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Government of National Capital Territory of Delhi

सत्यमेव जयते

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(Handwritten Signature)

नरेन्द्र सिंह / Narendra Singh
 उपमहानिरीक्षक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली-110001
 Coast Guard HQrs, New Delhi-110001

एफ.यू.आय. बैंक ऑफ इंडिया / EoI Union Bank of India

महा प्रबंधक / General Manager
 सरकारी कर्मचार एवं कर्मा, विभाग / Govt. Business & Relationship Department
 1, केंद्रीय बैंक इमारत, नई दिल्ली-110001 / 1, K.B. Road, Jhandewalan, New Delhi-110001

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MEMORANDUM OF UNDERSTANDING

This **Memorandum of Understanding (MOU)** is made on 27th October 2023 between **Indian Coast Guard, represented by Principal Director Administration Shri Narendra Singh**, having its headquarters at **Coast Guard Headquarters (CGHQ)**,

New Delhi (hereinafter called the Indian Coast Guard) which expression shall unless the context otherwise requires include its successors/legal heirs/administrators/Executors and permitted assigns).

AND

Union Bank of India, a nationalized public sector bank and carrying on the business of banking under the Banking Regulation Act 1949 having its registered office at **Union Bank Bhavan, 239, Vidhan Bhavan Marg, Nariman Point, Mumbai-400021, Maharashtra, India** (hereinafter called "Union Bank of India" with expression shall unless the context otherwise requires include its successors in business through **Ms. Beena Vaheed, General Manager, Govt. Business & Relationship Department, Union Bank of India, New Delhi**.

WHEREAS

a) The Indian Coast Guard in its efforts to simplify and streamline the salary and pension disbursement procedure and to make available modern banking facilities to its personnel has decided to accept the proposal submitted by Union Bank of India.

b) Union Bank of India possessing technologically advanced infrastructural facilities having offered to provide banking services as detailed herein below to the Indian Coast Guard personnel operating their Salary / Pension accounts with the Bank.

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. **27th day of October 2023** with an option to review every year for any amendment/ addition/ deletion of features of the Union Super Salary Account. In case there is no amendment/addition/deletion in the Union Super Salary Account during the agreement period then there is no need for annual review of the MOU and the same will continue for three years.

2. CREDIT OF SALARY or PENSION

a) The Bank undertakes to credit into the account of all Indian Coast Guard personnel (**Including civilian personnel**) who may be holding their accounts in various branches at various locations of the Bank, their salary by last working day of the month or on the dates which may be communicated in writing by the Paying Authority. The salary cheque[s]/ advice as well as the Bank account details are to be furnished by the Paying Authority three working days before the date of actual disbursement of salary, as per the medium and format acceptable to the bank. The Bank will arrange timely clearance of the cheques and ensure that the salary is credited to respective accounts 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 other sundry payments during the month are also to be remitted to individual account holders as per details provided by Paying Authority, for all non-salary payments, money will be transferred to respective accounts within 24 hours/one working day of realization of cheque. For postings done by Paying Authority through Corporate Internet Banking, the transactions will be carried out as scheduled of the time of upload. In case

of failed transaction(s), details of the accounts along with amount where money could not be transferred will



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be intimated in writing to the Paying Authority within two working days by the Bank.

Union Bank of India will not charge any commission or service charges for the services rendered at 2 a) and 2 b) above. UNION BANK OF INDIA 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). UNION BANK OF INDIA will however not be held liable for any delay / non-credit of salaries and sundry payments on time for reasons attributable to other parties.

c) Existing salary accounts of Indian Coast Guard Employees will be converted to Union Super Salary Account accounts subject to an application-cum-undertaking to be submitted by the account holder as per specimen attached in Annexure-3.

d) A 'No Dues' Certificate will be issued by UNION BANK OF INDIA in the event of a Union Super Salary Account Account-holder is desirous of changing his/her account to another Bank for credit of salary. Specimen 'No Dues Certificate is as per Annexure-4.

e) All new accounts being opened by the UNION BANK OF INDIA in the training academies/Centre's will be opened as Union Super Salary Account on receipt of temporary numbers (for training) by training academies/Centre's and on receipt of service numbers the amendments in the numbers will be undertaken by UNION BANK OF INDIA.

f) Indian Coast Guard does not undertake any liability for loans given by UNION BANK OF INDIA 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 UNION BANK OF INDIA or vice versa, which UNION BANK OF INDIA 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.

3. FACILITIES TO THE ACCOUNT HOLDERS

Indian Coast Guard undertake to treat Union Bank of India as a preferred banker and shall circulate this MOU to all its members, though Indian Coast Guard does not take commit/take responsibility on number of accounts opened under this MoU arrangement. In lieu of the above the Bank undertakes to provide this special bouquet of customized products suitable for Indian Coast Guard personnel.



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Union Super Salary Account offerings for Salaried Indian Coast Guard personnel and Pensioners of Indian Coast Guard

a) **SALARY/ PENSION SAVINGS ACCOUNT WITH ZERO BALANCE**

Union Bank of India offers its Union Super Salary Account (USSA) in two variants which are based on Gross Salary/Pension of the employee.

Scheme Code	Variant of USSA Scheme	
	USSA- II	USSA-III
Eligibility	Employees drawing regular salary/ pension	Employees drawing regular salary/ pension
Gross Salary (Average of last 3 months gross salary)	Rs. 25,000/- to Rs. 74,999/- per month	Rs. 75000/- and above per month
Quarterly Average Balance	Nil	Nil

UNION SUPER SALARY ACCOUNT ELIGIBILITY CRITERIA:

For salaried employee:

Scheme is applicable for regular employee of Indian Coast Guard.

Scheme will be applicable from the date of Salary Account opened of the employee and there after regular salary credit in the account.

At the time of opening of account of employees which are having salary arrangement with other Banks shall provide a mandate to shift their salary to Union Bank of India.

Or

For pensioner

Scheme will be applicable after credit of one-month pension to the pensioners' account of Indian Coast Guard and thereafter regular pension is credited in the account.


b) **Personal Accidental Insurance Offerings under *:**

Amount in Rs. Lakhs

Criteria/Variant	USSA-II	USSA III
	With Account	100
With Rupay Select Debit card	15	15
Total	115	115

Free Hospital Cash (Mediclaime for IPD)	Criteria/Variant	USSA-II	USSA III
	per Annum		15,000/-




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Personal Accident Insurance	Disability/Variant	USSA-II	USSA-III
	PPD	100	100
	PTD	100	100

*Subject to routing pension through existing salary account after retirement, Upto age of 70 years

Air Accident Insurance:

Air Accident Insurance with Debit Card (available with Rupay select card)	USSA-II	USSA-III
	100 lakhs	100 lakhs

OFFERS IN LOAN FACILITIES:

i. Temporary Overdraft Facility:

Feature/ Scheme Variant	USSA-II	USSA-III
Temporary Overdraft Facility	90% of the one-month net salary credited to account with maximum of Rs 50,000/- in the same account.	90% of the two months net salary credited to account with maximum of Rs 2,00,000/- in the same account.

ii. Concession in Processing Charges:

Feature/ Scheme Variant	USSA II	USSA III
Processing fee for Home loan of Rs 25 lacs and above	100% concession	100% concession
Processing fee for Home loan below Rs 25 lacs	50% concession	50% concession
Processing fee for retail loan (other than Home loan) scheme	50% concession	50% concession

iii. Concession in Applicable RoI:

Feature/ Scheme Variant	USSA II	USSA III
Rate of Interest on Home loan	0.05% p.a. concession in applicable ROI	0.05% p.a. concession in applicable ROI
Rate of Interest on Vehicle loan	0.10% p.a. concession in applicable ROI	0.10% p.a. concession in applicable ROI
Rate of Interest on Education loan more than Rs 7.50 lacs (Rs Seven Lakhs Fifty Thousand) for study abroad / premier institution	0.10% p.a. concession in applicable ROI	0.10% p.a. concession in applicable ROI
Rate of Interest on Mortgage loan	0.10% p.a. concession in applicable ROI	0.10% p.a. concession in applicable ROI
Rate of Interest on Personal loan	0.10% p.a. concession in applicable ROI	0.10% p.a. concession in applicable ROI



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FREE DEBIT CARD:

Feature/ Scheme Variant	USSA-II	USSA-III
Type of ATM Card	RuPay Select	RuPay Select
Debit Card Charges	Issue charge – Free Annual Maintenance Charge - Free	Issue charge – Free Annual Maintenance Charge – Free
ATM Cash Withdrawal Limit	Rs 1,00,000 per day	Rs 1,00,000 per day
POS Limit	Rs 3,00,000 per day	Rs 3,00,000 per day

ATM FACILITY:

Feature/ Scheme Variant	USSA-II	USSA-III
Free ATM card access at own ATM	Unlimited	Unlimited
Free ATM card access at other ATM	Unlimited	Unlimited

We also propose to deploy ATM/ Cash Recycler at the key locations as deemed fit by Indian Coast Guard.

