre-deceased, to the Legal Heir/s, after verification, on submission of all the claim documents mentioned in the claim administration procedure, with a covering letter.
- In cases where nominee details are not shared at time of member addition/issuance in master policy, death claim can be paid to the claimant as per details provided at time of claim subject to fulfilment of the requirements raised by Shriram Life Insurance Co. Ltd. After payment of death claim, any entitlement/claim raised by any individual will be not entertained by Shriram Life Insurance Co. Ltd. and responsibility will be at Bank's (master policy) end to clarify and close such queries.

Claim Notification period - If a claim is made under the scheme, it should be promptly reported to the insurer. However, it must not be later than 365 days after the date of death but within 90 days from policy year's annual renewal date, whichever is earlier. Additionally, all necessary supporting evidence must also be provided within this timeframe.

Notwithstanding anything contained in this Agreement, the insurer shall not be liable for any claim for which the insurer has not received notice within claim notification period as mentioned above.



ESCALATION MATRIX: -**For - Marsh India Insurance Brokers Pvt. Ltd.**

Escalation Level	Name	Designation	Contact Details	Email ID
Policy Service Manager	Balkishan	Senior Process Associate	8655750083	Balkishan.s@marsh.com
(1st Escalation Level)	Jignesh Panchal	Process Manager	8980016256	Jignesh Panchal@marsh.com
2nd Escalation Level)	Neha Trivedi	Executive Vice President	8980014363	neha.trivedi@marsh.com
(3rd Escalation Level)	Anshul Agarwal	Senior Vice President	9833806355	anshul.agarwal@marsh.com
Overall program manager	Mohit Dyundi	Executive Vice President	8980014923	mohit.dyundi@marsh.com

For - M/S Shriram Life Insurance Company Limited

Levels	Mail ID's	Name	Designations	Description
Support Desk	groupops@shriramlife.in Kothoori.Priyanka@shriramlife.in	Priyanka - MPH queries/Addition/deletions	Ops Team	Please communicate to groupops@shriramlife.in
Level 1	raghunadha.reddy@shriramlife.in vandana.kotthala@shriramlife.in narsingrao.b@shriramlife.in	Raghu – NB Vandana – Medicals Narsing – Foreclosure/cancellation	Executive & Sr Executive	Escalate if query/issue hasn't been responded
Level 2	rajashekar.reddy@shriramlife.in	Rajashekar Reddy	Deputy manager	Escalate if the issue/Query is not closed
Level 3	Vijay.bs@shriramlife.com	Vijay B S	AGM- Ops	Escalate if the issue/Query is not closed
Level 4	Madhavi.s@shriramlife.com	Madhavi S	AVP – Ops	Escalate level 3 if issue/Query

Subject	Level 1	Level 2	Level 3	Level 3
Claims MIS	Arjun Koppula, AM ARJUN.KOPPULA@SHRIRAMLIFE.IN	Sidam Sridev	P Manikandan, Manager	Bhimaraju Nirmala, AGM
Death Claims	groupclaims@shriramlife.in	SIDAM.SRIDEVI@SHRIRAMLIFE.IN	pmanikandan@shriramlife.in	bhimarajunirmala@shriramlife.com



CLAIM INTIMATION / CLAIMANT STATEMENT

***SEGMENT – A (Policies of Life Assured with SLIC)**

Sl. No.	Member Policy No.	DOC	Sum Assured	Nominee Relation with Life Assured
A.				
B.				
C.				
D.				

*** SEGMENT – B (Life Assured Details)**

Life Assured Name :

Life Assured Father/Husband Name :

Date of Death: _____ Gender: Male / Female LA Mobile No. (if) :

Nature of Death : Illness, Natural, Accident, Murder, Suicide (if Illness please specify)

Place of Death : Hospital, Clinic, Residence, Office, Other (if other place specify)

SEGMENT – D (Claimants Details)

*Claimant Name :

*Relation with Life Assured :

Date of Birth of Claimant :

*Claimant Address : _____

*Contact No. of Claimant :

Email ID of Claimant:

Claimant PAN No. :

Claimant Citizenship : Indian / NRI (If NRI, please specify the Name of the Country)

***SEGMENT – E (Claimants NEFT Mandate / Bank Account Details)**

In case of Beneficiary is a Minor, please provide Legal Heir Account Details:

Account Holder Name : _____

Bank Name : _____

Bank Branch Name : _____

Account No. : _____

IFSC Code : _____ MICR Code : _____

Account Type : Saving / Current / NRO / NRE



Date:

Place: _____

Signature of the claimant

SEGMENT – G (Declaration for Signature in Vernacular or for Thumb Impression Case)

The Claimant has affixed his/her thumb impression / has signed in vernacular / has not filled the application. I have explained the contents of this form to the member in _____ language and done the best to ensure that the contents have been fully understood by the claimant and have accurately recorded the claimant responses to the information sought by the DOGH form and I have read the responses back to the claimant and he/she has confirmed that they are correct.

Name of the Declarant: _____

Address : _____

Date :

Place : _____

Contact No. : _____

Signature of the Declarant : _____

Note : In case of any demand or favour asked by anyone including a company representatives towards claim processing or settlement of the same should not be entertained and must be reported to the company immediately on the company's contact details.

SEGMENT – H (Master Policy Holder Declaration)

Name of Master Policy Holder : _____

Location of the MPH : _____

Authorized Person Name : _____

Authorized Person Designation : _____

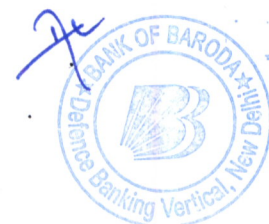
I/We hereby declare that all the above information is true in every respect.

All the Photocopy of the document provide by claimant is verified through the original documents.

Date :

Place : _____

Seal and Signature of MPH



SEGMENT – I (Instruction for Filling up the Form & Mandatory Documents)

A. Please read before filling the form :

1. The Form should be filled by the claimant only. In case the claimant is a minor the guardian / appointee / Legal Hire may fill the form.
2. Claims under multiple policies may be registered by filling a single form and provide all applicable Policy No.
3. In case of more than one claimant, separate forms need to be filled for each claimant.
4. Please read the declarations carefully and the claimant should sign the claim form in the same manner as you normally sign your cheque
5. Claim is payable subject to fulfillment of all the terms and conditions of the Policy.
6. No fee or commission should be paid to anyone to process the claim.
7. Make sure your address, Phone No. and Email ID are current and active as the correspondence will happen through this only
8. Asterisk (*) refers to mandatory information.

B. Mandatory document for Claim Process :

- Original Death Certificate,
- Claim Form,
- Certificate of Insurance (COI),
- Life Assured ID Proof,
- Nominee / Claimant ID & Address Proof,
- Claimant NEFT Details,
- FIR and PMR require in case of unnatural death,
- Driving License in case of Road Traffic Accident (RTA)



ANNEXURE IV

Standard Operating Procedure for Baroda Defence & Police Salary Package – Group Personal Accident

SOP covers Salary Account opening, Terms and conditions for Insurance offerings and procedure for Claim Settlement.

