

**Annexure A**

**Claim Process for Personal Accidental Insurance**  
**SBI Gold/Pride/Platinum/Premium/Signature Debit Card**  
**(Visa/MasterCard)**

**1. Policy No: OG-22-1919-9902-00000077**

(Please note: Policy number has to be mentioned on every communication to the insurance company.)

2. The claimant (s) has to submit *Personal Accident Insurance Intimation Form (Pages 2-3)*, within 90 days from date of the accidental death of the Cardholder through speed/registered post/courier/by email/ by hand /tele-call at below address:

**Health Administration Team**

Bajaj Allianz General Insurance Co. Ltd.  
Rustomjee Aspire, 2nd Floor, Everard Nagar -2,  
Near APEX Honda, Priyadarshini Circle, Off Eastern Express Highway,  
Chunabhatti-Sion, Mumbai- 400022

Email Ids: [hcm@edelweissfin.com](mailto:hcm@edelweissfin.com) / [Abhay.Sawant@edelweissfin.com](mailto:Abhay.Sawant@edelweissfin.com)

**Additionally, mark Emails to BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED.**

Email ID : [aniket.gaikwad@bajajallianz.co.in](mailto:aniket.gaikwad@bajajallianz.co.in) / [divesh.chaturvedi@bajajallianz.co.in](mailto:divesh.chaturvedi@bajajallianz.co.in) /

3. The claimant (s) has to submit the documents as per the *Documents Check List for Personal Accident Claim (Page-4)* along with Certificate from the Bank's Branch where the Cardholder's account is maintained, confirming death of the Cardholder, his Account No. and Debit Card No. **(Pages 7-8)**.
4. The *Personal Accident Claim Form (Pages 5-6)* duly filled & signed by claimant in all respects should be submitted within 90 days from the date of death with the above address through speed/registered post/courier/by hand.
5. The claimant (s) will also have to submit *Bank Account Details (Page-9)* at the time of settlement of claim.
6. All correspondence shall be only between the claimant (s) and Bajaj Allianz General Insurance Company Limited.
7. Detailed terms and conditions are provided on **Pages 10-11**.
8. Please note that all the documents submitted in regional language need to be translated to English to avoid delay in the settlement process.

**Bajaj Allianz General Insurance Co. Ltd.**

*952/954, Appasaheb Marathe Marg, Nr. Chaitanya Tower, Prabhadevi, Mumbai-400025*

*Contact numbers: Charges Applicable 020-30305858/ Toll Free-18002095858*

**Schedule I**

**Personal Accident Insurance Intimation Form on SBI Debit Card**

This form is not to be taken as an admission of liability.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Policy No: OG-22-1919-9902-00000077**

1.	Name of SBI Debit Card Holder	
2.	Address of the Cardholder	
3.	Age of the Cardholder	
4.	SBI Debit Card No.	
5.	Type of SBI Debit Card	
6.	Account No.	
7.	Date of Accident	Date:              Time:
	Date of Death	Date:              Time:
	Where the accident did took place?	
	How did the accident occur?	
8.	Name of the SBI Branch and Branch Code where the Cardholder's account is maintained	Branch Name :  Branch Code :
9.	Personal Accident Insurance Cover Claim amount to the extent as applicable to the Card Variant (Air/Non-Air)	Rs. _____
10.	Name of Claimant	
11.	Full Address of Claimant	

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12	Name of Person who intimate the claim	
13	Contact No ( Compulsory )	
14	Email ID for Further Communication	

**[Signature]**

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**Schedule II**

**Documents Check List for Personal Accident Claim**

Sr	Documents	
1.	Copy of claim intimation letter to be sent to Bajaj Allianz General Insurance Company Limited	
2.	Claim form duly filled up.	
3.	Bank Certificate ( Schedule	
4.	Bank Details of Claimant ( Schedule	
5.	Certified copy of Police Report and F.I.R./ Panchnama.	
6.	Copy of Post Mortem (Autopsy Report as per PM report).	
7.	Medical Certificate from 1 <sup>st</sup> attending Doctor in case of death after accidental hospitalization.	
8.	Original Death Certificate	
9.	Aadhar Card of the Cardholder	
10.	Affidavit from Legal Heir(s)	
11.	Original Debit Card	

Documents from serial no. 3 to 9 need to be duly attested by issuing authority or police authority official.

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**Schedule III**

**Personal Accident Claim Form**

If the Insured is unable to complete this form, it may be filled up on his behalf.  
The Insurers do not admit liability by issuing this form

Policy No: **OG-22-1919-9902-00000077**

Claim No: \_\_\_\_\_  
(to be filled by Bajaj Allianz GIC LTD.)