OTHER FACILITIES

Feature/ Scheme Variant	USSA-II	USSA-III
SMS Charges	Free	Free
Free Remittances From the Account	5/month (Max. Rs. 50000/- pm) DD/NEFT	Unlimited Free. DD/NEFT
RTGS	As per Applicable charges	Free
IMPS	Free	Free
Locker facility (Allotment subject to availability, Concession shall be extend manually at branches)	25% concession on 1st year rent.	50% concession on 1st year rent.
IMPS		Free
Sukanya Samriddhi Yojana (SSY) Account		Available
Pension Account		Available
Standing Instructions Facility		Free
New Pension System (NPS)		Available

Vyom (Mobile App): Investing online in various Mutual Fund through Mobile App

Online FDR opening: Facility of opening Fixed deposit online through Mobile banking and internet banking is



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available

Digital mode of Payment Facility: BHIM UPI, Bharat Bill Payment services

CREDIT CARD

Lifetime free RuPay Select Credit Card subject to eligibility criteria*.

* Annual Fees waived in the first year and not levied if usage in the previous year is Rs.50,000/-

The facilities under Union Super Salary Account are detailed in ANNEXURE 1.

DISSEMINATION

The MoU, once entered into by both Parties, will be widely disseminated to all ranks and pensioners by means of service letters, Indian Coast Guard Data Network, Internet or any other means.

4. 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 of the discretion of the Bank as an ordinary account holder, without any special salary benefits under this MOU

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.

5. RECALL of SALARY DISBURSED

In exceptional circumstances, the Indian Coast Guard may recall the salary erroneously disbursed to deserters or delinquent personnel. 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, the Union Bank of India 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. The UNION BANK OF INDIA 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, the Union Bank of India may freeze all transactions to the concern salary account for limited time/period to prevent fraudulent withdrawals from it.

6. PENSION PAYMENTS

UNION BANK OF INDIA on its part will arrange to make pension disbursements in compliance with instructions issued by Government of India from time to time,

7. INDIAN COAST GUARD BANKING COMPLAINT REDRESSAL AND REVIEW MECHANISM

(a) A Review Mechanism is in place for complaints and other pending issues. All pending issue 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. It also covers 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



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public information. The Union Super Salary Account holders 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 Banking Ombudsman Scheme, if the same can be entertained by the Banking Ombudsman as per the scheme.

8. PUBLICITY

Union Bank of India may publish/ market about its services extended to Indian Coast Guard personnel under this MOU and / or promotes its business objectives from time to time

9. 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 the Insurance Partner. The Standard Operating procedure & Claim process for Personal Accident Insurance Union Super Salary Account is mentioned in (Annexure 2)

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

11. 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 maybe sent by one party to the other party by Registered Post, telex, facsimile, hand to the address of 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.

FORCE MAJEURE

The parties shall not be liable for any failure to perform any of its obligation under this MOU if the performance is prevented, hindered or delayed by a Force Majeure event (defined below) and in such case its obligation shall be suspended for so long as the Force Majeure Event continues (provided that this shall not prevent the accrual of interest on the 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.

DISPUTES RESOLUTION

With respect to any dispute arising out of MoU, if not resolved amicably between the parties may be taken up by either party for resolution through administrative mechanism for resolution of CENTRAL PUBLIC SECTOR ENTERPRISES (CPSEs) DISPUTES (AMRCD) as envisaged under OM F. No. 4(1)/2013-DPE(GM)/FTS-1835 DATED 22 MAY 18 and OM DPE-GM-05/003/2019-FTS-10937 dated 20 FEB 20.

MISCELLANEOUS

(a) In the event any Union Super Salary Account holder desires to change his salary account from UNION BANK OF INDIA to some other Bank, 'No Dues' Certificate will be issued by UNION BANK OF INDIA. The 'No Dues' Certificate will be issued within 72 hours (3 working days of receiving the application). If the branch fails to issue the NOC within the stipulated time of 72 hours, the Union Super Salary Account holder will assume that UNION BANK OF INDIA has no dues and will be at liberty to change his salary account from UNION BANK OF INDIA to some other Bank.

(b) In the event of non - credit of salary for more than three months in the Union Super Salary Account and/or



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default in loan accounts of any personnel, Bank has the discretion to convert such account to normal Saving Bank account and shall withdraw all benefit extended to the Union Super Salary Account holder immediately.

(c) The Bank will consider the installation of ATMs and setting up of branches / extension counters at locations that are mutually convenient. 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, Union Bank of India shall try to find the

suitable place to set up its ATMs. In such an event, if Union Bank of India is also unable to get such space, Union Bank of India shall not be liable to set up ATMs/Branch/Extension Counters as contained above. Union Bank of India shall use its best efforts to procure such space should Indian Coast Guard fail to provide the space.

[d] As regards "Know Your Customer norms", a certificate/ letter issued/ countersigned by the authorized signatory from the individual's unit, certifying the identity and present address of the personnel, will be acceptable to the Bank. In addition, as per recent RBI guidelines, Aadhaar & PAN are no longer in the list of mandatory Officially Valid Documents (OVDs) but these two documents have been made mandatory submit to the bank.

13. Union Bank of India is committed to the business development with Indian Coast Guard and will continuously strive to improve the offerings through the Union Bank of India Defence Salary Package. These improvements will be applicable to all the Union Super Salary Account Accounts.

In witness whereof, each Party has scribed their respective hands through its duly authorized representative

Signed on behalf of Indian Coast Guard

Head Quarters

(Principal Director Admn Narendra Singh)
Coast Guard Headquarters, Delhi

Witnesses:

1. -----

Indian Coast Guard

2. -----

Indian Coast Guard

Signed on behalf of

Union Bank of India

(Ms. Beena Vaheed)
Govt. Business & Relationship Department
Union Bank of India

1. -----

Union Bank of India

2. -----

Union Bank of India





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Annexure 1


Product Details

Union Super Salary Account (USSA) Benefits		
Features	USSA- II	USSA-III
Eligibility	Indian Coast Guard Personnel in All Cadres	
Gross Salary (Average of last 3 months gross salary)	₹ 25,000/- to ₹ 74,999/- p.m.	₹ 75,000/- and above p.m.
Quarterly Average Balance	ZERO	
Type of ATM Card	Signature or RuPay select	
Debit Card Charges Issue & Annual Maintenance	FREE	
ATM Cash Withdrawal Limit	₹ 1,00,000 per day	
POS Limit	₹ 3,00,000 per day	
Free ATM card access at own ATM	Unlimited	
Free ATM card access at other ATM	Unlimited	
FREE ₹ 100 lakhs Personal Accident Insurance to INDIAN COAST GUARD Personnel	With account	₹ 100 Lakhs (Death + PPD & TPD)
	With debit card*	₹ 5 Lakhs (by Bank), ₹ 10 Lakhs (additional by NPCI for RuPay Select Card)* *Subject to usage of debit card through E-com/POS within 30 days
Permanent Disability	Rs 100 Lakhs	
Permanent Partial Disability	Rs 100 Lakhs	
FREE Air Accident Insurance with debit card*	₹ 100 Lakhs	
FREE Accidental death insurance cover to Secondary Card Holder with debit card*	₹ 1 Lakhs	
Personal Accidental Death Insurance Cover to RuPay Select Credit Card Holder	₹ 30 Lakhs (on nominal premium of Rs. 194.70 ps)	
FREE Hospital cash (Medi-claim) for IPD	Up to Rs.15,000 per annum	




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Personalized Cheque Book	60 leaves free per year	100 leaves free per year
Temporary Overdraft Facility	90% of the one-month net salary credited to account with maximum of ₹ 50,000/- in the same account	90% of the two months net salary credited to account with maximum of ₹ 2,00,000/- in the same account
SMS Charges	FREE	
FREE Remittances of DD / NEFT from Account	5 pm (Max. ₹ 50,000/- pm)	Unlimited
RTGS	As per Applicable charges	FREE
IMPS	Free	
Sukanya Samridhi Yojana (SSY) Account	Available	
Pension Account	Available	
Standing Instructions Facility	Free	
New Pension System (NPS)	Available	
Preferential allotment of Lockers	Yes, Subject to Availability	
Locker facility (Allotment subject to availability, Concession shall be extended manually at branches)	25% concession on 1st year rent	50% concession on 1st year rent
Processing fee for Home loan of ₹ 25 lacs and above	100% concession	
Processing fee for Home loan below ₹ 25 lacs	50% concession	
Processing fee for retail loan (other than Home loan) scheme	50% concession	
Rate of Interest on Home loan	0.05% p.a. concession in applicable ROI	
Rate of Interest on Vehicle loan	0.10% p.a. concession in applicable ROI	
Rate of Interest on Education loan more than ₹ 7.50 lakh for study abroad / premier institution	0.10% p.a. concession in applicable ROI	
Rate of Interest on Mortgage loan	0.10% p.a. concession in applicable ROI	
Rate of Interest on Personal loan	0.10% p.a. concession in applicable ROI	
Joint A/c Facility with spouse	Yes	
Zero Balance account to family members (BSBDA)	Available for 3 family members (Spouse, 2 Children)	

*Additional Accident insurance of ₹ 5 lakhs by Bank and ₹ 10 lakhs is extended by NPCI with RuPay Select cards.



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Annexure 2

Application cum undertaking to be taken from account holders, whether new or converted

I maintain a SB account with your branch and the account number is..... and I intend to open a new Union Super Salary Account (SB Account). I am presently employed aswith, 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 , certificate issued from the unit and request you to accept it for satisfying the KYC norms as prescribed by your bank, along with other document[s] as prescribed by the RBI.

In this connection, I request that my existing account be converted into a Union Super Salary Account with all its special features.

