



भारतीय स्टेट बैंक
State Bank of India

Branch Name : _____ : Code No _____

Address : _____

Telephone No _____ email : _____@sbi.co.in

No :

Date :

CERTIFICATE

Policy No. A0869238 for Policy Period 04/01/2017 to 03/01/2018

This is to certify that Shri/Smt/Ms. _____ who has expired on _____ due to accident (as per the documents enclosed), is a holder of **Salary Package Account No.** _____

The details of Salary Package account are as under:

1	Name of the Salary Package Account holder	:	
2	Address in full (as per Bank records)	:	
3	Date of Accidental Death (as per death certificate)	:	
4	Name of the Bank Branch where the Salary Package Account is maintained	:	
5	Type of Salary Package account (Mention DSP/PMSP/ICGSP/PSP/CSP/SGSP/CGSP/RSP/SUSP, etc.)	:	
6	Salary Package Account details :	:	A/c No
	(# Strike out what is not applicable) →		Variant# Silver/ Gold/Diamond/Platinum
7	Claim amount under Personal Accident/Air Accident Insurance (Where applicable)	:	PAI Rs.
			AAI Rs.

(PAI- Personal Accident Insurance :

AAI- Air Accident Insurance)

(DSP- Defence Salary Package/PMSP- Para Military Salary Package /ICGSP- Indian Coast Guard Salary Package /PSP- Police Salary Package/ CSP- Corporate Salary Package/SGSP- State Government Salary Package /CGSP- Central Government Salary Package /RSP- Railway Salary Package/SUSP- start up salary package)

(Affix round stamp of branch with signature and SS No of Branch Official) →

8	Details of Nominee registered with the Bank on above mentioned Salary Package Account.(if any)	:	
	Full Name:		
	Address		
	Phone No.		
9	Full name of Joint Account Holder(s) of the above mentioned Salary Package Account (for Joint Accounts)		
	Full Address of Joint Account Holder		
	Phone No.		

(# Strike out what is not applicable)

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

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

For State Bank of India

Branch Manager
(.....Branch)

(Name)

(SS No.)

Seal and stamp of Branch

(Official signing the certificate should ensure that all the relevant information are properly filled up)