- ❖ The Baroda Defence and Police Salary Package will be extended to the existing account holder or new accounts holder (Salaried Personnel / Pensioners) subject to submission of correct data by concerned Zone certifying that correct accounts have been opened as per scheme eligibility and the data is being submitted after salary has been credited in the accounts
- ❖ Existing salary accounts of **Indian Coast Guard** or pension accounts of pensioner will be converted to **Baroda Defence and Police Salary Package** account subject to an application-cum-undertaking submitted by the account holder as per specimen attached in Annexure I.
- ❖ A 'No Dues' Certificate will be issued by Bank of Baroda if existing Salary Account-holder desires to shift his/ her salary account to another bank. Specimen 'No Dues Certificate is enclosed as Annexure II.
- ❖ New Accounts opened by Bank of Baroda in the Training Academies / Centres will be opened in Baroda Defence and Police Salary Package on receipt of temporary numbers (for training) by Training Academies / Centres and on receipt of service numbers the amendments in the numbers will be undertaken by Bank of Baroda.
- ❖ Baroda Defence and Police Salary Package - As regards "Know Your Customer norms", a certificate/ letter issued/ countersigned by the authorized signatory from the individual's unit, certifying his identity and present address, will be acceptable to the Bank. In addition, Aadhaar Card and PAN card are the two documents which need to be submitted to the bank for account opening. Account opening will be as per the guidelines issued by our bank from time to time. In absence of Aadhaar card any other valid KYC document as per RBI guidelines can be accepted.

INSURANCE OFFERINGS

A) Personal Accident Insurance offerings for active Personnel:

<u>Insurance Offerings</u>	<u>Baroda Defence & Police Salary Package</u>
<u>Personal Accident Death Cover (PAI)</u>	Salary account cover of ₹ 125 Lakhs-FLAT (both On-duty and Off-duty)
<u>Age</u>	Min entry age: - 18 years Max Age: - 60 Years or retirement whichever is earlier
<u>Permanent Total Disability Cover (PTD)</u>	Rs. 125 Lakhs
<u>Permanent Partial Disability Cover (PPD)</u>	Upto Rs. 62.5 Lakhs* (as per IRDAI guidelines)



B) Personal Accidental Offerings for Pensioners & Veer Naaris are as under:

Insurance Offerings	Baroda Defence & Police Salary Package
Personal Accident Death Cover (PAI)	Upto Rs.75 Lakhs
Age	Min 60 Years or retirement age whichever is earlier Max Age – Till Death
Permanent Total Disability Cover (PTD)	Upto Rs. 75 Lakhs
Permanent Partial Disability Cover (PPD)	Upto Rs. 37.5 Lakhs (as per IRDAI guidelines)
Inclusion of deaths in active operations	No

C) Personal Accidental Offerings for Family Pensioners are as under

- Flat PAI Cover of Rs. 37.5 Lakhs without any add-ons.

***Important terms and conditions for claims:**

1. Base PAI cover for salaried personnel is Rs. 125 Lakhs and for Pensioners is Rs. 75 Lakhs.
2. Permanent Total Disablement (PTD) is in event of injury occurring to the insured's Account holder, solely and directly from accident caused by external, violent and visible means within 12 calendar months of its occurrence resulting in total irrecoverable loss as total permanent disablement, the claim will be settled as per IRDAI guidelines.

STANDARD EXCLUSIONS UNDER THE POLICY:

THE FOLLOWING EXCLUSIONS NEED TO BE TAKEN NOTE OF BESIDES THE OTHERS AS PER THE STANDARD GROUP PERSONAL ACCIDENT CLAUSE:

- A. Payment of compensation in respect of Death, injury of Disablement of the Insured person
 - from intentional self-injury, suicide or attempted suicide,
 - whilst under the influence of intoxicating liquor or drugs
 - directly or indirectly caused by venereal diseases, aids or insanity,
 - arising or resulting from the insured person committing any breach of law with criminal intent,
 - Whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft as per the option chosen.
- B. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to: War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military Force or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.
- C. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person –
 - Directly or indirectly caused by or contributed to, by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the



combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.

- Directly or indirectly caused by or contributed to, by or arising from nuclear weapons material.

D. The Insurance under this Policy shall not extend to cover death disablement resulting directly or Indirectly caused, contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof.

Claim settlement in Permanent Total Disablement will be the 100% of the Sum insured Opted will be paid as per table below- (as per IRDAI guidelines)

Sr. No	Table of Benefits	% of Capital Sum Insured
1	Accidental Death	100
2	Permanent Total Disability :	
	1. Loss of Sight (both eye)	100
	2. Loss of two limbs	100
	3. Loss on one limb and one eye	100
	4. Permanent total and absolute disablement as certified by Medical Practitioner	100
3	Permanent Partial Disability	
A	Loss of sight of one eye	50
B	Loss of one limb	50
C	Loss of toes-all	20
D	Great-both phalanges	5
E	Great-one phalanx	2
F	Other than great, if more than one toe lost each	1
G	Loss of hearing-both ears	50
H	Loss of hearing-one ear	20
I	Loss of hand	50
J	Loss of four fingers and thumb of one hand	40
K	Loss of four fingers	35
L	Loss of thumb-both phalanges	25
M	Loss of thumb-one phalanx	10
N	Loss of index finger	
	i) Three phalanges	10
	ii) Two phalanges	8
	iii) One phalanges	4
O	Loss of Middle finger	
	i) Three phalanges	6
	ii) Two phalanges	4
	iii) One phalanges	2
P	Loss of Ring Finger	
	i) Three phalanges	5
	ii) Two phalanges	4
	iii) One phalanges	2
Q	Loss of little finger	
	i) Three phalanges	4
	ii) Two phalanges	3
	iii) One phalanges	2



R	Any other permanent partial disablement	% as assessed by Medical Practitioner appointed by insurance company
S	Loss of Metacarpals	
	(i) First or Second (Additional)	3
	(ii) Third, Fourth or Fifth (Additional)	2

- The terms and condition for Insurance claims will be applicable as per IRDA norms.

CLAIM INTIMATION

All the claims of the Insured will be intimated through the Bank Branch to the Insurance Broker, who will co-ordinate with Insurer. Nodal office for Insurance Broker will be M/s Anand Rathi Insurance Brokers Limited & for Insurance Co will be United India Insurance Company Limited.

Email - Intimation with supporting documents can be sent to defenceclaims@bankofbaroda.co.in through respective Branch

On receipt of the intimation, the Claim will be registered and the Insurance Company will be provided with a Letter of Requirements.

The notification of claim shall include:

- Name of the deceased Defence Salary Package Account Holder
- Salary Account No
- Date of Accident
- Date of Death
- Place of accident
- Details of accident
- Name of the Claimant, their Mobile No. and Email ID
- Name of Bank and Branch/es where Defence salary/pension account is maintained
- Name of Bank and Branch/es where claimant's account is maintained

Claim intimation should be within one hundred eighty (180) days from the date of accident. If not intimated within the 180 days timeline, the Claim would be rejected. This timeline may change based on the terms and conditions of the renewed policy which would be intimated to the Organisation.

Dept. – Personal Accident for Bank of Baroda A/c holders through Baroda Defence & Police Salary/Pension Accounts

It is agreed and understood that documentation forms an important component of any insurance claim.

Branch Manager of the Bank where the account exists will send duly filled, signed & stamped claim form along with all the relevant claim documents required to the address of the broker -

Kind attention- Mr Vikas Chauhan
Anand Rathi Insurance Brokers, Ltd.
9th Floor, Times Tower, Kamala Mills Compound,
Senapati Bapat Marg, Lower Parel, Mumbai – 400013
Mob - 8802044070

*Insurance broker may get changed time to time which will be informed by the Bank



Claim Documents once received will be scrutinized by Insurance Brokers team and the same will be submitted to Insurer.