Since I am presently posted at/ is being posted to.....I request that my account should be transferred to..... Branch of Union Bank of India for ease of operation.

Yours faithfully,

Name

Date

Address:

Place:

(with Rank and Decoration/ Address)



नरेन्द्र सिंह / Narendra Singh
उपमहानिरीक्षक / Deputy Inspector General
प्रधान निदेशक (प्रशासन)
Principal Director (Adm)
तटरक्षक मुख्यालय, नई दिल्ली-110001
Coast Guard HQrs, New Delhi-110001

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Annexure 3

Request for issuance of NOC to transfer of account to other Bank

The Branch Manager

.....Branch

UNION SUPER SALARY ACCOUNT - REQUEST FOR ISSUANCE OF NO OBJECTION CERTIFICATE TO TRANSFER SALARY FROM UNION BANK OF INDIA TO ANOTHER BANK

1- I maintain a Union Super salary SB account with your branch and the account number is.....

I am presently employed as with Indian Coast Guard and my Personal Number is..... My present address.....

I request you to issue me a No Dues Certificate as I desire to change my salary bank from where I draw my monthly salary.

In the event of failure to Issue the NOC within 72 hours (3 working days) , I will assume that UNION BANK OF INDIA has no dues and will be at liberty to change my salary account from Union Bank of India to another Bank.

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/ Authorised signatory of UNION BANK OF INDIA on the second copy, duly stamped including date of receipt by the Bank and signature number of the Bank signatory.



नरेन्द्र सिंह Narendra Singh
उपमहानिरीक्षक / Deputy Inspector General
प्रधान निदेशक (प्रशासन)
Principal Director (Adm)
तटरक्षक मुख्यालय, नई दिल्ली-110001
Coast Guard HQrs, New Delhi-110001

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Request Letter for availing Overdraft Facility

From

Date

.....

To

The Branch Manager
 Union Bank Of India
 Branch

Sir/Madam

Sub:- Request for Overdraft Facility in my USSA No with your Branch.

I am working with as I am maintaining USSA A/c No with your Branch. My salary of Rs is credited to the said A/c with you every month. I request you grant me a temporary overdraft facility of Rs (Rupees only), subject to the maximum of 90% of the salary being credited every month for which I shall be making a separate request for withdrawal as per my financial requirements.

I agree that the said overdraft facility shall be granted on a revolving basis, subject to a maximum of four withdrawals in a year and subject to such terms and conditions as you may specify in this regard.

I undertake to repay the entire amount of each withdrawal along with interest at the rate stipulated by you from the salary pertaining to the month in which such withdrawal is made or the next succeeding month. I also agree that any amounts credited to the said account subsequent to such withdrawal can be adjusted by you towards the amounts due on such withdrawals.

I am enclosing herewith a Demand Promissory Note for Rs (Rupees), which is given to you as security for the repayment of the overdraft, which I am availing now and for the repayment of the ultimate balance or sum remaining unpaid on the said overdraft.


In case of cessation of my services from, for any reason I undertake to inform you and hereby authorise you to recover all outstanding amounts towards the overdraft and interest thereon directly from all amounts payable to me by M/s In that event I, further, authorise you to directly approach M/s, my employer/s in this regard.

I understand the terms and conditions of the OD facility and undertake to abide by all rules and regulations of the Bank in this regard.



Thanking you
 Yours faithfully,




 नरेन्द्र सिंह / Narendra Singh
 उपमहानिरीक्षक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली-110001
 Coast Guard HQrs, New Delhi-110001

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Standard Operating Procedure & Claim Process

Annexure-5

Personal Accidental insurance offering for salaried and pensioner: -

Policy Type	Group Personal Accident Policy for Account Holders of the Bank
Policy No.	1202004223P106106623 (UNITED INDIA INSURANCE COMPANY LIMITED)
Policy Period	From 12:01 AM on 01/08/2023 to To midnight on 31/07/2024
Insured's Name	Union Bank of India
Address for Communication	Union Bank Of India, Central Office , Union Bank Bhavan, 7" Floor, Support Service Department , 239, Vidhan Bhavan Marg , Nariman Point Mumbai-400 021. Ph.- 022- 22892537/38
Coverages for account holders	Salary Account Holders Coverages - The Policy to be issued on Unnamed Basis All the active account holders holding "Union Bank of India's salary account" under USSA-II and USSA-III. The below coverages to be applicable to the account holders: <ul style="list-style-type: none"> • Accidental Death cover • Permanent Total Disability • Permanent Partial Disability • Death/PTD/PPD due to war like situations for all army, defense and police personnel to be covered • Death/PTD/PPD due to any kind of air accident irrespective of any type of plane/helicopter • Terrorism Cover/Naxalite/Militant Activities to be covered • Death due to Animal Bite/Insect Bite/Act of God Perils/Riot, Strike and Malicious Damage (RSMD) to be covered Worldwide Cover 24x7 Cover • Reimbursement of Transportation of Insured person's dead body to the place of Residence- Actual expense subject to maximum of Rs. 2,500/- whichever is less. • Reimbursement of ambulance charges for transportation of Insured person to Hospital following Accident - Actual expense subject to maximum of Rs 1000/-. • Defence/Armed force/Navy personnel/police will also be covered under the policy.




 नरेन्द्र सिंग / Narender Singh
 उपमहानिदेशक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
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The following coverage's in addition to the above to be extended to Indian Coast Guard Personnel USSA Account Holders only:

Sum insured Details for account Holders	<ul style="list-style-type: none"> • Higher Education (Graduation) Cover (in case of death in accident) • 10% of PAI cover or Rs. 6 lakhs whichever is lower Max. 2 children (however the upper cap of Rs. 10% of PAI cover or Rs.6 lakhs, whichever is lower is the maximum which can be claimed even if there are 2 children) • Transportation of Imported Medicine: - 5% of PAI cover or Rs 2 lakhs whichever is lower • Cost of Plastic Surgery (Burn): 5% of PAI cover or RS 2 lakhs whichever is lower • Air Ambulance: 10% of PAI cover or Rs. 6 lakhs whichever is lower • Family transportation to reach place of accident (immediate 2 family members): Actual cost or Rs. 20,000/- whichever is lower • Repatriate of mortal remains.: Actual cost or Rs.20,000/- whichever is lower
---	--

**USSA (Union Super Salary Account)

***The bank provides cover to the account holders on the basis of the categories for varied salary brackets and for some of the accounts, the account balance is taken into account. The categorization is decided by the bank internally and should not be questioned in the event of a claim.

Additional Terms and Conditions or account holders:

1. Account holders having age up to 70 years are eligible to be covered under the policy.
2. The policy will be applicable for existing as well as new account holders of Union Bank of India.
3. Data for Addition /Deletion/account variant change of account Holders will be provided by the bank on or before 10th of Each Month. This data will comprise of account holders added/variant change deleted in the preceding month and premium to be paid for addition / variant change on pro-rata basis and refund for deletion/variant change also to be done on pro rata basis. Please note that if 10th is declared as a holiday for the bank then the data will be shared on next working day of the bank.
4. CD Balance Facility to ensure- additions of account holders are covered from the date of opening of the account/ date of account variant change to other variant/enhancement of sum insured & The Bank will make monthly payment as per addition/ deletion to replenish the CD A/c.
5. Mid -term enhancement of sum insured to be allowed in case of up gradation in account and the pro-rata premium will be paid for the difference of increase in sum insured.
6. The claim in case of a newly added salary account holders/existing holders should not be rejected merely on the ground if any addition/variant change intimation is missed out to the insurance company when there is sufficient CD balance maintained by the insured.
7. All admissible claims will be payable by the insurer to the account holder/nominee/legal heir.
8. Any requirement/ deficiencies in the documents submitted shall be sought by the insurer within 7 working days of receipt of the claim documents. All the documents being in order, the Insurer will settle the claim within 15 working days from the date of receipt of documents. In case of unexplained delay of beyond 30 working days, the Insurer shall pay interest @2% above the prevailing Bank Rate from the date of claim, on the claim amount.
9. Delay in claim intimation should not be a ground for non-acceptance of claims by insurer. Also claims should not be rejected on account of delay in intimation.



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Principal Director (Adm)
तटरक्षक मुख्यालय-नई दिल्ली-110001
Coast Guard HQrs, New Delhi-110001

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Documents to be Submitted in event of a Claim for Accidental Death:

1. Claim form duly filled in and signed by the legal heir/nominee/legal representatives and attested by bank official.
2. Death certificate in original or copy of death certificate duly attested by bank officials or gazette officer.
3. Copy of First Information Report (FIR)/Police intimation (attested by bank official)/General diary with brief details of incident duly attested by police official/attested by bank official.
4. Copy of post-mortem report and viscera report if it is conducted (attested by bank officials). In case post-mortem not conducted, other supporting document which confirms cause of death may be required.
5. Statement of account duly attested by Bank officials.
6. Discharge/death summary (In case insured was admitted to hospital for treatment).
7. If the death occurs in the hospital a medical certificate to be submitted.
8. Proof of payment for ambulance charges incurred if any for transportation of the insured to hospital following an accident.
9. Proof of payment for transportation charges incurred if any to move insured's dead body to the place of residence.
10. Money receipt for payment of school/college fees of dependent children along with the birth certificate of the children. (wherever **applicable**)
11. In the event of a missing person declared dead by the governing authority then in such a situation the claim should be settled by the insurer on the basis of FIR/ Police intimation (attested by bank official)/General diary with brief details of incident by police official/ attested by bank official, claim form and claim intimation only
12. With regards to air accident any documents substantiating the claim
13. Copy of KYC documents of deceased account holder and legal heir/nominee/legal representatives attested by bank official.

