

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

1. Policy No: 240700421810000101
(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 120 days from date of the accidental death of the Cardholder through speed/registered post/courier/by email/ by hand /tele-call:

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

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 240 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 National 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.

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)

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: 240700421810000101

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	

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

[Signature]

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)

Documents Check List for Personal Accident Claim

Sr	Documents	
1.	Copy of claim intimation letter to be sent to National 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 st 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.

Schedule III

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)

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: 240700421810000101

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

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]

(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: 240700421810000101

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 Banks record)	
3.	SBI Debit Card No. with date of issuance	
4.	Type of SBI Debit Card	
5.	Bank Account No.	
6.	Name of the SBI Branch and Branch Code where the Cardholder's account is maintained	Branch Name : Branch Code :
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)

Schedule V

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 (s) Name	
Claimant (s)'s Account No	
Claimant (s)'s Bank Name	
Claimant (s)'s Bank Branch Address	
Claimant (s)'s Bank IFSC Code	
MICR Code	
Type of Account	

Bank Stamp

Signature of the Claimant (s):

Date:

Date:

Other Terms & Conditions

- 1) Personal Accidental Insurance: This insurance covers the Debit Cardholder 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 (**Financial / Non-financial transaction**) from the date of accident.
- 3) In case of Death due to Air Accident, that 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 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.
- 9) The claimant(s) has to submit Personal Accident Insurance Intimation Form (intimation letter) within 120 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 120 days thereafter (i.e. period for intimation + claim = 120 days + 120 days = 240 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.
- 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 no claims should be rejected on account of delay in intimation of claims/submission of claim documents as per IRDA guidelines.
- 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.