The Claimant/Nominee shall arrange for submission of the following documents towards substantiation of the claim within 180 days from date of intimation of claim for onward submission to Insurance Brokers:

- All supporting documents relating to the claim must be submitted within one eighty (180) days from the date of intimation.
- Bank shall share account opening date at the time of claim
- The eligible claims will be settled in thirty (30) working days from the date of receiving the complete documents set.
- In case documents are not received within one eighty (180) days of claim intimation, 1st reminder, hard copy letter/email communication will be issued to Member Bank.
- In case of no concrete response/requisite documents 2nd reminder hard copy letter/email communication will be sent after (15) days from the date of 1st reminder
- In case of no concrete response/requisite documents 3rd reminder hard copy letter/email communication will be sent after (15) days from the date of 2nd reminder
- In case of no concrete response/requisite documents after three reminders, Closure letter/repudiation letter, hard copy letter/ email communication will be sent to the Bank.

INVESTIGATOR APPOINTMENT (SPECIFIC CASES THAT NEED DETAILED INVESTIGATION)

- Based on the merit of the claim, Insurer's investigation team shall be appointed. TAT: T + 15 (T is the day on which the claim documents received from the Bank).
- In 30 working days, Investigation report will be finalized. If there is a delay because of the some more facts, an interim report will be requested.
- In case of any genuine difficulty the above period may be extend with mutual discussion.

CLAIM PAYMENT

- Claim shall be paid in Bank of Baroda intermediary account by insurance company who in turn will settle with nominee/legal heir (as per bank records). Bank will share the proof of remittance to insurance company. (Note: Bank has to obtain 'Self Declaration from the Claimant' (as per attached formats) that he/she has 'No Objection' in case insurance company settle the amount in Bank of Baroda intermediary account. Claimant shall settle the final payment of insurance claim with Bank of Baroda.
- Bank will be sharing list of bank intermediary accounts (maintained branch wise) to insurance company
- On approval of claim, discharge voucher will be signed by Bank of Baroda
- On receipt of all required documentation insurance company shall settle the claim within 30 working days from the date of receipt of last complete document
- Bank shall share the final settlement confirmation/supporting of the claim amount with the claimant.

DOCUMENT CHECK LIST- Attached as per enclosed Formats





UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE: NO 24 WHITES ROAD CHENNAI – 600 014

The issue to this form is not to be taken as an admission of Liability

Personal Accident Insurance Claim Form (Particulars) of Accident

Policy No. _____

Claim No. _____

TO BE COMPLETED BY THE INSURED

1. (a) Name of the Insured [in full] _____
- (b) Name of the injured Person _____
- (c) Address in full _____
- (d) Profession or occupation _____
- (e) Age at last birthday _____

2.

	Policy No.	Sum Insured	Table of Cover	Period
(i)				
(ii)				
(iii)				

3	a) Date of the accident? Time of accident? Place of Accident? Name and address of witness	
4	How did the accident occur ?	



5.	Nature of injury received (If to limb or eye state whether right or left)	
6.	a) Nature of disablement Extent of disablement Confined to bed Confined to house b) Present state of incapacity	[from _____ To _____] [from _____ To _____]
7.	Name and address of surgeon in attendance	
8.	a) Where and when can a Medical Officer of the Company visit you, if necessary ? Name of nearest railway station and distance therefrom	
9.	ii) Are you insured in any other office or offices granting compensation for accident If so state name and address of company or companies and amount of insurance	

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make a connection with this claim.

Witness:

Name _____

Signature of the Insured _____

Signature

Date :

Date

Address



CERTIFIED TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT

I hereby certify that I was present when the Accident occurred to
Mr. _____ On the _____ day of
_____ 20 ____ in the manner stated by him over leaf, that it was
caused by _____ which * was / was not his willful act and that he *
was/was not under the influence of intoxicating liquor at the time

Signature

Address _____
* Strike out which is not applicable Occupation _____
Date _____



MEDICAL CERTIFICATE

Claims must be Supported by medical Evidence furnished by the Insured and at his expense.

1. (a) Name of Claimant (b) Sex (c) Age

2. (b) Nature and cause of accident
(b) If to eye or limb, state left or right
(c) Whether the appearance of the Injuries are consistent with the account given of the accident.

3. Date on which you first attended Claimant for this injury

4. Has Claimant been totally prevented from attending to any portion of his business ? If so how long ?

1. Is Claimant suffering from any disease or illness apart From his injury and is there any illness by circumstances Which may tend to retard recovery? If so, give particulars?

2. Present Condition

7. How long from the happening of the Accident do you consider Total disablement will last ?

Having personally examined the above named Insured I certify that the above statements are correct and that the injured person is necessarily disabled by the Accident referred to

Signature

Name & Qualification _____
Address _____
Date _____

REMARKS FOR EXTRA DETAILS



Declaration from Bank

(On Bank of Baroda Letter Head)

Branch Name:

Branch Code:

Address:

Email:

Telephone No:

Date:

Policy No.

Policy Period: 19-Oct-2024 to 18-Oct-2025

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, the details of which are as under:

1	Name of Salary Package Account Holder	
2	Address in Full(as per Bank records)	
3	Date of Accidental Death (as per death certificate)/PTD/PPD	
4	Details of BOB Branch where the Salary Package Account is maintained	Br. Name
		Br. Code
		Circle
5	Type of Salary Package Account	
6	Salary Package Account details	
7	Claim amount under Personal Accident/Air Accident/PTD/PPD (wherever applicable)	
8	Nominee registered with the Bank on above mentioned Salary Package Account (if Any)	----- Name along with Relation
	Address of Nominee	
	Phone No	
9	Full Name of Joint Account Holder(s) of the above mentioned Salary Package Account(for Joint Accounts Only)	
	Full address of Joint Account Holder	
	Phone No	

(# please put which is applicable)

For Bank of Baroda



Signature of the Bank Manager

Name:

DOCUMENT CHECK LIST

(Scan copy of documents followed by hard copy will be submitted in the event of claim)

Personal Accidental (Death) claim

- Completely filled Claim Form by the claimant
- Attested Legible Copy of Police F.I.R and Panchanama (For Armed forces: Defence Authority report in case FIR is not available). FIR is mandatory document.
- Attested copy of Post-Mortem Report (In case of accidental death)
- Attested copy of Death Certificate (Mandatory in all types of events of death)
- Letter from the Bank's Authorized Signatory certifying the account of the deceased.
- Notarized translations in English of any provided document which is in regional language.
- Operative Account along with its variant and name of nominee/ joint account holder as per Bank record.
- PAN card copy of the claimant and deceased member. If a PAN (Permanent Account Number) card copy is not available, then form 60 may be submitted.
- Original Cancelled cheque leaf of the claimant's bank account/ photocopy of the first page of the claimant's bank passbook containing the name of account holder, bank account number, IFSC code.
- NEFT details of the claimant/nominee certified by the claimant's bank.
- Other Suitable document to prove Legal heirs (Applicable in case if claimant is not a nominee/Joint account holder as per Bank's record)
- Viscera Report/chemical analysis report in case where post-mortem report shows the cause of death is poisoning or alcohol or any substance abuse
- Aadhar Card of the Nominee/Legal Heir and deceased member
- Hospital Paper/ Treatment Paper
- Discharge Summary
- Indoor Case Paper
- Passbook – 1st page copy duly stamped by Bank for both Deceased member and Nominee
- Finacle screen shot of account
- Bank statement of Deceased member for 6 months prior to date of accident stamped by Bank
- Letter from Nominee to Bank
- Letter / Declaration from Police authority confirming deceased member working with police

**Insurance co may ask any additional document on case-to-case basis for any clarification required.

Disability Claims (PPD, PTD)