1.	Name of SBI Debit Card Holder	
2.	Address of the Cardholder	
3.	Age of the Cardholder	
4.	SBI Debit Card No.	
5.	Type of SBI Debit Card	
6.	Account No.	
7.	Date of Accident	Date:          Time:
	Date of Death	Date:          Time:
	Where the accident did took place?	
	How did the accident occur?	
8.	Name of the SBI Branch and Branch Code where the Cardholder's account is maintained	Branch Name :  Branch Code :
9.	Personal Accident Insurance Cover to the extent as applicable to the Debit Card variant	Rs.
10.	Name of Claimant	

11.	Full Address of Claimant	
12	Contact No of Claimant (Compulsory)	
13	Email ID for Further Communication	

**[Signature of Claimant]**

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**Schedule IV**

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**(On Bank's Letter Head)**

SBI of India,

Branch Name: \_\_\_\_\_ : Code No \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_@sbi.co.in

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Ref No. \_\_\_\_\_

Date: \_\_\_\_\_

**Policy No: OG-22-1919-9902-00000077**

**Personal Accident Insurance Claim on SBI Debit Card**

**SBI Debit Card No. \_\_\_\_\_**

This is to certify that Shri/Smt/Ms \_\_\_\_\_ who has expired in an accident on \_\_\_\_\_ (as per the documents enclosed), is a SBI Debit Cardholder.

1.	Name of SBI Debit Cardholder			
2.	Address of the Cardholder (as per Bank's record)			
3.	SBI Debit Card No. with date of issuance			
4.	Type of SBI Debit Card (Tick applicable one)	Variant	VISA	MasterCard
		Gold		
		Platinum		
		Signature/World		
		Pride (Business Gold)		
		Premium (Business Platinum)		
5.	Bank Account No.			
6.	Name of the SBI Branch and Branch Code where the Cardholder's account	Branch Name : Branch Code :		

	is maintained	
7.	Date of Accidental Death (as per death certificate)	
8.	Claim amount under Personal Accident Insurance as applicable	Rs.
9.	Name of legal heir(s) (as per the affidavit)	
10.	Full Address of legal heir(s) (as per the affidavit)	

The Bank or its Officers will not be held responsible for the genuineness/ authenticity of other documents like FIR, Death Certificate, Post Mortem report, affidavit etc, being submitted by the claimant (s) 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 (s) and the Insurance Company.

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

Signature  
(Branch Manager/Branch Head)



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**Schedule V**

Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Mandate Form for Electronic Transfer of Claim Payments**

<b>To</b>  <b>Bajaj Allianz General Insurance Company Ltd</b>	Office Code & Name :  i-track Number :
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Partner ID (To be filled by Office):

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Full Name: Shri / Smt / Kum / M/s

\_\_\_\_\_

(As appears in your bank account)

Full Address: \_\_\_\_\_

\_\_\_\_\_ PIN Code: \_\_\_\_\_

Contact / Mobile No: \_\_\_\_\_ Email ID: \_\_\_\_\_

Bank Name:											
Branch Name & Address:											
Branch Tel No & Contact No:											
Branch IFSC Code for NEFT											
Branch MICR Code											

Name of the Account Holder : (As per Bank Account)																
Account Type		Savings						Current					Cash Credit			
Account No. (as appearing in the cheque book)																

I/we have read the declarations / conditions mentioned overleaf.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

(Beneficiary's Signature) \_\_\_\_\_

**MANDATORY REQUIREMENT**

**PLEASE ATTACH HERE**

Cancelled blank Cheque of your bank for ensuring accuracy of name of the bank, branch name, Account number and IFSC code. If NAME OR IFSC code of the payee is not printed on the cheque leaf, please attach copy of the first page of the bank passbook also.

I have verified the documents attached with the mandate and confirm that these documents correctly belong to the Partner ID & Partner Name mentioned in the mandate. ( To be verified by superior )

Card Number\_\_\_\_\_ Card Holder Name:\_\_\_\_\_ Card Type\_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

#### DECLARATION

- I / We hereby declare that the particulars given above are correct and complete and no blanks have been left. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information I / we would not hold Bajaj Allianz General Insurance Company Limited responsible.
- I / We undertake to revoke the instruction for NEFT in the event of the business relationship expiring and or being 'terminated' and further hereby specifically authorize Bajaj Allianz General Insurance Company Limited, to do so, for me and on my behalf, in case the revocation communication is not received from me within seven days of expiry and or being termination of relationship.
- I / We further undertake to refund, at any time, any excess amount whether demanded by Bajaj Allianz General Insurance Company Limited or not, which has been credited to my account [due to any reason] by Bajaj Allianz General Insurance Company Limited, in excess of (i) the amount due to me, or (ii) in excess of amount for which I gave mandate, and or (iii) agreed rent/license fees/compensation/refundable security deposit/Commission/Claim/Refund/ Any other payment.
- I / We agree that the payment will be endeavoured to be credited starting from the date of next payment cycle and unless the Mandate is revoked by me/us issuance of relevant credit instruction for electronic payment from Bajaj Allianz General Insurance Company Limited into the aforesaid account will be valid discharge to Bajaj Allianz General Insurance Company Limited for having paid (i) the amount due to me, or (ii) in excess of amount for which I gave mandate, and or (iii) agreed rent/license fees/compensation/refundable security deposit/ Commission/Claim/Refund/ Any other payment.
- I / We further confirm that we understand this mode as a method of payment introduced by Reserve Bank of India, which provides us an option to receive the amount and or to collect our payments by electronic payment mode directly through my/our bank accounts.

