

Claim Process for Purchase Protection Cover
SBI Gold/Yuva/Pride/Platinum/Premium/Signature Debit Card
(Visa/MasterCard)
& Debit Cards issued to Salary Package Account holders (all
MasterCard/Maestro/ VISA variants)

1. Policy No: 240700591810000059

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

2. The claimant will be the Cardholder.

3. The insured has to lodge FIR with police immediately on the occurrence of burglary or theft.

4. The claimant has to submit *Purchase Protection Intimation Form (Page-2)*, within 7 days of last unauthorized transaction occurred using the lost Debit Card through speed post/registered post/courier/by hand to:

NATIONAL INSURANCE CO. LTD.

The Manager,

DO-XVII, Belapur Division

Vindhya Commercial Complex,

5th Floor, Plot No. 1, Sector 11, CBD Belapur, Navi Mumbai – 400 614.

Tel. 022-2757 5426/2757 9963/ 2756 0813

Fax: 022-2757 4342

Email Ids: Vinayak.Bhise@nic.co.in / 240700@nic.co.in / SmitaS.Patil@nic.co.in / RachanaK.Singh@nic.co.in

Additionally mark Emails to ANAND RATHI INSURANCE BROKERS LTD.

Email ID : sharduljoshi@rathi.com / binitashah@rathi.com

Mobile – Mr. Shardul Joshi - +91 7045417583

5. The claimant has to submit the documents as per the *Documents Check List for Purchase Protection Claim (Page-5)* along with Certificate from the Bank's Branch where the Cardholder's account is maintained, confirming the authenticity of Cardholder, his Account No. and Debit Card No. **(Pages 6-7)**.

6. The *Purchase Protection Claim Form (Pages 3-4)* duly filled in all respects should be submitted within 30 days thereafter (i.e. period for intimation + claim = 7 days + 23 days = 30 days maximum).

7. The claimant will also have to submit *Bank Account Details (Page-8)* at the time of settlement of claim.

8. All correspondence shall be only between the claimant and National Insurance Company Limited.

9. Detailed terms and conditions are provided on **Page-9**.

10. Please note that all the documents submitted in regional language need to be translated to English to avoid delay in the settlement process.



नेशनल इन्श्योरेन्स कम्पनी लिमिटेड

(भारत सरकार का उपक्रम)

बेलापूर मण्डल कार्यालय: विंध्या कमर्शियल काम्पलेक्स, 5वीं मंजिल, प्लॉट क्र. 1,
सेक्टर 11, सी. बी. डी. बेलापूर, नवी मुंबई – 400 614

NATIONAL INSURANCE COMPANY LIMITED

(A Govt. of India Undertaking)

DO-XVII, Belapur: Vindhya Commercial Complex, 5th Floor, Plot No. 1,
Sector 11, CBD Belapur, Navi Mumbai – 400 614

Tel. 2757 5426/2757 9963 (D): 2756 0813 Fax: 2757 4342, website: www.nationalinsuranceindia.com
Email Ids: Vinayak.Bhise@nic.co.in / 240700@nic.co.in / SmitaS.Patil@nic.co.in / RachanaK.Singh@nic.co.in
(Registered & Head Office: 3, Middleton Street, Kolkata – 700 071)

Purchase Protection Insurance Claim Intimation Form

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

Date: _____ Place: _____

Policy No: 24070059181000059

| | | |
|----|---|----------------------------------|
| 1. | Name of SBI Debit Card Holder | |
| 2. | Address of the Cardholder | |
| 3. | Age of the Cardholder | |
| 4. | Masked SBI Debit Card No (First Six & Last 4 Digits) | First Six : Last Four : |
| 5. | Type of SBI Debit Card | |
| 6. | Account No. | |
| 7. | Whether it is an SBI Salary Package Account | YES/NO |
| 8. | Date of Burglary/Theft | Date: Time: |
| | Where the loss did took place? | |
| | How did the loss occur? | |
| 9. | Name of the SBI Branch and Branch Code where the Cardholder's account is maintained | Branch Name : Branch Code : |

(Signature of the Claimant)

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड



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**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF
LIABILITY ANSWER ALL QUESTION FULLY**

PURCHASE PROTECTION CLAIM FORM

(Purchase Protection cover valid only for 90 days from the date of purchase)

Policy No: 240700591810000059

Claim No: _____
(to be filled by National Insurance Company Limited)

Name of Insured (in Full): _____ Age: _____

Address in full: _____

Mobile No _____ Telephone No (with STD Code): _____

Profession or Occupation: _____
(Please indicate whether Master Superintending, Master working or Workman)

SBI Debit Card No. _____

Account No. _____ maintained at _____ Branch.

Claim Amount: _____

| | | |
|----|---|--|
| 1. | (i) Full Address of Premises broken into (ii) Description of the Article/Item stolen (iii) How was it stolen? | |
|----|---|--|

| | | |
|----|---|--|
| 2. | (i) Whether the premises were inhabited at the time of the Burglary? (ii) If not, for what periods have they been uninhabited since the last premium was due | Not applicable |
| 3. | When did you inform the Police Authorities of the theft and at which Police Station | |
| 4. | Whether you are the sole owner of the property stolen? | |
| 5. | State the estimated value of the total Contents of the premises at the time of The Burglary. | |
| 6. | Are there any other insurance against Burglary upon the same property? If so give full particulars of insurance | Rs_____. In the _____ Company Policy No_____ |
| 7. | Have you ever before sustained loss by Burglary? If so give particulars. | |

I / We above named being insured under the above Policy do hereby declare and set forth that at or about ____ a.m. / p.m. on the _____20 ____ a theft was committed at above described Premises in the manner stated and articles enumerated in the within list and valued at sum or Rs. _____ were stolen there from and I / we further declare that no other person has any interest in the said property, as Owner Mortgage, Trustee or otherwise, and that it is not otherwise insured against Burglary, with this or any other Office, except as above stated.