For Permanent Total Disability / Permanent Partial Disability:

1. Claim Form signed by the account holder / legal heir/nominee/legal representatives and attested by bank official.
2. KYC Documents of the disabled account holder
3. Documents supporting for customer ID if available.
4. Disability certificate / Report issued by treating Medical Practitioner
5. Discharge Summary with supporting documents i.e. Investigation reports, X Ray, MRI, Consultation Reports, Lab Reports etc.
6. Photograph of the disabled customer showing the disability if available.
7. FIR / Police Complaint wherever applicable (In case of Accident)
8. Any other document supporting the claim.




 नरेन्द्र सिंह / Nareendra Singh
 उपमहानिदेशक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
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 Coast Guard HQrs, New Delhi-110001

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The following are applicable to Corporate Salary Package Account Holders only:

- Higher Education Cover:

1. KYC Documents of the Child and account holder
2. Age proof of Child of account holder
3. Proof to establish relationship - Passport/Education certificate establishing proof of relationship of child with account holder.

Documents supporting for customer ID if available.

4. Bonafide Certificate issued by the educational institution confirming that he/she is full time student of the institution.
5. Any other document supporting the claim.

- Transportation of Imported Medicine:**

1. Medical Practitioner's prescription.
2. Copy of medicine invoice.
3. Copy of Invoice of freight expenses mentioning details of medicine imported, country of origin from which it is being imported, date and price of the medicine and freight expenses.
4. Any other document supporting the claim.

- Cost of Plastic Surgery (Burn):**

1. First prescription/ consultation letter from the Medical Practitioner.
2. Treating doctor's/ Surgeon Certificate
3. Copies of all reports and prescriptions.
4. Copy of Discharge Summary containing all relevant details
5. Copy of all original bills and their receipts.
6. Any other document supporting the claim.

- Air Ambulance Cover:**

1. Attending Doctor's advice / note with reason for shifting of the patient.
2. Copy of invoice and payment receipt for the Air Ambulance mentioning date of travel, sector (from/ to place) and total amount.
3. Any other document supporting the claim.

- Family Transportation to reach the place of Accident '**

1. Copy of bill, payment receipt and travel ticket showing date of travel, Sector (from / to) and amount incurred.
2. Copy of proof of the immediate family member such as Ration Card / Aadhar Card / Copy of passport / PAN Card or any other document.



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उपसहायक निदेशक (प्रशासन)
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Coast Guard HQrs, New Delhi-110001

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3. Any other document supporting the claim.

- Repatriate of mortal remains:

1. Copy of Bill and payment receipt for transport of mortal remains, showing date and sector (From/ to)

2. Any other document supporting the claim.

TERMS AND CONDITIONS OF GROUP PERSONAL ACCIDENT (DEATH +PTD+PPD) unnamed basis

WHEREAS the Insured named in the Schedule herein (herein after called the 'Insured' has made and/or caused to be made to the **UNITED INDIA INSURANCE COMPANY LIMITED.**, (herein after called 'the Insurer' proposals and/or declaration dated as stated in the Schedule hereto which together with any statements and warranties contained therein shall be the basis of this contract and is/are deemed to be incorporated herein for the insurance hereinafter set forth in respect of persons detailed in the Schedule of Insured Persons (herein after called the ('Insured Persons'). Insured person means the account holder of Union Bank of India

Now this Policy witness that subject to and in consideration of the payment made to the Insurer the premium for the period stated in the Schedule or for any further period for which the Insurer may accept payment for the renewal of this Policy and subject to the terms, provisions, exceptions and conditions herein expressed or contained or hereon endorsed, the insurer shall pay to the INSURED to the extent and in the manner hereinafter provided that if any of the Insured Persons shall Sustain bodily injury / death resulting solely and directly from accident including caused by external, violent and visible means, injury which may be internal and lead to death, the sum hereinafter set forth in respect of any of the Insured persons specified in the Schedule.

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the (Death+PPD+PTD) of the Insured person, the Capital Sum Insured stated in the Schedule hereto, applicable to such insured person.

Permanent Total Disability:

100% of PAI Sum Insured for disability due to

- loss of the sight of both eyes
- physical separation of or the loss of ability to use both hands or both feet
- physical separation of or the loss of ability to use one hand and one foot
- loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot
- **Permanent Partial Disability:**

Disability due to the total and continuous loss or impairment of a body part or sensory organ, with the percentage of disability as under:

1. Loss of Use/ Physical Separation:	50%
One entire hand	50%
One entire foot	50%
Loss of Sight of one eye	50%
Loss of toes — all	20%
Great both phalanges	5%



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उपमहानिदेशक / Deputy Inspector General
प्रधान निदेशक (प्रशासन)
Principal Director (Adm)
तटरक्षक मुख्यालय, नई दिल्ली-110001
Coast Guard HQrs, New Delhi-110001

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Great — one phalanx	2%
Other than great if more than one toe lost	1%
2. Loss of Use of both ears	50%
Loss of Use of one ear	20%
4. Loss of four fingers and thumb of one hand	40%
5. Loss of four fingers	35%
6. Loss of thumb	
both phalanges	25%
one phalanx	10%
7. Loss of Index finger -	
three phalanges	10%
two phalanges	8%
one phalanx	4%
8. Loss of middle finger —	
three phalanges	6%
two phalanges	4%
one phalanx	2%
9. Loss of ring finger -	
three phalanges	5%
two phalanges	4%
one phalanx	2%
10. Loss of little finger -	
three phalanges	4%
two phalanges	3%
one phalanx	2%
11. Loss of metacarpus -	
first or second (additional)	3%
third, fourth or fifth (additional)	2%

CLAIM PROCEDURE

The fulfillment of the terms and conditions of this Policy (including the realization of premium) in so far as they relate to anything to be done or complied with by the Policy holder, including complying with the following steps by the Claimant for admissibility of the Claim.

1. Claims Intimation in the event of accident which has resulted in a Claim or may result in a Claim covered under the Policy, the claimant/Nominee /legal heir /legal representative must notify to the insurer/broker through



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उपसहानिदेशक - Deputy Inspector General
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telephone/email/ fax/letter immediately. Relevant documents to be submitted after the date of (death/PPD/PTD) at the earliest.

2. The following details are to be provided to the insurer/ broker at the time of intimation of Claim

- a. Name of the Account Holder
- b. Account Number
- c. Brief note on incident
- d. Loss amount
- e. Date of Accident
- f. Date of Death (if applicable)

3. The claimant/Nominee /Legal heir /Legal representative shall submit the following documents to broker in support of the Claim at the earliest as per workflow mentioned in the SLA

4. For Accidental Death:

- a) Claim form duly filled in and signed by the legal heir/nominee,/legal representatives and attested by bank official.
- b) Death certificate in original or copy of death certificate duly attested by bank officials or
- c) gazette officer
- d) Copy of First Information Report (FIR)/Police intimation (attested by bank official)/General diary with brief details of incident duly attested by police official/attested by bank official.
- f) Copy of post-mortem report and viscera report if it is conducted (attested by bank officials). In case post- mortem not conducted, other supporting document which confirms cause of death may be required.
- g) Statement of account duly attested by Bank officials.
- h) Discharge/death summary (In case insured was admitted to hospital for treatment).
- i) If the death occurs in the hospital a medical certificate to be submitted.
- j) Proof of payment for ambulance charges incurred if any for transportation of the insured to hospital following an accident.
- k) Proof of payment for transportation charges incurred if any to move insured's dead body to the place of residence.
- l) Money receipt for payment of school/college fees of dependent children along with the
- m) birth certificate of the children.
- n) In the event of a missing person declared dead by the governing authority then in such a situation the claim should be settled by the insurer on the basis of FIR/ Police intimation (attested by bank official)/General diary with brief details of incident by police official/ attested by bank official, claim form and claim intimation only
- o) With regards to air accident any documents substantiating the claim
- p) Copy of KYC documents of deceased account holder and legal heir/nominee/legal
- q) representatives attested by bank official.

Permanent Total Disability / Permanent Partial Disability:

- a) Claim Form signed by the account holder / legal heir/nominee/legal representatives and attested by bank official.
- b) KYC Documents of the disabled account holder
- c) Documents supporting for customer ID if available.
- d) Disability certificate / Report issued by treating Medical Practitioner
- e) discharge Summary with supporting documents i.e. Investigation reports, X Ray, MRI, consultation Reports, Lab Reports etc.



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- f) Photograph of the disabled customer showing the disability if available.
- g) FIR / Police Complaint wherever applicable (In case of Accident)
- h) Any other document supporting the claim.

The following are applicable to USSA Salary Account Holders only: Higher Education Cover:

1. KYC Documents of the Child and account holder
2. Age proof of Child of account holder
3. Proof to establish relationship — Passport/Education certificate establishing proof of relationship of child with account holder.
4. Documents supporting for customer TD if available.
5. Bonafide Certificate issued by the educational institution confirming that he/she is full time student of the institution.
6. Any other document supporting the claim.

