

Future Generali India Insurance Co. Ltd.

Address: Future Generali Health, Office No. 3, 3rd Floor,
"A"-Building, G-O-Square, Wakad, Pune - 411 057, Maharashtra

Email Id: fgh@futuregenerali.in

**GROUP PERSONAL ACCIDENT/ AIR ACCIDENT CLAIM INTIMATION FORM
TO BE SUBMITTED FOR CLAIMING PERSONAL ACCIDENT INSURANCE (DEATH) /
AIR ACCIDENT INSURANCE COVER ON SALARY PACKAGE ACCOUNT HOLDERS OF SBI**

Issuance of this format for intimation of a claim is not to be taken as an admission of liability.

(To be submitted to Future Generali India Insurance Co Ltd (FGIICL) within 90 days after date of death of Salary Package Account holder)

Policy	State Bank of India – Salary Account Holders	Fax No.: 1800 209 1017 / 1800 103 9998 Tollfree Phone: 18001038889/18002091016
Policy No. A0869238 for Policy Period 04/01/2017 to 03/01/2018		

1	Name of Salary Account holder	
2	Address in full	
3	Age (in years)	
4	a) Date of Accident	
	b) Time of Accident	
	c) Place of Accident	
	d) Details of Accident	
	e) Date of Death	
5	a) Name of the Bank Branch where the Salary Package Account is maintained	
	b) Branch Code of the Bank Branch where the Salary Package Account is maintained	
	c) Postal Address of Bank Branch to which correspondence can be exchanged by FGIICL	

6	Salary Package Account No	
7	Type of Salary Package Account	# CSP/DSP/PMSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP
8	Variant of Salary Package A/C :	@ Silver/ Gold/ Diamond/ Platinum
9	Name of the organization in case of DSP / PMSP / ICGSP	@ Army / Air Force / Navy / Indian Coast Guard/ Assam Rifle / Rashtriya Rifle / BRO (GREF) / BSF / CRPF / CISF / ITBP / SSB / NSG
10	Personnel / Force number in case of DSP / PMSP / ICGSP	
11	Name of Nominee in the salary package account [If Available]	
12	Relationship of Nominee with Account Holder [If Available]	
13	Address of the Nominee <i>(if available)</i>	
14	E Mail ID of Nominee <i>(if available)</i>	
15	Mobile Number of Nominee <i>(if available)</i>	

[#Corporate Salary Package (**CSP**), Defence Salary Package (**DSP**), Para Military Salary Package (**PMSP**), Indian Coast Guard Salary Package (**ICGSP**), State Government Salary Package (**SGSP**), Central Government Salary Package (**CGSP**), Police Salary Package (**PSP**) and Railway Salary Package (**RSP**), Start up Salary Package (**SUSP**)]
(@ STRIKE OUT WHAT IS NOT APPLICABLE)

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 Insured _____

E Mail of Individual Signing Above (if available)

Mobile/ Contact Number of Individual Signing Above