- **Completely filled Claim Intimation form and Disability Claim Form duly signed by the claimant.**
- MLC (Medico Legal Case Paper) wherever applicable
- Medical Certificate from registered Doctor specifying the disability
- Letter from the Bank's Authorized Signatory certifying the account of the deceased. Disability certificate from Government approved Authority.
- Attested FIR copy with incident (For Armed forces: Defence Authority report in case FIR is not available)
- Hospitalization papers including indoor case paper, x-ray report, laboratory test report etc



**Insurance co may ask any additional document on case to case basis for any clarification required.

Physical Set of documents to be couriered to below address –

Mr. Kunal Dhande

M/s Anand Rathi Insurance Brokers Ltd.
Regent Chambers, 10th Floor,
Jamnalal Bajaj Marg, Nariman Point,
Mumbai - 400021, India.
Tel. No. 8657720454, 022 4909 3048



Escalation Matrix

Insurance Brokers (Claims Management)

Escalation Level	Name	Designation	Contact Details	Email ID
Claims Service Manager	Rushikesh Ashtekar	Assistant Manager	+91 8657720454	rushikeshashtekar@rathi.com
Service Relationship Manager (1 st Escalation Level)	Kunal Dhande	Senior Manager	+91 7304330188	kunaldhande@rathi.com
Senior Manager (2 nd Escalation level)	Monali Wasnik	Assistant Vice President	+91 8850924840	monaliwasnik@rathi.com
Senior Manager (2 nd Escalation level)	Mayank Sharma	Senior Manager	+91 9029867595	mayanksharma@rathi.com
Assistant Vice President (3 rd Escalation level)	Nivya Rai	Vice President	+91 9869722668	nivyarai@rathi.com
Assistant Vice President (3 rd Escalation level)	Nikhil Gajre	Vice President	+91 7977671443	nikhilgajre@rathi.com

Insurance Brokers (Relationship Management)

Escalation Level	Name	Designation	Contact Details	Email ID
Service Relationship Manager (1 st Escalation Level)	Kunal Dhande	Senior Manager	+91 7304330188	kunaldhande@rathi.com
Senior Manager (2 nd Escalation level)	Monali Wasnik	Assistant Vice President	+91 8850924840	monaliwasnik@rathi.com
Senior Manager (2 nd Escalation level)	Mayank Sharma	Senior Manager	+91 9029867595	mayanksharma@rathi.com
Assistant Vice President (3 rd Escalation level)	Nivya Rai	Vice President	+91 9869722668	nivyarai@rathi.com
Assistant Vice President (3 rd Escalation level)	Nikhil Gajre	Vice President	+91 7977671443	nikhilgajre@rathi.com

Insurance Company

Escalation Level	Name	Designation	Contact Details	Email ID
Claims Service Manager	KETAKEE KUBAL	Admin Officer	7021500165	ketakeekubal@uiic.co.in
Service Relationship Manager (1 st Escalation Level)	VASUNDHARA HEMANT PATIL	Manager	9869456059	vasundharapatil@uiic.co.in
Manager (2 nd Escalation level)	SAPNA SIMON THOMAS	CHIEF MANAGER	9819723324	sapnathomas@uiic.co.in

Management

Insurer/Broker	Name	Designation	Contact Details	Email ID
United India Insurance Co Ltd	Mr. Jaideep Sinha	Deputy General Manager	+91 9830200464	jaideepsinha@uiic.co.in
Anand Rathi Insurance Brokers Ltd	Ms. Sapna Maheshwari	Associate Director	+91 9930357213	sapnamaheshwari@rathi.com



Annexure V

Claims Process – RuPay Insurance Program 2025-26 for RuPay Platinum & Rupay Select Cards

A) Claim intimation

1. All the claims where an incident has happened in the financial year 2025-26, should be intimated to email rupay@newindia.co.in, along with incident details.
2. The New India Assurance Co Ltd will register the claim and provide the claim number to the Member Bank within 2 working days with the policy number in subject line.
3. Claim intimation should be within Ninety (90) days from the date of accident. In cases where a person is hospitalized (and under a critical condition) and is unable to file a claim within 90 days of loss/incident such claim cases will be accepted by The New India Assurance Co Ltd for investigation and honored, if all terms under the policy are met as on date of accident.

B) Documents Receipt / Follow-up:-

Claim will be processed only after receiving hard-copy set of all the documents at the given below address: -

**NON SUIT CLAIM HUB 140001
THE NEW INDIA ASSURANCE CO. LTD MUMBAI REGIONAL OFFICE 2,
2nd Floor, Jeevan Seva Building, Santacruz (W),
MUMBAI - 400 054**

Email: rupay@newindia.co.in

Claim to be intimated within Ninety (90) days from the date of accident. In case where a person is hospitalized (and under a critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted with valid justification provided for such delay, such cases will be investigated if required.

- All supporting documents relating to the claim must be submitted within sixty (60) Days from the date of intimation.
- The eligible claims will be settled in thirty (30) working days from the date of receiving the complete documents set.
- In case the settlement is not confirmed, the Bank should follow up with The New India Assurance Co. Ltd. for status update of the claim and comply with the pending requirements in hard copy by post/courier. (Scanned images of required documents shall not be sent to the Insurance Company)
- Claim requirements will be communicated to claimants as per set process.
- Two reminders will be sent for submission of claim requirements at specified intervals to the bank branch email id/claimant. If all requirements are not fulfilled within the timelines specified in communications, the claim will be treated as closed without payment due to non- submission requirements.
- Closure letter, hard copy letter will be sent to Member Bank on 90th day from claim intimation in case of no communication received from Member Bank.

Investigator Appointment (Specific cases that need detailed investigation)

Based on the merit of the claim, The New India Assurance Co. Ltd. investigation team shall be appointed



C) Claims Follow up / Processing

Sr. No	Escalation Level	Name	Designation	Email ID
1	First Query	Mr. Shashikishor Jadhav	Assistant Manager	rupay@newindia.co.in
2	Escalation 1	Mr. Ravi Dabhade	Assistant Manager	ravi.dabhade@newindia.co.in
3	Escalation 2	Mr. Akshay Patil	Senior Business Manager	akshay.patil@newindia.co.in
4	Escalation 3	Mr. KHUSHALDAS GOHIL	Regional Manager	khushal.gohil@newindia.co.in

D) For Policy Administration:

Sr. No	Escalation Level	Name	Designation	Email ID
1	SPOC	Mr. Ravi P Dabhade	Assistant Manager	ravi.dabhade@newindia.co.in
2	Escalation 1	Mr. Akshay Vijay Patil	Senior Business Manager	akshay.patil@newindia.co.in

E) Claim Payment

Once the claim is approved, the payment in the form of **NEFT** shall be done to the cardholder (in case of Disablement) / to nominee or legal heir (in case of Death).

F) Dispute Management

Committee of 3 people as mentioned below to resolve the dispute.

- Representative from The New India Assurance Co Ltd
- Representative from NPCI.
- Representative/s of the disputing Bank/s.

G) Document check list –

For Accidental Death Claims:

- Claim Form - Annexure C - Duly filled in, signed and stamped by the Bank.
- Original or Certified copy of Death Certificate
- Original or Certified copy of FIR giving description of the accident {along with Notarised translation into English or Hindi}
- Original or certified copy of Post Mortem Report along with Chemical Analysis/FSL Reports (wherever applicable).
- Copy of all medical records, if hospitalized
- Copy of Newspaper cutting, if any.
- CKYC Form with KYC, NEFT documents of Nominee
- Aadhar copies of Cardholder and Nominee.
- Declaration Form - Annexure D - Duly filled in, signed and stamped by the Bank.
- Details of card induced POS/ Ecommerce transaction done using RuPay card details within 30 days (as applicable) prior to date of accident (to be supported with complete transaction log / account statement from the bank's system)
- Nominee details (including NEFT details) as per bank. Nominee form submitted at the time of account opening*In case Nominee/s details are not available, Legal Procedure to be adopted as



per bank's guidelines and Legal Heirs details to be provided after confirmation of Legal heir as per Bank's guidelines: - Provide Legal Heir Details in form of registered affidavit OR succession certificate along with KYC and Banking details (including Passbook copy).