Transportation of Imported Medicine:

1. Medical Practitioner's prescription.
2. Copy of medicine invoice.
3. Copy of invoice of freight expenses mentioning details of medicine imported, country of origin from which it is being imported, date and price of the medicine and freight expenses.
4. Any other document supporting the claim.

Cost of Plastic Surgery (Burn):

1. First prescription/ consultation letter from the Medical Practitioner.
2. Treating doctor's/ Surgeon Certificate
3. Copies of all reports and prescriptions.
4. Copy of Discharge Summary containing all relevant details
5. Copy of all original bills and their receipts.
6. Any other document supporting the claim.

Air Ambulance Cover:

1. Attending Doctor 's advice / note with reason for shifting of the patient.
2. Copy of invoice and payment receipt for the Air Ambulance mentioning date of travel, sector (from/to place) and total amount.
3. Any other document supporting the claim.

Family Transportation to reach the place of Accident:

1. Copy of bill, payment receipt and travel ticket showing date of travel, Sector (from / to) and amount incurred.
2. Copy of proof of the immediate family member such as Ration Card / Aadhar Card / Copy of passport / PAN Card or any other document.
3. Any other document supporting the claim.

Repatriate of mortal remains:

1. Copy of Bill and payment receipt for transport of mortal remains, showing date and sector (From/ to)
2. Any other document supporting the claim.

For pending claims reminder will be sent for submission of requisite documents to claimant by the Insurer. Rejected claims will be informed to the bank in writing with reason for rejection by the insurer. The insurer will make all claim payments in Indian rupees only.



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उपमहा निदेशक / Deputy Inspector General
प्रधान निदेशक (प्रशासन)
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Coast Guard HQrs, New Delhi-110001

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UNITED INDIA INSURANCE COMPANY LIMITED

(Regd. & Head Office: United India House, 24, Whites Road, Chennai – 600 014)

Bancassurance Divisional Office No.:8: Union Co-op. Insurance Bldg., 5th Floor,
Sir Pm Road, Fort, Fort, Mumbai-400 001. CIN: U93090TN1938GO1000108

GROUP PERSONAL ACCIDENT CLAIM FORM

1	Name of CASA Account holder		
	Address in full of the CASA Account Holder		
2	Details of CASA Account Holder		
	a) Age of the Account Holder at the time of accident		
	b) Occupation		
	c) CASA Account No.		
	d) Type of Account (Savings A/c / Salary Savings A/c)		
	e) Details of Union Bank of India Branch where SB Account is maintained	Name:	
		Branch Code:	
Address:			
f) Sum Insured Opted and Cover			
3	Details of Accident		
	a) Date of Death		
	b) Date of Accident		
	c) Time of Accident		
	d) Place of Accident		
	e) Details of Accident		
	f) Was the injured person under the influence of drugs or intoxicating liquor at the time of accident.		
4	Details of Medical Treatment		
	a) Give details of medical attention given and the name & Address of the Medical Attendant.		



नरेंद्र सिंह / Naren Ja Singh
उपमहासंचालक / Deputy Inspector General
प्रधान निदेशक (प्रशासन)
Principal Director (Adm)
वटारक्षक मुख्यालय, नई दिल्ली-110001
Coast Guard HQrs, New Delhi-110001

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[Handwritten signature]

	b) If the Medical Attendant name above is not the injured Person's usual Medical Attendant, give the Name and Address of his / her usual Medical Attendant	
	c) Has he/she or any other Medical treated the injured Person previously for any illness or injury?	
5	Details of Nominee in case of Death Claims	
	a) Name of Nominee / Joint Account holder in the SB account [If Available]	
	b) Relationship of Nominee/ Joint Account holder with Account Holder [If Available]	
	c) Full Address of the Nominee	
	d) E Mail ID of Nominee (if available)	
	e) Mobile Number of Nominee	

Note: Please submit the following documents with translation in English if it is in regional language:

1. FIR
2. Panchanama
3. Postmortem report
4. Death Certificate
5. Any other documents pertaining to the claim

Note: Bank Statement of the Deceased Account holder from the Date of Opening of SB Account or Six months whichever is maximum period to be submitted duly certified by the Branch Manage

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

Signature of person Intimating Claim

.....

Full Name of person Intimating Claim

.....

Relationship with Deceased Account Holder

.....

Contact details of person Intimating Claim


Landline No

Mobile No

Email ID

(Intimation may be advised through Email, Post, Telephone/ Fax)




 नरेंद्र कुमार / Naraj Kumar Singh
 उपमहानिदेशक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली-110001
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KYC FORM

Annexure-7

Annexure A1

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions

- A) Fields marked with * are mandatory fields.
- B) Tick (✓) wherever applicable.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) For particular section update, please tick (✓) on the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines + instructions at the end.
- G) List of State / UT Code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H) List of two character ISO 3166 country codes is available at the end.
- I) KYC number of applicant is mandatory for update application.



For office use only: Application Type* New Update Delete
 (To be filled by financial institution) KYC Number _____ (Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON (Please refer instruction D & E at the end)

Addition of Related Person Deletion of Related Person Update KYC Number of Related Person (if available) _____

Related Person Type* Guardian of Minor Assignee Authorized Representative
 Name* Prefix _____ First Name _____ Middle Name _____ Last Name _____

(If KYC number and name are provided, below details are optional)

Maiden Name _____

Father / Spouse Name _____

Mother Name _____

Date of Birth* _____

Gender* M - Male F - Female T - Transgender

PAN* _____ Form 6E furnished

2. PROOF OF IDENTITY AND ADDRESS*

(Certified copy of DVD or equivalent e-document of DVD or DVD obtained through digital KYC process needs to be submitted; any one of the following DVD(s)

- I A - Passport Number PHOTO*
- B - Voter ID Card
- C - Driving License
- D - NREGA Job Card
- E - National Population Register Letter
- F - Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar

Address

Line 1 _____

Line 2 _____

Line 3 _____

District* _____ Pin / Post Code* _____ City / Town / Village* _____
 State / UT Code* _____ ISO 3166 Country Code* _____

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address. (In such cases address details as below need not be provided)

(Certified copy of DVD or equivalent e-document of DVD or DVD obtained through digital KYC process needs to be submitted; any one of the following DVD(s)

- I A - Passport Number
- B - Voter ID Card
- C - Driving License
- D - NREGA Job Card
- E - National Population Register Letter
- F - Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar

Document Type code _____



(Signature)
 नरेन्द्र शिंदे / Narender Singh
 उपमहाप्रदेशिक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली - 110001
 Coast Guard HQrs, New Delhi-110001

यूनियन बैंक / Union Bank of India

(Signature)

Address

Line 1*

Line 2

Line 3

District*

Pin / Post Code*

City / Town / Village*

State / U.T. Code*

ISO 3166 Country Code*

 4. CONTACT DETAILS

Tel. (Off)

Tel. (Res)

Mobile

Email ID

 5. REMARKS (If any)

6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately, in case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date

Place

Signature /Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received

 Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process Equivalent e-document Video Based KYC

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date

Name

Emp. Name

Code

Emp. Code

Emp. Designation

Emp. Branch



नरेश सिंह (Narinder Singh)
 उपमहानिरीक्षक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली-110001
 Coast Guard HQrs., New Delhi-110001

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 Union Bank
 of India




UNITED INDIA INSURANCE COMPANY LIMITED

(Regd. & Head Office: United India House, 24, Whites Road, Chennai – 600 014)

 Bancassurance Divisional Office No.:8: Union Co-op. Insurance Bldg., 5th Floor,
 Sir Pm Road, Fort, Fort, Mumbai-400 001. CIN: U93090TN1938GO1000108

 Email Id: 120200@uic.co.in
**NEFT FORM FOR PERSONAL ACCIDENT INSURANCE
 (To be submitted by the claimant only)**

Sir,

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

1. Registration for NEFT/RTGS payments	
Name of the Insured (Account Holder)	
Category	Personal Accident Insurance Death / PTD / PPD claim / Accident Insurance claim UBI SB Account Holders
Policy Number	
Policy Period	01/08/2023 to 31/07/2024
Claim number, if any, provided (policyholders only)	
Permanent Address	Address for Communication
2. Bank Account Details for NEFT/RTGS	
Name of account Holder/Claimant	
Bank Name	
Bank Branch Name	
Bank Branch Address	
MICR Code	
Full Bank Account No. (for NEFT)	
IFSC Code	

Please attach a copy of a cancelled cheque leaf or Photocopy of the first page of the Bank Passbook containing the name of account holder, Bank account number, and IFSC code. Please verify the details with your bank before submitting.


I/We hereby declare that the particulars given above are correct and express my/our willingness to receive credit of claim proceeds through the mode indicated above. Notwithstanding my/our choice of mode, United India Insurance Co. Ltd. reserves the right to issue a cheque/credit the account in the mode that may seem fit. I/We would not hold United Insurance Co. Ltd. responsible if the transaction is delayed or not effected at all or credited to an incorrect account for the reasons of incomplete/incorrect information.

