



Tata AIG General Insurance Co. Ltd.

A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E), Mumbai, 400097

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT /DISABILITY CLAIM INTIMATION FORM
(SALARY PACKAGE/PENSION A/Cs)

To be submitted for claiming Personal Accident Insurance (PAI) (death only) /Air Accident Insurance cover (AAI) (death only) within 90 days after date of death of Salary Package Account holder of SBI (Intimation may be advised through Email, Post, Telephone/ Fax) Issuance of this format for intimation of a claim is not to be taken as an admission of liability. Death/Disability due to accident only is covered under the Policy and account should be under Salary Package as on date of accident/death/disability)

#Do not leave any fields Blank, mark NA where not applicable.

Policy No. (A/c State Bank of India)		Address: Tata AIG General Insurance Co. Ltd A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E) Mumbai, 400097 Phone/Fax No. 022-66930000/66699718 Email Id: vishal.sawant@tataaig.com paclaim.support@tataaig.com
Policy Period	04 .01.2022 to 03.01.2023	

1	Name of Salary/Pension Account holder	
2	Address in full	
3	a) Date of Accident	
	b) Time of Accident	
	c) Place of Accident	
	d) Details of Accident	
	e) Date of Death	
4	Salary Package/Pension Account No.	
5	Xpress Credit (PL) Outstanding (if any), Ac for DSP/CAPSP/ICGSP (Death in action No against Anti National Activities, Terrorist, Naxalite foreign enemy only	
	O/s	
6	Type of Salary Package/Pension Account (Tick the appropriate one)	CSP/DSP/CAPSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP/ Pensioner (DSP/CAPSP/ICGSP)
7	Variant of Salary Package A/c (tick the appropriate box)	Silver <input type="checkbox"/> Gold <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/>

8	Name of Organization for DSP/CAPSP/ICGSP	Army / Air Force / Navy / Indian Coast Guard/ Assam Rifle / Rashtriya Rifle / BRO (GREF) / BSF / CRPF / CISF / ITBP / SSB / NSG/RPF/ NDRF/SPG
		Unit Address:
		Contact Detail Landline: Mobile No:
9	Name of the organization for others i.e. PSP/CGSP/SGSP/RSP/SUSP/CSP	Name of Employer:
		Department Name:
10	Personnel/Force/Batch No./ Employee ID number	
11	Details of SBI Branch where Salary Account was maintained	Branch Name:
		Branch Code:
		Place:
		State:
12	Name of Nominee/Joint Account holder in the salary package account [as per Bank's record]	
13	Relationship of Nominee with Account Holder	
14	Address of the Nominee	
15	E Mail ID of Nominee (if available)	
16	Contact Number of Nominee (if available)	

[#Corporate Salary Package (CSP), Defence Salary Package (DSP), Central Armed Police Salary Package (CAPSP), 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)]
 (@ Please tick on the appropriate organization)

Above information 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



Tata AIG General Insurance Co. Ltd.
 A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E), Mumbai, 400097
GROUP PERSONAL ACCIDENT/ AIR ACCIDENT CLAIM FORM
(TO BE FILLED BY NOMINEE/ CLAIMANT/ LEGAL HEIR)

Submission of this format for claim is not to be taken as an admission of liability.

Policy No. (State Bank of India)		Address: Tata AIG General Insurance Co. Ltd A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E)
Policy Period	4.01.2022 to 03.01.2023	Mumbai, 400097 Phone/Fax No. 022-66930000/66699718 Email Id: vishal.sawant@tataaig.com paclaim.support@tataaig.com

1	Name of Salary/Pension Account holder	
2	Address of Claimant	
3	Date of Accident	
4	Date of Death of Salary/Pension Account Holder	
5	Cause of Death	
6	Salary/Pension Package Account No.	
7	Xpress Credit (PL) Outstanding (if any), for DSP/CAPSP/ICGSP only	Ac No: _____ O/s as on date: _____
8	Name of the organization	
9	Name of Nominee/Joint Account holder in the salary/pension package account	
10	Mobile Number of Nominee/ Joint account holder	
11	Contact Number of other close person/relative	
12	Branch Details where Salary/Pension Account is maintained	Branch Name:
		Branch Code:
		Place:
		State:
13	Claim Amount (eligibility as per he variant/Package)	PAI: Rs.
		AAI: Rs.
		Add on Covers: Rs.