Witness my hand this _____day of _____ 20_____

Witness _____
Occupation _____
Address _____

(Signature of Insured)

DECLARATION

I, the undersigned, do hereby declare that to the best of my knowledge and belief the foregoing particulars are true and correct.

Signature of the Claimant: _____

Date: _____

नेशनल इन्श्योरेन्स कम्पनी लिमिटेड



(भारत सरकार का उपक्रम)

बेलापूर मण्डल कार्यालय: विंध्या कमर्शियल काम्पलेक्स, 5वीं मंजिल, प्लॉट क्र. 1,
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(Registered & Head Office: 3, Middleton Street, Kolkata – 700 071)

Documents Check List for Purchase Protection Claim (Purchase Protection cover valid only for 90 days from the date of purchase)

| SI | Documents | |
|-----|---|--|
| 1. | Copy of FIR which was lodged. | |
| 2. | Proof of purchase | |
| 3. | Original cash memo & bank debit slip indicative of purchase of stock item through debit card. | |
| 4. | Duly completed burglary claim form | |
| 5. | Declaration of loss due to burglary | |
| 6. | Confirmation from the bank about transaction and card no. and card issuance date from bank records | |
| 7. | Claim form and immediate intimation to be submitted within 7 days. | |
| 8. | Purchase protection will be available upto 90 days from the date of purchase excluding perishable goods within the policy period. | |
| 9. | Liability shall be restricted to sum insured within the policy period | |
| 10. | Proof of purchase (copy of bill) | |
| 11. | Attested Copy of the Debit Card | |

Documents from serial no. 3 to 9 need to be duly attested by gazetted official, headmaster/principal of recognized educational institution.

(On Bank's Letter Head)

SBI of India,
Branch Name: _____ : Code No _____
Address: _____
Telephone No _____ Fax No: _____
Email: _____@sbi.co.in

Ref No. _____ Date: _____

Policy No: 240700591810000059

(Purchase Protection cover valid only for 90 days from the date of purchase)

This is to certify that Shri/Smt/Ms _____
who has suffered a loss of items purchased using SBI Debit Card, due to theft/ burglary
on _____ (as per the documents enclosed), is a SBI
Debit Cardholder.

| | | |
|----|---|---|
| 1. | Name of SBI Debit Cardholder | |
| 2. | Address of the Cardholder (as per Banks record) | |
| 3. | Masked SBI Debit Card No. with date of issuance | First Six digits : Last Four digits: Date of Issuance |
| 4. | Type of SBI Debit Card | |
| 5. | Bank Account No. | |
| 6. | Whether it is an SBI salary package Account | Yes/No |
| 7. | Name of the SBI Branch and Branch Code where the Cardholder's account is maintained | Branch Name : Branch Code : |
| 8. | Date of Burglary/Theft | |

| | | |
|-----|---|-----|
| 10. | Amount claimed to the extent applicable as per the Card variant | Rs. |
| 11. | 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 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

Signature
(Branch Manager/Branch Head)

Date: _____
Place: _____

The Senior Divisional Manager,
National Insurance Company Limited,
DO-XVII, Belapur, Vindhya Commercial Complex,
5th Floor, Plot No. 1, Sector 11, CBD Belapur,
Navi Mumbai – 400 614
Tel. 022-2757 5426/2757 9963/2756 0813, Fax: 2757 4342

Bank Account Details:

| | |
|--------------------------------|--|
| Claimant Name | |
| Claimant's Account No | |
| Claimant's Bank Name | |
| Claimant's Bank Branch Address | |
| Claimant's Bank IFSC Code | |
| MICR Code | |
| Type of Account | |

Signature of the Claimant: _____

Date: _____

Other Terms & Conditions

- 1) Purchase Protection Insurance: This insurance covers the Debit Cardholder for items purchased (excluding perishables, jewellery, precious stones) by using eligible SBI Debit Card only at PoS/Online, to the extent as applicable on the type of Debit Card held. This policy protects the insured person/ Cardholder in the event of the loss of the insured property due to theft/burglary/house breaking including theft from vehicle and attempted theft etc. Cover is for 90 days from the date of purchase of the insured property.
- 2) Such claims will be settled on production of the bill of purchases made using Debit Card and the declaration by the Cardholder or any supporting evidence as per industry practice.
- 3) In case of any loss/claim, the Cardholder will give written loss intimation to the police authority. No FIR/Final Police Report will be insisted upon by the Insurance Company.
- 4) Claim shall be paid as per the amount appearing in the account statement related to the Debit Card without deducting any depreciation amount.
- 5) If the Debit Card holder is having more than one eligible Debit Cards issued to him under one or more accounts, only one Debit Card will be considered for the claim purpose.
- 6) 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/nominee without involving Bank.
- 7) All the settlement/disputes will be between the claimant and the insurance company and the Bank will not be a party to such disputes.
- 8) The claim settlement will be entirely the responsibility of the Insurance Company and Bank will have no liability towards any claim/dispute.
- 9) 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 10 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.
- 10) The claimant has to submit Purchase Protection Insurance Intimation Form (intimation letter) within 7 days of occurrence of loss. If the intimation is made after 7 days the same will be rejected.
- 11) The Purchase Protection Claim Form duly filled in all respects should be submitted within 30 days thereafter (i.e. period for intimation + claim = 7 days + 23 days = 30 days maximum) failing which the claim will not be accepted.
- 12) Any other supporting document/information, if required to deal with the claim would be ask for.