- Aadhar copies of Cardholder and Nominee.
- Nominee Passbook copy for Banking Details. (Clear and legible copy; Passbook copy with A/C number/IFSC written manually will not be accepted).
- True Copy of the Driving License of the deceased person if the accident was whilst the deceased was driving any vehicle.

Note: *Additional documents may be requested by The New India Assurance Co Ltd based on the case requirement such as Medical Reports, Identity documents, etc.

For Permanent Total Disability Claim:

- Claim Form duly completed and signed & copy of RuPay card of insured. Copies of all hospitalization & treatment records along with relevant diagnostic reports
- Disability certificate issued by Competent medical authority
- Copy of FIR/ Police report giving description of the accident.
- Photograph of disabled body organ
- Copy of Aadhar card of insured & claimant
- Certificate from card issuing bank mentioning
- Details of card induced POS/ Ecommerce transaction done using RuPay card details within 30 days (as applicable) prior to date of accident (to be supported with complete transaction log / account statement from the bank's system)
- Nominee details (including NEFT details) as per bank. Nominee form submitted at the time of account opening*
- Brief description of Accident as per FIR translated in English or Hindi.
- Declaration Form - Annexure D - Duly filled in, signed and stamped Card Issuing Bank

*Additional documents may be requested by The New India Assurance Co Ltd based on the case requirement.

RuPay Insurance Program 2025-26 for RuPay Platinum and Select Card

(As per standard Group Personal Accident Policy Clauses of The New India Assurance Co. Ltd)

Frequently Asked Questions

Death Claims

Q1. What is an accident?

Ans. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Q2. What are the benefits payable under this policy?

Ans. Now you can protect yourself with Personal Accident Insurance against accidental injuries caused by all kind of accidents. The policy provides the benefits to you, for Accidental Death and Permanent Total Disability.

Q3. Does the Personal Accident policy cover natural death, suicide or death due to some illness/disease/pregnancy?

Ans. No, Personal Accident policy covers death occurring only due to accidents or accidental injuries which are non- intentional or not self-inflicted.

Q4. What is the available sum insured under the plan?

Ans. Sum insured of up to Rs 2 lakhs for RuPay Platinum cardholders and up to Rs 10 lakh for RuPay Select cardholders



Q5. What is the eligibility criterion to avail Personal Accident Insurance cover on my RuPay Card?

Ans: Benefits of Insurance will be available to the RuPay Cardholder who have performed minimum one successful RuPay Card induced domestic / international financial transaction at any POS (contactless / contact) or e-com, both Intra & Inter – bank i.e. on-us or off –us,(which also includes any RuPay Credit card linked UPI transaction) within 30 days prior to date of accident including accident date of RuPay Cardholders.

Are ATM transactions covered?

No, ATM transactions are not covered. Successful RuPay Card induced domestic / international financial transaction at any POS (contactless / contact) or e-com, both Intra & Inter – bank i.e. on- us or off –us,(which also includes any RuPay Credit card linked UPI transaction) within 30 days prior to date of accident including accident date of RuPay Cardholders are covered.

Q6. Is there any age limit for availing Personal Accident Policy?

Ans. Personal Accident Insurance is open to all RuPay cardholders subject to fulfilment of the terms and conditions of the policy.

Q7. Does the policy have worldwide coverage?

Ans. Yes, the Personal Accident policy will cover you even if the incident has happened when out of the country. Claim will be paid in Indian rupees as per the sum insured on submission of required documentation. There is no negative list of countries.

Q8. Who can be the beneficiary?

Ans. The beneficiary could be nominee on the account of the cardholder or legal heir as per competent court order.

Q9. Who is the beneficiary in case there are multiple heirs / beneficiaries?

Ans. In case of multiple beneficiaries the claim is settled in the name of heir as per legal heir certificate submitted.

In case the legal heir absolves his right of claim (i.e. legal heir doesn't want to claim) we will need the NOC from him/her and the claim can be settled in the name of another beneficiary so nominated.

Q10. How do I make a claim?

Ans. Please intimate claim to rupay@newindia.co.in.

Please fill the entire documents as per the checklist and submit the same to the Bank / Bank branch where RuPay cardholder has an account.

Q11. Whom should I contact in case of a claim?

Ans. Please contact RuPay cardholder Bank / Bank branch of which RuPay cardholder has a card for intimating claim.

Q12. What are the claim documents to be submitted in case of a claim, whether an incident has happened in India or overseas?

Ans. For Accidental Death Claims:

- a) Claim Form duly completed and signed.
- b) Original or Certified copy of Death Certificate.
- c) Original or Certified copy of FIR / Police report giving description of the accident.
- d) Original or Certified copy of Post Mortem Report along with Chemical Analysis/FSL reports wherever applicable.
- e) Aadhar copies of Cardholder and Nominee.
- f) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:



- Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
- Compliance of 30 days transaction criteria (to be supported with transaction log / account statement from the bank's system)
- CKYC Form with KYC, NEFT documents of Nominee (including Cancelled Cheque)
- Brief description of Accident as per FIR translated in English or Hindi.
- Bank official's Name and contact details with email ID.

Additional documents may be requested by The New India Assurance Co. Ltd based on the case requirement such as Medical Reports, Identity documents, etc.

Please Note: If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch in-charge of RuPay card issuing bank can be submitted.

Q13. In how many days the claims will be settled?

Ans. The claims will be settled in thirty (30) working days from the date of receiving the complete document set by The New India Assurance Co. Ltd.

Q14. In how many days should I intimate about claim?

Ans. The intimation should be immediate to The New India Assurance Co. Ltd. or Bank but not later than ninety (90) days of the date of accident. In case where the person is hospitalized (and under critical condition) and is unable to file claim within ninety (90) days of loss/incident such claim cases will be accepted by The New India Assurance Co. Ltd for investigation and honored, if all terms under the policy are met as on date of accident.

Q15. In how many days should I submit the claim documents?

Ans. The claim documents must be submitted within Sixty (60) days from the date of claim intimation.

Q16. In case RuPay Cardholder having a Personal Accident policy with another insurance Company, will this Insurance Policy will be an additional cover?

Ans. Yes, the policy is a benefit policy and hence it will be an additional cover over the other Personal Accident insurance policies being held by the cardholder.

Q17. What do you mean by exclusions?

Ans. Exclusions are situations or conditions wherein The New India Assurance Co. Ltd is not liable to pay the benefits to insured person in the event of accident.

- In case of joint account, we will cover primary accountholder in case only one physical card is issued else if more than one physical cards are issued for other than primary accountholder owning the joint account and the premium is being paid for all the cards from NPCI to The New India Assurance Co. Ltd then only we will cover the individual card holders.
- On-duty people from below occupations are excluded: Navy, Military, Police, Defence, Air Force, and People working on the live transmission Lines or wires, People doing any sort of mining activities, People working at heights greater than 10 meters above the ground, People involved in performing offshore activities, Employees of Thermal Power and Hydro Power, Paramilitary, Home Guards

Q18. What are the exclusions applicable?