Please ensure to enclose below mentioned documents:

DOCUMENTS TO BE SUBMITTED ALONG WITH ANNEXURE 5 (Claim Form)

SI No.	Documents	Enclosed (Yes / No)		Documents	Enclosed Yes / No
I	Annexure 4: Claim Intimation Form		VIII	<i>Viscera Report / Chemical Analysis Report in case where postmortem report shows the cause of death due to poisoning or alcohol or confirm after Viscera/Chemical Analysis Report</i>	
II	Annexure 6: Duly stamped and signed Certificate by SBI Branch Manager on Bank Letter head.		XI	<i>Aadhar Card of Nominee/Joint Account holder /Claimant in the salary package account</i>	
III	Annexure 7: Bank details/ NEFT Form of Nominee/Joint Account /Claimant holder in the salary package account		X	<i>PAN card copy of the Nominee/Joint Account holder/ Claimant in the salary package account. if not available, then form 60</i>	
IV	<i>Attested Copy of Death Certificate</i>		XII	<i>Attested copy of the first page of the Bank Passbook or cancelled Cheque containing the Name of Account Holder (claimant), IFSC Code of the Bank, Bank Account Number of Nominee/Joint Account holder/ Claimant</i>	
V	<i>Attested Copy of Postmortem Report</i>		XII	<i>Other suitable document to prove legal heirship in case claimant is not a nominee / joint account holder as per Bank's record</i>	
VI	<i>Attested Copy of FIR Report</i>		XIII	<i>In case of multiple heirs, (consent from all the legal heirs)</i>	
VII	<i>Defence Authority report in case FIR is not available (For Armed forces)</i>		XIV	<i>Certified Copy of Final Police Investigation Report in case of train accident/drowning/murder</i>	

I hereby declare that the foregoing statements made by me are true in all respects, that I have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I have made or in any further declaration the Company may require shall make any false or fraudulent statement or untrue averment whatever, the Claim shall be void and my right to compensation forfeited. I am willing if required, to make and provide to the Company a statutory Declaration of the whole of the foregoing statement or of any other statement made in connection with this claim.

Signature of Nominee/Joint Account Holder/Claimant
Name

Date

Annexure 6**To be submitted on Bank's letter head**

This is to certify that Shri/Smt/Ms. _____ who expired on _____ due to accident (as per the documents submitted by the nominee/ claimant), is a holder of Salary Package Account:

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	Details of SBI Branch where the Salary Package Account is maintained	:	Br. Name:
		:	Br. Code:
		:	State:
		:	Module: Circle:
5	Salary Package Account Number	:	
6	Xpress Credit (PL) Outstanding (if any), for DSP/CAPSP/ICGSP only	:	Ac No. O/s as on Date:
7	Name of Salary Package account DSP/CAPSP/ICGSP/PSP/CSP/SGSP/CGSP/RSP/SUSP	:	
8	Salary Package Account Variant:	:	Silver/ <input type="checkbox"/> Gold <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/>
9	Date of last Salary Credit (Prior to Accident)	:	
10	Claim amount under PAI/ Air	:	PAI: AAI:
11	Name of the Joint account holder of Salary Account (if available)	:	
12	Address/Contact No of Joint Account holder	:	
13	Is nomination available in the Account of the deceased (Yes/No to be mentioned)	:	
14	Name of nominee(s), if available	:	
	Contact No./ Address of Nominee	:	
15	Nominee A/c details (Ac should be in SBI only)	:	

Details of Bank account and nominee have been furnished only after verifying the same

in CBS. The undersigned will not be held responsible for the genuineness/authenticity of documents like FIR, Death Certificate, Postmortem report, etc. 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.

Branch Name

Branch Code

Date:

For State Bank of India

Signature of Branch Manager

Name of the Signing Officer:



NEFT FORM FOR PERSONAL ACCIDENT INSURANCE
(To be submitted by the Nominee/Claimant/Legal heir only)

Tata AIG General Insurance Co. Ltd.
A-501, Building no-4, IT Infinity Park, Dindoshi, Malad (E), Mumbai, 400097
vishal.sawant@tataaig.com
(Policy No.)

Sir,

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

SBI Account Details for NEFT/RTGS	
Name of the Claimant (Account Holder)	
Bank Name	State Bank of India
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, Tata AIG General 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 Tata AIG General 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.

I authorize State Bank of India to recover / adjust any Loan / dues outstanding in the name of the life assured/deceased before allowing release of funds from my account in which insurance claim due is paid.

Name: (.....)

Signature of the Applicant (Claimant)

Place:

Date:/...../.....