Signature of the Applicant (Claimant)

Place:

Date:




 नरेन्द्र सिंह / Narendra Singh
 उपमहानिदेशक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली-110001
 Coast Guard HQs, New Delhi-110001

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 Union Bank
 of India

Annexure 8**(On Bank's Letter Head)
Union Bank of India****Branch Name:****Branch Code No:****Address:****Email:****Telephone No:****Date**

Policy No.:	Policy Period From
-------------	--------------------

This is to certify that Shri/Smt/Ms. _____ who has claimed due to accident (as per the documents enclosed), is a holder of SB Account, the details of which are as under:

1	Name of the SB Account holder	
2	Address in full (as per Bank records)	
3	Date of Accident	
4	Details of Union Bank of India Branch where the SB Account is maintained	Name:
		Code:
		SB AC No.:
		Date of Opening SB Ac:
	Bank Statement of the Deceased Account holder from the Date of Opening of SB Account or Six months whichever is maximum period to be submitted duly certified by the Branch Manager	Statement Period From To
5	Claim amount under Personal Accident	Rs.
6	Nominee registered with the Bank on above mentioned SB Account (if any)	
	Address of Nominee	
	Phone No.	



नरेन्द्र सिंह / Narender Singh
उपमहानिरीक्षक / Deputy Inspector General
प्रधान निदेशक (प्रशासन)
Principal Director (Adm)
तटरक्षक मुख्यालय, नई दिल्ली-110001
Coast Guard HQrs, New Delhi-110001

यूनियन बैंक ऑफ इंडिया
Union Bank of India



.....

7	Full name of Joint Account Holder(s) of the above-mentioned SB Account (for Joint Accounts)	
	Full Address of Joint Account Holder	
	Phone No.	


(# Strike out what is not applicable)

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

For Union Bank of India

Branch Manager




 नरेन्द्र / Narender Singh
 उपमहानिरीक्षक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली-110001
 Coast Guard HQRs, New Delhi-110001


 यूनियन बैंक ऑफ इंडिया
 Union Bank of India

TATA-AIG GENERAL INSURANCE COMPANY LTDAddress: 8th Floor, R Tech Park, Village Pahadi Taluka
Goregaon (E) Mumbai – 400063 Maharashtra
**Personal Accident Insurance Claim form
For RuPay Cardholder's**
IMPORTANT

1. Issuance of this form is not an admission of Liability or a waiver of the terms, conditions and exceptions of the insurance contract.
2. No claim will be admitted without a Medical Report as per format to be obtained at claimant's expense.
3. Claim form for Accidental Death/Dismemberment of RuPay Platinum / Select Cardholder's (To be submitted at the Branch)

Policy No. for Platinum Card 0239318916

Policy No. for Select Card 0239321718

Policy No. for Platinum Enhance 0239446077

Policy No. for Select Enhance 0239494033

Claim No. _____

1 PERSONAL DETAILS

Name of RuPay Cardholder _____

Address _____ City _____
State _____ PIN _____Occupation _____
Age _____**Type of RuPay Card held (please tick):**RuPay Platinum Card RuPay Select Card

Bank Account No: _____

RuPay Card No : _____

Date of Last Transaction (POS ECOM): _____

Nature of Transaction: _____

Any other RuPay Card held by the same person: YES / NO

(If Yes please give details): _____

2 CLAIMANT (NOMINEE) DETAILS (Mandatory for Death claims)

Name of the Nominee (Claimant) _____

(As per Bank Records)

Address _____

City _____ State _____

PIN _____

Relationship with deceased customer _____

Mobile Number & Email id _____



नरेन्द्र सिंह नरेन्द्र सिंग
उपमहासंचालक / Deputy Inspector General
प्रधान निदेशक (प्रशासन)
Principal Director (Adm)
सदरक्षक मुख्यालय नई दिल्ली-110001
Coast Guard HQrs, New Delhi-110001

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3 BRANCH DETAILS (FOR CUSTOMER)

Bank Name _____
 Name of Branch _____
 Address _____
 City _____ State _____
 PIN _____
 IFSC code of Branch _____
 Name of Branch Contact _____
 Mobile Number _____
 Email id _____

4 DETAILS OF ACCIDENT

Nature of claim DEATH / DISABLEMENT / DISMEMBERMENT
 Date of Incident _____
 Date of Death (if applicable) _____
 Place and Location (Full Address) _____
 Cause Description _____

5 DETAILS OF INJURIES

WITNESSES

- 1) Name _____
- 2) Name _____

6 DETAILS OF INJURIES

Specify Injured / dismembered Parts of Body _____
 Total Disablement (if any) _____
 Percentage _____(%) _____(In Words)


7 WITNESSES

1) Name _____ 2) Name _____
 Address _____ Address _____
 Contact No. _____ Contact No. _____

8 TREATMENT DETAILS

A Casualty Doctor
 Name _____
 Address _____
 Phone _____
 Registration No _____
B Hospital(s) if Hospitalized
 Name _____
 Address _____
 Phone No _____




 नरेन्द्र सिंह / Narender Singh
 उपमहाप्रदेशिक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय नई दिल्ली-110001
 Coast Guard HQrs, New Delhi-110001


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9 AMOUNT OF CLAIM

A Permanent Disablement Amount (Rs)-----
 B Death Amount (Rs)-----

10 PAST HISTORY

A Have you made any claims in the PAST with TATA AIG or other insurance company?
 YES/NO

B If YES, please give details including accident and Insurance details

I hereby declare that I have suffered injuries as described above and all the details given are **ABSOLUTELY TRUE AND CORRECT**. I hereby agree to forfeit all my rights to compensation if any of the foregoing facts and /or details are found to be false or incorrect. I further authorize the hospital, doctor diagnostic laboratory, organization, establishment or any other body or person dealt with in the course of this claim to give any information or document sought for by the Insurance Company.

Signature of the Insured/Claimant

Signature of Incumbent with branch Seal

Date:
 Place:



नरेश कुमार सिंह
 उपसहाय निदेशक (प्रशासन)
 Deputy Inspector General
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली-110001
 Coast Guard HQrs, New Delhi-110001

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Hospicash Benefit to Salary Account holders – Benefits and Claim Process**1. Hospicash Benefit:**

i. Name of the Insurance Company: Hospicash benefit cover is provided to all Salary account holders of the Bank by Manipal Cigna Health Insurance Co. Ltd.

ii. Coverages offered under this scheme:

Below are the benefits offered under the scheme:

Benefit Covers	Sum Insured
Hospicash	500 per day for max 30 days of Hospitalisation (SI- Rs.15000)
Hospitalisation	Hospitalisation of continuous 24 hours is required. Accident or Illness Hospitalisation is covered.
Pre-existing Diseases Waiting period	Waived Off
Initial Waiting Period / Specific Illness Waiting period	Waived Off
Tenure	1 year
Age Limit	Min – 18 years Max – 70 years

2. Claims:

All claims under ManipalCigna Hospicash Benefit will be paid on **“Reimbursement Basis only”**. All required documents to be submitted to the nearest ManipalCigna Branch for further processing or courier it directly to the below address:

To,
The Claims Team
ManipalCigna Health Insurance
Raheja Titanium, 401- 402, Western Express Hwy, Goregaon East, Mumbai, Maharashtra 400063.

3. Claim Documents:

Below Documents are mandatorily to be submitted for processing of the claims under the Hospicash benefit.

- Claim Form A & B (Attached)
- Detailed Discharge Summary
- Cancelled cheque
- Aadhar Card

4. Submission of Claims:

Upon receipt of the duly filled and signed claim along with the other required documents at ManipalCigna Branch offices across the country, ManipalCigna Health Insurance will initiate the claim process and intimate the customers on their registered mobile numbers in case of any query or on settlement.

5. Customer Service:

Branches can connect with the Front-Line Sales team of ManipalCigna for processing of claims/queries/grievance. Alternatively, Branches or Customers can call on or write to the below mentioned email id for further assistance.

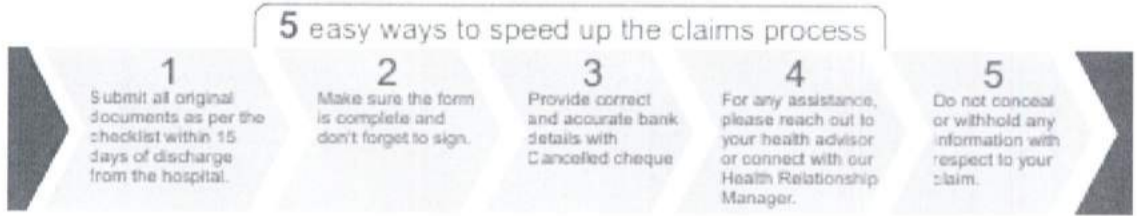
Level 1	Level 2
Claims.unionbankofindia@mediassist.in 1800-123-263472	abhay.shukla@mediassist.in 8433933064



नरेन्द्र सिंह / Narendra Singh
उपमहानिदेशक / Deputy Inspector General
प्रधान निदेशक (प्रशासन)
Principal Director (Adm)
तटरक्षक मुख्यालय नई दिल्ली-110001
Coast Guard HQrs. New Delhi-110001

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Please return your completed claim form to: ManipalCigna Health Insurance Company Limited
 If directly to ManipalCigna Health Insurance Company Limited, OR Nearest ManipalCigna Branch
 Address: 401/42, Sector 18, Connaught Place, New Delhi-110001
 Call Toll Free: 1800-121-1144. Visit the website: www.manipal.com. E-mail: service@manipal.com. Ctn: 02000181212/0227942
 The issue of this Form is not to be taken as an admission of liability.
 (To be filled in Block Letters) - PART A - To be filled by Insured



ManipalCigna FlexiCare Group Insurance Policy Claim Form A

TO BE COMPLETED BY INSURED PERSONS CLAIMANT

SECTION A: DETAILS OF PRIMARY INSURED:

a) Policy No. b) SI No. / Certificate No.
 c) Company TPA ID No.
 d) Name
 e) Address
 City State Pin Code
 f) Phone No.
 g) E-mail ID.