Ans. The New India Assurance Co. Ltd. shall not be liable under this policy for the following exclusions:

1. Compensation under more than one of the foregoing Sub-clauses in respect of the same period of the same period of disablement of the Insured person.
2. Any other payment to the same person after a claim under one of the Sub-Clauses (a), (b), (c) or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.
Sub-clause (a): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated



in the Policy Schedule hereto, applicable to such insured person.

Sub-Clause (b): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

1.a.a Sight of both eyes, or of the actual loss by "physical separation" of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Policy Schedule herein applicable to such insured person.

1.a.b Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

Sub-Clause (c): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

1. the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

2. total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

Note: For the purpose of Clauses (b) and (c) above, physical separation of a hand means separation at or above the wrist and of the foot means at or above the ankle.

Sub-Clause (d): If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured, stated in the Policy Schedule hereto applicable to such insured person.

Any payment in case of more than one claim in respect of such insured person under the Policy during any one period of insurance by which the maximum liability of the Company specified in the Policy schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However, amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.

Sub-clause (a): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

- 1) Payment of weekly compensation until the total amount shall have been ascertained and agreed.
- 2) Payment of compensation in respect of Death, injury or Disablement of the Insured person
 - (a) from intentional self-injury, suicide or attempted suicide
 - (b) Whilst under the influence of intoxicating liquor or drugs
 - (c) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
 - (d) Directly or indirectly caused by venereal diseases, aids or insanity
 - (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.
- 3) Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.



4) Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person -

- Directly or indirectly caused by or contributed by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self- sustaining process of nuclear fission.
- Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
- Provided also that the due observance and fulfilment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Company under this Policy.

5) Pregnancy Exclusion Clause : The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

Q19. If the incident occurs in a timeline of 0-30 days of issuance of the RuPay card, thereby not giving a window of 30 days qualifying criteria for doing a transaction in order to be eligible for the insurance benefit, is the Cover still valid?

Ans. Yes, as an exception in such cases the cover is still valid and claim can be intimated as applicable for RuPay Cardholders.

Q20. Since the cover is effective 1st April, 2025 and upto 31st March, 2026, if incident happens on 15th April, 2025 and the transaction has happened prior to the policy period is the cover valid?

Ans. Yes, as long as the incident has happened in the policy period the cover is valid.

Q21. For how many cards will I be eligible for the compensation of Insurance cover?

Ans. The Insurance policy is applicable for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholder of same / different banks meet the eligibility criteria. The choice of the card for the claim would rest with the customer.

Permanent Total Disability

Q1. What is Permanent Total Disability?

Ans. Permanent Total Disability is defined as permanent loss of ability to use a body part due to accidental injuries. The cover is restricted as mentioned in table in answer to Question No 3 below.

Q2. What is the benefits payable under this policy?

Ans. This policy pays for any Permanent Total Disability due to an accident.

Q3. What is covered under Permanent Total Disability whether incident has happened in India or overseas?

Ans. Permanent Total Disability due to an accident will cover the following:

Sr. No	Table of Benefits	% of Capital Sum Insured
1	Accidental Death	100
2	Permanent Total Disability :	
	1. Loss of Sight (both eye)	100
	2. Loss of two limbs	100
	3. Loss on one limb and one eye	100
	4. Permanent total and absolute disablement as	100



	certified by Medical Practitioner	
3	Permanent Partial Disability	
A	Loss of sight of one eye	50
B	Loss of one limb	50
C	Loss of toes-all	20
D	Great-both phalanges	5
E	Great-one phalanx	2
F	Other than great, if more than one toe lost each	1
G	Loss of hearing-both ears	50
H	Loss of hearing-one ear	20
I	Loss of speech	50
J	Loss of four fingers and thumb of one hand	40
K	Loss of four fingers	35
L	Loss of thumb-both phalanges	25
M	Loss of thumb-one phalanx	10
N	Loss of index finger	
	i) Three phalanges	10
	ii) Two phalanges	8
	iii) One phalanges	4
O	Loss of Middle finger	
	i) Three phalanges	6
	ii) Two phalanges	4
	iii) One phalanges	2
P	Loss of Ring Finger	
	i) Three phalanges	5
	ii) Two phalanges	4
	iii) One phalanges	2
Q	Loss of little finger	
	i) Three phalanges	4
	ii) Two phalanges	3
	iii) One phalanges	2
R	Any other permanent partial disablement	% as assessed by Medical Practitioner appointed by insurance company
S	Loss of Metacarpals	
	(i) First or Second (Additional)	3
	(ii) Third, Fourth or Fifth (Additional)	2

Q4. What is the available sum insured under this insurance cover?

Ans. Sum insured of up to Rs 2 lakhs for RuPay Platinum cardholders and up to Rs 10 lakh for RuPay Select cardholders.

Q5. What is the eligibility criterion to avail Permanent Total Disability Insurance cover on my RuPay Debit Card?

Ans: Benefits of Insurance will be available to the:

1. RuPay Cardholder who have performed minimum one successful RuPay Card induced domestic / international financial transaction at any POS (contactless / contact) or e-com, both Intra & Inter -bank i.e. on-us or off -us,(which also includes any RuPay Credit card linked UPI transaction) within 30 days prior to date of accident including accident date of RuPay Cardholders.
2. Is ATM transactions covered?
No, ATM transaction is not covered. successful RuPay Card induced domestic/ international



financial transaction at any POS (contactless / contact) or e-com, both Intra & Inter – bank i.e on-us or off –us,(which also includes any RuPay Credit card linked UPI transaction) within 30 days prior to date of accident including accident date of RuPay Cardholders are covered.

Q6. Is there any age limit for opting Permanent Total Disability Policy?

Ans. Permanent Total disability Insurance policy is open to all RuPay cardholders above subject to fulfilment of the terms and conditions of the policy.

Q7. Does the policy have a worldwide coverage?

Ans. Yes, the Permanent Total Disability policy will cover you even if the incident has happened when out of the country. Claim will be paid in Indian rupees as per the sum insured on submission of required documentation. There is no negative list of countries.

Q8. Who can be the beneficiary?

Ans. Beneficiary will be the insured under this policy.

Q9. What are the claim documents to be submitted in case of claim?

Ans. Permanent Total Disability Claim Forms:-

1. Claim Form duly completed and signed.
2. Discharge card along with case history confirmation therein duration & percentage of disability duly certified by the concerned/treating Physician/Surgeon.
3. Original or Certified copy of FIR/ Police report giving description of the accident.
4. All investigation report in original copies* thereof in respect of tests had undergone pertaining to accident.
5. Additional documents, if any, based on merit of the loss.
6. Aadhar copies of Cardholder and Nominee
7. Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:
 - a. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
 - b. Meeting 30 days transaction criteria (include the transaction log / account statement from the system)
 - c. Brief description of Accident as per FIR translated in English or Hindi.
 - d. Bank official's Name and contact details with email ID.
 - e. Additional documents may be requested by The New India Assurance Co. Ltd based on the case requirement such as Medical Reports, Identity documents, etc

* If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch in-charge of RuPay card issuing bank can be submitted.

Q10. In how many days the claim will be settled?

Ans. The claims will be settled in thirty (30) working days from the date of receiving the complete document set by The New India Assurance Co. Ltd.

Q11. Whom should I contact in case of a claim?

Ans. Please contact RuPay cardholder Bank/Bank branch of which RuPay cardholder has a card for intimating claim.

Q12. How do I make a claim?

Ans. Please fill the entire documents as per the checklist and submit the same to the Bank/Bank branch where RuPay cardholder has an account.

Q13. In how many days should I intimate about claim?