- I / We further confirm that I/we understand, Bajaj Allianz General Insurance Company Limited, shall make electronic payment to my account by issuing the Payment instruction electronically through its banker to the Clearing Authority and the Clearing Authority would ensure credit to my/our specified bank account provided hereinabove.
- I / We further undertake to inform Bajaj Allianz General Insurance Company Limited with an advance notice of 6 weeks, to withdraw from this mode of electronic payment.
- I / We further confirm that Bajaj Allianz General Insurance Company Limited will have, at its sole discretion, the right to return back to the option of paying to me/us by way of cheque if there are more than 2 consecutive failures in remittances for no fault on the side of Bajaj Allianz General Insurance Company Limited.
- After Bajaj Allianz General Insurance Company Limited issuing the Payment instruction electronically through its banker, for whatever reasons, if I/we do not get the credit to my/our account, then same shall neither constitute the default in (i) Payment of amount requested by me, or (ii) Payment of amount due to me/us, or (iii) Payment of agreed rent/license fees/compensation/refundable security deposit/commission/claim/ Refund/Any other payment by Bajaj Allianz General Insurance Company Limited nor constitute default of any terms and conditions of any agreement/MOU/ Claim/Refund/Other contract and or Lease agreement/Leave and license agreement with me/us.

Name & Signature of Beneficiary

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**Other Terms & Conditions**

- 1) Personal Accidental (Death) Insurance: This insurance covers the Debit Cardholder (VISA/ MasterCard) for accidental death only, to the extent as applicable on the type of Debit Card held. This policy covers Accidental Death of the insured person occurred due to any bodily injury solely & directly from accident caused by external violent & visible means.
- 2) This Insurance Cover becomes operational when the Card is used at least once (on any channel, viz ATM/PoS/eCom during the last 90 days (Successful Financial transaction) from the date of accident.
- 3) In case of Death due to Air Accident, Insurance Cover will only be available to the Cardholder subject to a condition that the air ticket should have been purchased by using the Debit Card.
- 4) The personal accident (Death) cover will be available for the beneficiaries in case of death in terrorist action/naxalite action and it will also cover death of Defence (Army/ Navy/ Air-Force)/ Paramilitary/ Police/ Indian Coast Guard personnel on/off duty.
- 5) Insurance Company after receipt of the application will initiate the process of claim settlement. The insurance company will acknowledge the Claim. All the correspondence related to claim will be directly taken up with the claimant (s) without involving Bank.
- 6) All the settlement/disputes will be between the claimant(s) and the insurance company and the Bank will not be a party to such disputes.
- 7) The claim settlement will be entirely the responsibility of the Insurance Company and Bank will have no liability towards any claim/ dispute.
- 8) The insurance Company shall, on receipt of complete set of documents, process the claim. Any requirement / deficiencies in the documents submitted shall be sought within 15 working days of receipt of the claim. All the documents being in order, the Insurance Company will settle the claim within 30 working days from the date of receipt of last document. In case of delay beyond 30 days, the Insurance Company shall pay interest as per the IRDA regulations.

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- 9) The claimant(s) has to submit Personal Accident Insurance Intimation Form (intimation letter) within 90 days of the accidental death of the Cardholder through speed post/registered post / courier/ by hand.
- 10) The Personal Accident Claim Form duly filled in all respects with necessary document as per check list should be submitted within 90 days thereafter (i.e. period for intimation + claim = 90 days + 90 days = 180 days).
- 11) If the Debit Card holder is having more than one eligible Debit Card issued to him under one or more accounts, only one higher variant of the Debit Card will be considered for the claim purpose. Only the Gold/Platinum/Business Gold/ Business Platinum/Signature Debit Card (VISA/MasterCard) used at least once (on any channel, viz ATM/PoS/eCom during the last 90 days (Successful Financial transaction) from the date of accident will be considered as eligible for the claim .
- 12) All claims where accident has occurred within the period of the policy and death has occurred, both (i) within the period of policy or (ii) after the expiry of policy shall be entertained by the Insurance Company. Further, as per IRDA guidelines, no claims should be rejected on account of delayed intimation and documents without ascertaining and recording the reasons for the said delay and satisfying themselves that the claim would otherwise have been rejected even if it had been reported in time.
- 13) The beneficiary on death of eligible Debit Cardholder shall be as follows:
  - a. Nominee, registered with the Bank for Savings Account in which the Debit Card has been issued in single name ( Bank's role will be limited only to certify the name of nominee as per records of the Bank)
  - b. In cases where the nominee's name is not available but the Savings Account in which the Debit Card is issued, is a joint account, then the beneficiary will be the surviving joint account holder(s) for the purpose of insurance claim. (Bank's role will be limited only to certify the names of surviving joint account holder(s) as per Bank records)
  - c. In cases other than a) and b) above the claim shall be settled as per the procedure of insurer. The identification of legal heirs and the authenticity of the claim would be the responsibility of Insurer.
- 14) Any other supporting document / information, if required to deal with the claim would be asked for.