SECTION B: DETAILS OF INSURANCE HISTORY:

a) Currently covered by any other Med/claim/Health Insurance Yes No
 b) Date of Commencement of First Insurance without Break
 c) If yes, Company Name
 Policy No. Sum Insured (ft)
 d) Have you been hospitalised in the last four years since inception of the contract? Yes No Date
 Diagnosis
 e) Previously covered by any other Med/claim/Health Insurance Yes No
 f) If yes, Company Name

SECTION C: DETAILS OF INSURED PERSON HOSPITALISED:

a) Name
 b) Gender: Male Female Others c) Age: Years Months d) Date of Birth
 e) Relationship to Primary Insured: Self Spouse Child Father Mother Other (Please Specify)
 f) Occupation: Service Self-Employed Homemaker Student Retired Other (Please Specify)
 g) Address (if different from above)
 City State Pin Code
 Phone No.
 Email ID



(Signature)
 नरेन्द्र सिंह / Narendra Singh
 उपमहानिरीक्षक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय नई दिल्ली-110001
 Coast Guard HQ/nc, New Delhi-110001



(Signature)

Manipal Cigna Health Insurance Policy No. MCHIG001/00001/00001

SECTION D: DETAILS OF HOSPITALISATION:

a) Name of the Hospital where admitted:

City: _____ State: _____ Pin Code: _____

b) Room Category Occupied: Day care / Single occupancy / Twin sharing / 3 or more beds per room

c) Hospitalisation due to: Injury / Illness / Maternity

d) Date of Injury / Date Disease first developed / Date of Delivery: _____

e) Date of Admission: _____ f) Time: _____

g) Date of Discharge: _____ h) Time: _____

i) If injury give Cause: Self inflicted / Road Traffic Accident / Substance abuse/Alcohol Consumption

a) If Medico-Legal: Yes / No b) Reported to Police: Yes / No c) MLC Report & Police FIR attached: Yes / No

j) System of Medicine: Allopathic/AYUSH:

SECTION E: DETAILS OF CLAIM:

a) Details of the Treatment Expenses claimed:

i. Pre-hospitalisation Expenses: ₹	v. Hospitalisation Expenses: ₹
ii. Post-hospitalisation Expenses: ₹	vi. Health Check up Cost: ₹
iii. Ambulance Charges: ₹	vii. Others (code): ₹
	Total: ₹

vi. Pre-hospitalisation Period: _____ Days

viii. Post-hospitalisation Period: _____ Days

b) Claim for Dormitory Hospitalisation: Yes / No

c) Details of Lump Sum / Cash Benefit claimed:

i. Hospital Daily Cash: ₹	v. Surgical Cash: ₹
ii. Critical Illness Benefit: ₹	vi. Convalescence: ₹
iii. Pre/Post Hospitalisation Lump sum Benefit: ₹	vii. Others: ₹
	Total: ₹

d) Claim Documents Submitted- Check List:

Claim Form duly signed	Copy of the claim Intimation (if any)
Hospital Main Bill	Hospital Break up Bill
Hospital Bill Payment Receipt	Hospital Discharge Summary
Pharmacy Bills	Operation Theatre Notes
ECG	Doctor's request for investigation
Investigation Reports (Including CT/MRI/USG/HRP)	Doctor's Prescriptions
Others:	

SECTION F: DETAILS OF BILLS ENCLOSED:

Sl. No.	Bill No.	Date	Issued By	Towards	Amount (₹)
1.				Hospital Main Bill	
2.				Pre-hospitalisation Bills	Yes
3.				Post-hospitalisation Bills	Yes
4.				Pharmacy Bills	
5.					
6.					
7.					
8.					
9.					
Total Claimed Amount					



(Signature)
 नरेंद्र सिंह / Narendra Singh
 उपमहानिरीक्षक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली-110001
 Coast Guard HQrs, New Delhi-110001



(Signature)

Masterfile Number: CGHQ/HRP/2024/110001/110001/110001

SECTION G: DETAILS OF PRIMARY INSURED'S BANK ACCOUNT:

a) PAN b) Account Number:
 c) Bank Name and Branch
 d) Cheque / DD Payable Details e) IFSC Code:

Please attach Original cancelled Cheque of your bank, with pre-printed name of the policyholder for ensuring accuracy of the Bank, Branch name, Account number and IFSC code. If name of policyholder is not printed on the cheque/leaf please attach copy of the first page of the bank passbook also.

SECTION H: DECLARATION BY THE INSURED:

I hereby declare that the information furnished in this claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited. I also consent & authorize TPA / Insurance company to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre-post hospitalisation claim, if any.

Date: _____ Place: _____ Signature of the insured: _____

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured):

DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF PRIMARY INSURED		
a) Policy No.	Enter the Policy Number	As allotted by the Insurance Company
b) SI No. / Cert/Code No.	Enter the Social Insurance Number or the Certificate Number of Social Health Insurance Scheme	As allotted by the Organisation
c) Company TPA ID No.	Enter the TPA ID No.	Unique number as allotted by IRDA and printed in TPA documents
d) Name	Enter the full name of the Policyholder	First Name, Middle Name, Surname
e) Address	Enter the full Postal Address	Include Street, City and Pin Code
SECTION B - DETAILS OF INSURANCE HISTORY		
a) Currently covered by any other Mediclaim / Health Insurance?	Indicate whether currently covered by another Mediclaim / Health Insurance	Tick Yes or No
b) Date of Commencement of First Insurance without Break	Enter the Date of Commencement of First Insurance	Use dd-mm-yy format
c) Company Name	Enter the Full Name of the Insurance Company	Name of the Organisation in full
Policy No.	Enter the Policy Number	As allotted by the Insurance Company
Sum Insured	Enter the Total Sum Insured as per the Policy	In Rupees
d) Have you been Hospitalised in the Last Four Years since inception of the contract?	Indicate whether Hospitalised in the Last Four Years	Tick Yes or No
Date	Enter the Date of Hospitalisation	Use mm-yy format
Diagnose	Enter the Diagnose Details	Open Text
e) Previously covered by any other Mediclaim / Health Insurance?	Indicate whether previously covered by another Mediclaim / Health Insurance	Tick Yes or No
f) Company Name	Enter the Full Name of the Insurance Company	Name of the Organisation in full
SECTION C - DETAILS OF INSURED PERSON HOSPITALISED		
a) Name	Enter the Full Name of the Patient	First Name, Middle Name, Surname
b) Gender	Indicate Gender of the Patient	Tick Male or Female or Others
c) Age	Enter Age of the Patient	Number of Years and Months
d) Date of Birth	Enter Date of Birth of Patient	Use dd-mm-yy format
e) Relationship to Primary Insured	Indicate Relationship of Patient with Policyholder	Tick the right option. If others, please specify
f) Occupation	Indicate Occupation of Patient	Tick the right option. If others, please specify
g) Address	Enter the Full Postal Address	Include Street, City and Pin Code
h) Phone No.	Enter the Phone Number of Patient	Include STD code with telephone number or Mobile Number
i) E-mail ID	Enter E-mail Address of Patient	Complete E-mail Address
SECTION D - DETAILS OF HOSPITALISATION		
a) Name of Hospital where Admitted	Enter the Name of Hospital	Name of Hospital in full
b) Room Category Occupied	Indicate the Room Category Occupied	Tick the right option
c) Hospitalisation due to	Indicate Reason of Hospitalisation	Tick the right option
d) Date of Injury / Date Disease First Detected / Date of Delivery	Enter the Relevant Date	Use dd-mm-yy format
e) Date of Admission	Enter Date of Admission	Use dd-mm-yy format
f) Time	Enter Time of Admission	Use hh:mm format
g) Date of Discharge	Enter Date of Discharge	Use dd-mm-yy format
h) Time	Enter Time of Discharge	Use hh:mm format
i) Injury / Illness / Cause	Indicate Cause of Injury	Tick the right option
j) Medical Legal	Indicate whether injury is Medical/Legal	Tick Yes or No
k) Police Report	Indicate whether Police Report was filed	Tick Yes or No
l) MLC Report & Police FIR attached	Indicate whether MLC Report and Police FIR attached	Tick Yes or No
m) System of Medicine	Enter the System of Medicine followed in treating the Patient	Open Text



नरेन्द्र सिंह / Narendra Singh
 उपमहानिरीक्षक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली-110001
 Coast Guard HQrs, New Delhi-110001




(Handwritten signature)

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured):