Ans. Please intimate about the claim within 90 days of the date of accident. In case where the person is hospitalized (and under critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by The New India Assurance Co. Ltd. for investigation and honored.



if all terms under the policy are met as on date of accident.

Q14. In how many days should I submit the claim documents?

Ans. The claim documents needs to be submitted within 60 days from the date of claim intimation.

Q15. Can I claim additional cover on my existing Permanent Total Disability cover from other Insurer (s) company?

Ans. Yes, it will be an additional cover over any other existing insurance cover being held by the cardholder.

Q16. Accidental Injury can I avail the cashless facility?

Ans. This is not a medi claim policy hence, cashless facility is not available for Personal accident policy.

Q17. What do you mean by exclusions?

Ans. Exclusions are situations or conditions wherein The New India Assurance Co. Ltd is not liable to pay the benefits to insured person in the event of accident.

On-duty people from below occupations are excluded: Navy, Military, Police, Defence, Air Force, and People working on the live transmission

Lines or wires, People doing any sort of mining activities, People working at heights greater than 10 meters above the ground, People involved in performing offshore activities, Employees of Thermal Power and Hydro Power, Paramilitary, Home Guards

Q18. What are the exclusions applicable?

Ans. The New India Assurance Co. Ltd. shall not be liable under this policy for the following exclusions:

- Compensation under more than one of the foregoing Sub-clauses in respect of the same period of the same period of disablement of the Insured person.
- Any other payment to the same person after a claim under one of the Sub-Clauses (a), (b), (c) or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.
 - Sub-clause (a): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.
 - Sub-Clause (b): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
 - 1.a.a. Sight of both eyes, or of the actual loss by "physical separation" of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Policy Schedule herein applicable to such Insured person.
 - 1.a.b. Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.
 - Sub-Clause (c): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
 - 1.a.b.1. The sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.
 - 1.a.b.2. Total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

Note: For the purpose of Clauses (b) and (c) above, physical separation of a hand means separation at or above the wrist and of the foot means at or above the ankle.



- Sub-Clause (d): If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured, stated in the Policy Schedule hereto applicable to such insured person.
 - Any payment in case of more than one claim in respect of such insured person under the Policy during any one period of insurance by which the maximum liability of the Company specified in the Policy schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However, amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.
 - Sub-clause (a): If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.
1. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
 2. Payment of compensation in respect of Death, injury of Disablement of the Insured person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.
 3. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to: War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.
 4. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person -
 - Directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self- sustaining process of nuclear fission.
 - Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
 - ❖ Provided also that the due observance and fulfilment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Company under this Policy.
 5. Pregnancy Exclusion Clause : The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

Q19. Is there is provision for interim relief on Insurance?

Ans. There is no provision for interim relief until establishment of entitlement upon which the claim is payable as qualified.

Q20. If the incident occurs in a timeline of 30 days of issuance of the RuPay card, thereby not giving a window of 30 days qualifying criteria for doing a transaction in order to be eligible for the insurance benefit, is the Cover still valid?

Ans. Yes, as an exception in such cases the cover is still valid and can be intimated as applicable for Non-Premium Cardholders.



Q21. Since the cover is effective 1st April, 2025 and up to 31st March, 2026 if incident happens on 15th April, 2025 and the transaction has happened prior to the policy period is the cover valid?

Ans. Yes, as long as the incident has happened in the policy period the cover is valid.

Q22. For how many cards will I be eligible for the compensation of Insurance cover?

Ans. The Insurance policy is applicable for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholders of same / different banks meet the eligibility criteria.





The New India Assurance Company Limited

Regd & Head Office: New India Assurance Building, 87, M.G. Road, Fort, Mumbai - 400 001.

Policy Issuing Office : Bandra Divisional Office 142300

C-6, NCL Business Premises, 1st Floor, Bandra-Kurla Complex, Mumbai 400051

RuPay CARDHOLDER'S PERSONAL ACCIDENT INSURANCE CLAIM FORM 2025-26 POLICY NUMBER: 14230042240100000687

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY

RuPay CARD TYPE [PLATINUM / SELECT CARDS]

NAME OF RUPAY CARDHOLDER	
AADHAR NUMBER OF CARDHOLDER	
BANK ACCOUNT NUMBER	
ACCOUNT OPENING DATE	
RUPAY CARD NUMBER	

NAME OF NOMINEE [CLAIMANT]	
MOBILE NUMBER	
EMAIL ID	
ADDRESS OF CLAIMANT	

DATE AND TIME OF ACCIDENT	
PLACE OF ACCIDENT	
BRIEF DESCRIPTION OF ACCIDENT [MANDATORY IN ENGLISH / HINDI]	
IF SPACE IS INSUFFICIENT, PLEASE ATTACH SEPARATE SHEET.	

NATURE OF CLAIM	DEATH / DISABLEMENT
ANY OTHER RuPay CARD HELD BY THE SAME PERSON IF YES PLEASE GIVE DETAILS	YES / NO

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and I am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

BANK SEAL AND SIGNATURE		SIGNATURE OF CLAIMANT	
-------------------------	--	-----------------------	--



WITNESS CERTIFICATE

[TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT IF ANY]

I hereby certify that I was present when the Accident occurred to Mr./

Ms. _____ on the
day of _____ 20 _____ in the manner
stated by him/her over leaf, that it was caused by _____ which *

was

/ was not his/her wilful act and that he /she * was / was not under the influence of intoxicating liquor at the time.

*Strike out which is not applicable

SIGNATURE & DATE

NAME OF WITNESS ADDRESS OCCUPATION: _____

MEDICAL CERTIFICATE for DISABILITY CLAIMS ONLY

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

NAME OF INJURED PERSON [CLAIMANT]	
SEX : [MALE / FEMALE]	AGE :
NATURE OF ACCIDENT	
WHETHER THE INJURIES ARE CONSISTENT TO THE DESCRIPTION OF ACCIDENT.	
DATE ON WHICH YOU FIRST ATTENDED THE CLAIMANT FOR THE INJURY	
HAS THE CLAIMANT BEEN DISABLED TOTALLY OR PARTIALLY	
IS THE CLAIMANT SUFFERING FROM ANY DISEASE/ ILLNESS/SYMPTOMS APART FROM THE INJURY WHICH MAY TEND TO RETARD RECOVERY? IF YES, PLEASE GIVE DETAILS.	
TYPE OF DISABILITY	

Having personally examined the above named Insured, I certify that the above statements are correct and that the insured person is necessarily disabled by the accident referred to

Signature : _____

Name & Qualification: _____

Address : _____

Date : _____



Declaration from Member Bank (on Bank's Letterhead)

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

Account opening Date: _____

Card type : [PLATINUM/ SELECT]

A. Details of Customer induced transaction qualifying for the RuPay Insurance Program 2025-2026.
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's 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.



Annexure F

Major Terms & Conditions of RuPay Insurance Program for RuPay Platinum & Select Cardholders FY 2025-26

- All RuPay Platinum & Select Card holders are eligible for the benefit under RuPay Insurance Program 2025-26.
- Benefits of Insurance will be
- available to RuPay Platinum Cardholders who have performed minimum one successful RuPay Card induced domestic / international financial transaction at any POS (contactless / contact) or e-com, both Intra & Inter – bank i.e. on-us or off –us,(which also includes any RuPay Credit card linked UPI transaction) within 30 days prior to date of accident including accident date of RuPay Cardholders.
- Under the RuPay Insurance Program 2025-26 RuPay cardholders will be eligible for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholder of same / different banks meet the eligibility criteria. The choice of the card for the claim would rest with the customer.
- The policy provides the benefits to you, for Accidental Death and Permanent Total Disability. Personal Accident policy covers death occurring only due to accidents or accidental injuries which are non- intentional or not self-inflicted.
- Personal Accident Insurance is open to all RuPay Platinum & Select card holders subject to fulfilment of the terms and conditions of the policy.
- Compensation of insurance claim will be made to the eligible beneficiary on submission of complete documentation set prescribed under “procedure for claim”.
- Branches are responsible to communicate the Insurance scheme, important terms and conditions and process of claim initiation to the customer facing channels and cardholders.



Annexure G

Details of RuPay Insurance Program 2025-26

1. Following RuPay Debit Card holders are eligible for the benefit under RuPay Insurance Program 2025-26.

Type of Card	Variant
PMJDY Cards	RuPay PMJDY
Platinum & Premium Cards	RuPay Platinum & Select Variants

2. Type of Insurance Cover – Accidental Death and Permanent Total Disability
3. Insurance Coverage

Type of Card	Particulars
PMJDY Cards	Sum insured of Rs 1 lakh for RuPay cardholders of Old PMJDY Cards and of Rs 2 lakhs for RuPay cardholders of New PMJDY Card accounts opened after 28 th August 2018.
Platinum & Select Cards	Sum insured of up to Rs 2 lakhs for RuPay Platinum cardholders and up to Rs 10 lakh for RuPay Select cardholders.

4. Benefits of Insurance will be available to RuPay Cardholders who have performed minimum one successful financial or non-financial transactions from their RuPay Card at any channel both Intra and Intra-bank.
5. RuPay cardholders will be eligible for the compensation on only 1 eligible RuPay card per card holder or per customer, even if multiple cards held by card holder of same / different bank are meeting the eligibility criteria. The choice of the card for the claim would rest with the customer.
6. Benefits of Insurance will be available to the Cardholders who have performed minimum one successful transaction as: financial or non-financial transaction at any Channel both Intra and Inter-bank i.e. on-us (ATM / Micro ATM / POS / e-com / Business Correspondent of the bank at locations by any payment instrument) within 90 days prior to date of accident including accident date of RuPay PMJDY Cardholders or off us (same bank channels- Bank Customer/RuPay cardholder transactions at other bank channels). Benefits of Insurance will be available to RuPay Platinum Cardholders who have performed minimum one successful RuPay Card induced domestic / international financial transaction at any POS (contactless / contact) or e-com, both Intra & Inter – bank i.e. on-us or off – us, (which also includes any RuPay Credit card linked UPI transaction) within 30 days prior to date of accident including accident date of RuPay Cardholders.
7. Personal Accidental death or Permanent Total Disablement Insurance is open to RuPay card holders subject to fulfilment of the terms and conditions of the policy.
8. Compensation of insurance claim will be made to the eligible beneficiary on submission of complete documentation advised by branch.
9. For more details, kindly contact your base branch.



Annexure VI

The Branch Manager

Bank of Baroda

_____ Branch

Dear Sir,

BARODA DEFENCE & POLICE SALARY PACKAGE - REQUEST FOR OVERDRAFT FACILITY

1. I am maintaining a Saving Bank account No. _____ with your branch and my employee Number is _____. At my request, you have agreed to grant me an overdraft limit (facility) of Rs. _____
(Rupees _____

_____ only) which is approximately as per the features of **BARODA DEFENCE & POLICE SALARY PACKAGE**. I am enclosing photocopy of my salary slips for your ready reference. I have represented to you that the said loan is required to meet my urgent personal/domestic expenses.

2. In consideration of your granting me the above facility, I undertake to liquidate the outstanding in the facility with interest from my next salary (ies) within a period of six months from the date of sanction of the facility. I also undertake and agree to pay interest for the above facility, at the rate applicable to clean overdraft i.e. _____% above BRLLR floating, currently _____ p.a. with monthly rests. I also agree that the said rate of interest shall undergo change from time to time as applicable to an overdraft account.

3. I undertake to repay the facility with interest in such installments as mentioned above and to facilitate such repayment, I hereby authorize you to deduct such amount as may be required from my above account. In case, my salary is not credited to the above account for any reason whatsoever, I undertake to pay the monthly installment with interest on or before the due date.

Yours faithfully,

Witness:

Name :

Address:

Name:

Date:



ANNEXURE VII – Credit Card
Most important Terms and Condition for PAI offerings

1. BOBCARDS may take various insurance covers from time to time for the benefit of the Cardholders. The cover amount shall be decided at the sole discretion of BOBCARDS and BOBCARDS reserves the right to continue/withdraw the facility without notice.
2. Insurance facility is available from day of card issuance to primary cardholders only.
3. Insurance covers only to the extent of Accidental Death of the primary cardholder. Natural death is not covered in the claim.
4. Standard Air accidental/ non- Air accidental Death cover is applicable and No special offer which also excludes- any special Defence/ Security, Police on-duty cover.
5. The personal accidental insurance cover is valid for spend active Primary Card only. i.e.
 - Last 90 days spend active and card should not be in Blocked/ Cancelled/ Write-off/NPA category as per BOBCARD limited.
 - If customer has multiple cards, no card should be in Blocked/ Cancelled/ Write-off/NPA category as per BOBCARD limited.
6. No separate policy document or copy will be provided to the Cardholder.
7. The amount of the cover may vary from year to year depending upon the type of cover taken for the particular year at the sole discretion of BFSL. (For details of existing policy, please refer to our website www.bobfinancial.com)
8. In case of cards having no usage, the facility of insurance coverage would be discontinued from the 2nd year onwards.
9. No insurance is payable for blocked/ cancelled/ irregular & NPA card account.
10. In the event of settlement of claim by the insurer, the claim amount shall be first adjusted against the outstanding credit card dues, if any and the administrative charges as under:

Administrative charge amount	Particulars
Rs. 1000	If usage in the card is observed
Rs. 2000	If no/less usage in the card is observed

11. The adjusted claim sum as referred above shall be released to the person, as may be nominated by the Cardholder from time to time, excluding other family members.
12. In other case the amount may be released to the legal heirs of the deceased Cardholder, subject to receipt of satisfactory proof of their inheritance and other documents, as may be required by the insurer from time to time.
13. The Cardholder shall take utmost care to nominate one of his/her family members for getting the settled claim, if any. BFSL shall not take any responsibility for the delay caused, if any, in releasing the claim amount, for want of proper documents/ nominee.
14. BOBCARDS is taking insurance from various insurers for the benefits of its Cardholders. In the event of rejection of claim by the insurer, BFSL shall not be liable to settle the claim on behalf of the insurer. BFSL shall not be responsible for any dispute arising due to claim settlement.



- Claim will be concluded within 30 working days of last document submission. However, where the circumstances of a claim warrant further, in such cases, the insurance company shall settle or reject the claim within 45 working days from the date of receipt of last necessary document.

Escalation Matrix

Please visit the link for Grievance & Redressal Mechanism – CREDIT CARD

- Register the request at <https://www.bobcard.co.in/grievance-and-redressal>
- All Insurance Related queries / claims can be sent to insurance@bobcard.co.in

The rejection / acceptance of the claim is solely depends on the discretion of the insurance company.

For more details please go through the link of MITC Booklet of Cards & Also provided FAQ Related to Personal Accidental Death Insurance Coverage.

Your early Cooperation shall help us to serve you better.

Note: Kindly ensure to communicate insurance related matters only at insurance@bobfinancial.com as mentioned in MITC document and further more details regarding claims can be procured from writing to insurance@bobcard.co.in