SECTION E - DETAILS OF CLAIM		
a) Details of Treatment Expenses	Enter the Amount claimed as Treatment Expenses	In Rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalisation	Indicate whether Claim is for Domiciliary Hospitalisation	Tick Yes or No
c) Details of Lump Sum / Cash Benefit claimed	Enter the Amount claimed as Lump Sum / Cash Benefit	In Rupees (Do not enter paise values)
d) Claim Documents Submitted - Check List	Indicate which supporting documents are submitted	Tick the right option
SECTION F - DETAILS OF BILLS ENCLOSED		
Indicate which bills are enclosed with the Amount in Rupees		
SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT		
a) PAN	Enter the Permanent Account Number	As allotted by the Income Tax Department
b) Account Number	Enter the Bank Account Number	As allotted by the Bank
c) Bank Name and Branch	Enter the Bank Name along with the Branch	Name of the Bank in full
d) Cheque / DD Payable Details	Enter the Name of the Beneficiary, the Cheque / DD should be made out to	Name of the Individual / Organisation in full
e) IFSC Code	Enter the IFSC Code of the Bank Branch	IFSC Code of the Bank Branch in full
SECTION H - DECLARATION BY THE INSURED		
Read Declaration carefully and mention date in dd/mm/yy format; please open text and sign		




 नरेन्द्र सिंह / Narinder Singh
 उपमहानिदेशक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली-110001
 Coast Guard HQrs, New Delhi-110001

यूनियन बैंक ऑफ इंडिया
 Union Bank of India



SECTION C: DETAILS OF AILMENT DIAGNOSED (PRIMARY)

c) Pre-authorization obtained: Yes No d) Pre-authorization No.

e) If authorization by network hospital not obtained, give reason: _____

f) Hospitalisation due to injury: Yes No

g) If Yes, give cause: Self-inflicted Road Traffic Accident Substance abuse Alcohol consumption

h) If Injury due to Substance abuse / alcohol consumption, Test Conducted to establish this: Yes No (If Yes, attach reports)

i) If Medico-legal Yes No iv. Reported to Police Yes No

k. FIR No. v. If not reported to police give reason: _____

SECTION D: CLAIM DOCUMENTS SUBMITTED - CHECK LIST (ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)

<input type="checkbox"/> Claim Form duly filled and signed	<input type="checkbox"/> Investigation reports
<input type="checkbox"/> Original Pre-authorization request	<input type="checkbox"/> CT/MR/USG/HPE investigation reports
<input type="checkbox"/> Copy of the Pre-authorization approval letter	<input type="checkbox"/> Doctor's reference slip for investigation
<input type="checkbox"/> Copy of photo ID card of patient verified by hospital	<input type="checkbox"/> ECG
<input type="checkbox"/> Hospital Discharge summary	<input type="checkbox"/> Pharmacy bills
<input type="checkbox"/> Operation Theatre notes	<input type="checkbox"/> MLC report & Police FIR
<input type="checkbox"/> Hospital main bill	<input type="checkbox"/> Original death summary from hospital where applicable
<input type="checkbox"/> Hospital break-up Bill	<input type="checkbox"/> Any other please specify _____
<input type="checkbox"/> In case of base claim with some other insurer, please submit insurer or TPA attested copies of documents	

SECTION E: ADDITIONAL DETAILS IN CASE OF NON NETWORK HOSPITAL (ONLY FILL IN CASE OF NON-NETWORK HOSPITAL)

a) Address of the Hospital

City State Pin Code

b) Phone No. c) Registration No. with State Code

d) Hospital PAN e) Number of inpatient beds

f) Facilities available in the hospital: CT Yes No ICU: Yes No

g) Others

SECTION F: DECLARATION BY THE HOSPITAL: (PLEASE READ VERY CAREFULLY)

We hereby declare that the information furnished in this Claim Form is true & correct to the best of our knowledge and belief. If we have made any false or untrue statement, suppression or concealment of any material fact, our right to claim under this claim shall be forfeited.

Date

Signature and Seal of the Hospital Authority



(Signature)
 नरेन्द्र सिंह / Naendra Singh
 उपमहानिरीक्षक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली-110001
 Coast Guard HQrs, New Delhi-110001




(Signature)

GUIDANCE FOR FILLING CLAIM FORM – PART B (To be filled in by the hospital)

DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF HOSPITAL		
a) Name of Hospital	Enter the name of hospital	Name of hospital in full
b) Hospital ID	Enter ID number of hospital	As allocated by the TPA
c) Type of hospital	Indicate whether in network or non network hospital	Tick the right option
d) Name of treating doctor	Enter the name of the treating doctor	Name of doctor in full
e) Qualification	Enter the qualifications of the treating doctor	Abbreviations of educational qualifications
f) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
g) Phone No.	Enter the phone number of doctor	Include STD code with telephone number
SECTION B – DETAILS OF THE PATIENT ADMITTED		
a) Name of Patient	Enter the name of hospital	Name of hospital in full
b) IP Registration Number	Enter insurance provider registration number	As allotted by the insurance provider
c) Gender	Indicate Gender of the patient	Tick Male or Female or others
d) Age	Enter age of the patient	Number of years and months
e) Date of Birth	Enter date of admission	Use dd-mm-yy format
f) Date of Admission	Enter date of admission	Use dd-mm-yy format
g) Time	Enter time of admission	Use hh:mm format
h) Date of Discharge	Enter date of discharge	Use dd-mm-yy format
i) Time	Enter time of discharge	Use hh:mm format
j) Type of Admission	Indicate type of admission of patient	Tick the right option
k) If Maternity		
Date of Delivery	Enter Date of Delivery if maternity	Use dd-mm-yy format
Gravida Status	Enter Gravida status if maternity	Use standard format
l) Status at time of discharge	Indicate status of patient at time of discharge	Tick the right option
m) Total claimed amount	Indicate the total claimed amount	(In rupees) (Do not enter paise values)
SECTION C – DETAILS OF ILLMENT DIAGNOSED (PRIMARY)		
a) ICD 10 Code		
Primary Diagnosis	Enter the ICD 10 Code and description of the primary diagnosis	Standard Format and Open text
Additional Diagnosis	Enter the ICD 10 Code and description of the additional diagnosis	Standard Format and Open text
Comorbidities	Enter the ICD 10 Code and description of the comorbidities	Standard Format and Open text
b) ICD 10 PCS		
Procedure 1	Enter the ICD 10 PCS and description of the first procedure	Standard Format and Open text
Procedure 2	Enter the ICD 10 PCS and description of the second procedure	Standard Format and Open text
Procedure 3	Enter the ICD 10 PCS and description of the third procedure	Standard Format and Open text
Details of Procedure	Enter the details of the procedure	Open text
c) Pre-authorization obtained	Indicate whether pre-authorization obtained	Tick Yes or No
d) Pre-authorization Number	Enter pre-authorization number	As allotted by TPA
e) If authorization by network hospital not obtained, give reason	Enter reason for not obtaining pre-authorization number	Open text
f) Hospitalization due to injury	Indicate if hospitalization is due to injury	Tick Yes or No
Cause	Indicate cause of injury	Tick the right option
If injury due to substance abuse/alcohol consumption, test conducted to establish this	Indicate whether test conducted	Tick Yes or No
Medical/Legal	Indicate whether injury is medical/legal	Tick Yes or No
Reported To Police	Indicate whether police report was filed	Tick Yes or No
FIR No.	Enter first information report number	As issued by police authorities
If not reported to police, give reason	Enter reason for not reporting to police	Open Text





नरेंद्र सिंह / Narendra Singh
 उपमहानिदेशक, Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय-नई दिल्ली-110001
 Coast Guard HQrs, New Delhi-110001





SECTION D – CLAIM DOCUMENTS SUBMITTED-CHECK LIST		
Indicate which supporting documents are submitted		
SECTION E – DETAILS IN CASE OF NON NETWORK HOSPITAL		
a) Address	Enter the full postal address	Include Street, City and Pin Code
b) Phone No	Enter the phone number of hospital	Include STD code with telephone number
c) Registration No. with State Code	Enter the registration number of the doctor along with the state code	As allocated by the Medical Council of India
d) Hospital PAN	Enter the permanent account number	As allotted by the Income Tax department
e) Number of Inpatient beds	Enter the number of inpatient beds	Digits
f) Facilities available in the hospital	Indicate facilities available in the hospital	Tick the right option. If others, please specify
SECTION F - DECLARATION BY THE HOSPITAL		
Read declaration carefully and mention date (in dd-mm-yy format), place (open text) and sign and stamp		




 नरेन्द्र सिंह / Narinder Singh
 उपमहानिरीक्षक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
 Principal Director (Adm)
 तटरक्षक मुख्यालय, नई दिल्ली-110001
 Coast Guard HQs, New Delhi-110001


यूनियन बैंक Union Bank
 of India
अपेक्षाएं बढ़ाएँ



Know Your Customer

Processing your claim smoothly and quickly is of importance to you as well as us. Help us remain as your trusted service partner by ensuring we have a copy of all your documents.

Mandatory KYC documents required

- Original Cancelled cheque
- For claims over 1 lakh
 - Color passport size photograph not older than 6 months
 - Copy of PAN card
 - Copy of address proof




Proof of Residence (Any one of below mentioned documents required)

- Driving license / Adhaar card
- Electricity bill / Ration card*
- Letter from any recognised public authority
- Current statement of bank account with details of permanent/ present residence address as stamped by bank*
- Current passbook with details of permanent/ present residence address (updated up to the previous month)*
- Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof
- Telephone bill pertaining to any kind of telephone connection like, mobile, landline, wireless, etc. provided it is not older than six months from the date of insurance contract
- Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)

*Acceptable as Address proof and Identity proof if photograph of applicant is affixed




 नरेन्द्र सिंह / Narender Singh
 उपमहानिदेशक / Deputy Inspector General
 प्रधान निदेशक (प्रशासन)
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