



उत्तर प्रदेश UTTAR PRADESH

EZ 983734

Memorandum of Understanding (MoU)

This Memorandum of Understanding (MOU) is executed on the 14th November 2019 between **Uttar Pradesh Police Head Quarters (UP Police)**, represented by Shri Navniet Sekera, Inspector General of Police (Housing / Welfare), Uttar Pradesh Police, having its headquarters at Signature Building, 7/30, Gomti Nagar Extension, Lucknow - 226010 hereinafter referred to **UP Police** which expression shall unless the context otherwise requires include its successors/legal heirs/administrators/executors and permitted assigns.

AND

State Bank of India (SBI), a Body Corporate incorporated under the State Bank of India Act 1955 and carrying on the business of banking, having its Central Office at Madame Cama Road, Mumbai amongst others one of its Local Head Office at Moti Mahal Marg, Hazratganj, Lucknow-226 001 (hereinafter referred to as the '**SBI**' or **Bank**, which expression shall unless the context otherwise requires include its successors in business) through Shri Satish Patwardhan, General Manager, Network-I, State Bank of India, Local Head Office, Lucknow.

The UP Police in its efforts to simplify and streamline the salary disbursement procedure and to make available modern banking facilities to its personnel has decided to accept the proposal submitted by SBI.

And SBI possessing technologically advanced infrastructural facilities having offered to provide banking services as detailed herein below to the UP Police personnel operating their salary account with the Bank.


22/11/2019



क्रमांक 44121 दिनांक 14/11/2019
मूल्य शिवाजी ट्रेडिंग कंपनी
भारत शा. अ. वि. के. ता.
एस. 0 रा. के. ता.
ल. 0 36, [Signature]

No.

Produced with ScanTOPDF



Now therefore this Memorandum of Understanding (MOU) witness as under:

Both parties have agreed as follows:-

1. **Period of MOU** - This MOU shall be operative initially for a period of 3 years w.e.f. 18th November 2019 which may be extended for a further period of 3 years or as mutually agreed by both the parties. However, there shall be a review for any amendment/addition/deletion of features of the Salary Package, from time to time.

2. **Conversion of account to Police Salary Package (PSP)**

(a) Existing salary accounts of UP Police personnel will be converted to Police Salary Package (PSP) accounts, subject to an application-cum-undertaking to be submitted by the account holder as per specimen in **Annexure I**. As contained in the same Annexure I, all personnel who opened PSP Accounts with SBI, whether new accounts or converted, will undertake to obtain no objection certificate (NOC) from SBI as per **Annexure II** in the event he/she desires to shift the account to another Bank for credit of salary. However, to expedite the process of conversion of maximum no. of existing ordinary Savings Account of UP Police to PSP, so as to pass on the benefit as mentioned in Annexure IV, the Salary Disbursing Authority may forward a list of such accounts containing Name, Account No., Designation/ Rank and Gross Salary to the Salary uploading branch. The Conversion of account will be subject to compliance of KYC updation as per RBI Guidelines. UP Police undertakes to credit the salary to the accounts of those employees who have opted for PSP account, till submission of NOC from SBI as per Annexure II.

(b) UP Police does not undertake any liability for loans given by SBI to Police personnel in their individual capacities. The UP Police will not be impleaded in any claim, action, lawsuit which an account holder may file against SBI or vice versa i.e. which SBI may file against the account holder. However, UP Police will provide information about defaulters as regards their current postal address maintained in the records subject to denial due to exigencies of service/ security considerations.

3. **Facilities to Account holders**

The Bank undertakes to provide following facilities/services to UP Police personnel drawing their salary through any of its branches:

- Usage of the largest ATM network of SBI Group free of charge
- Usage of other bank ATMs – subject to RBI regulations as applicable from time to time
- Unlimited free transactions irrespective of metro/non-metro locations for all variants
- Anywhere Banking via ATM Card
- Free ATM Card
- Free Supplementary ATM Card for Joint Account holders.
- Free Facility of setting up of Standing Instructions.
- Allotment of safe deposit lockers, subject to availability.


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- Loans will be disbursed to eligible UP Police personnel upon fulfilment of eligibility criteria and on meeting of Bank's terms & conditions, including establishing the applicant's creditworthiness as per the Bank's guidelines.
- All other facilities being provided to Bank's normal customers operating salary accounts, subject to the discretion of the Bank.

4. Other facilities will be as per variant Police Salary Package (PSP) enclosed at **Annexure IV** depending upon the type of account. However, the Salary Account will become a normal Savings Bank Account and benefits under PSP will be withdrawn, if salary credit is not received for last three consecutive months.

5. **International Debit cum ATM Card** (Available to Gold, Diamond & Platinum categories)

SBI agrees to issue a free International Debit cum ATM card to salary account holders in Gold, Diamond and Platinum categories as per their eligibility, on their request. The norm for issuance of such international cards may vary as per the RBI guidelines.

6. **Xpress Credit Loan**: SBI will provide the Xpress Credit Loan to eligible PSP account holders. The Xpress Credit Loan will be provided solely at the discretion of the Bank and will be subject to the fulfilment of conditions as laid down by the Bank from time to time.

7. **Recall of Salary Disbursed**: In exceptional circumstances, the UP Police may recall the salary erroneously disbursed to deserters or delinquent personnel. Upon written request of the UP Police department communicating specific details of personnel, bank account with SBI, period and amount, and further subject to availability of funds in the specified account, the Bank will comply with the request and refund the amount by a Bank Draft to the UP Police for crediting into their account. The Bank will not be liable or held accountable for any consequential or related action arising from the act of refund of amount to the UP Police.

Pending refund of the amount recalled, the Bank will mark a hold on the required amount(s) so notified by the UP Police in the concerned salary account with SBI to prevent fraudulent withdrawals from it.

The above will not apply for salary accounts with other banks, even if, the salary credit is posted through SBI.

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8. Confidentiality: Each party shall treat as confidential all information obtained as a result of entering into or performing of this MOU but shall be bound to disclose if needed by operation of law or by judicial authorities.

9. Complaint Redressal: Bank has a very well laid down policy on Customer Grievance Redressal. This policy covers all types of customers including pensioners. It also covers the timeframe for redressal as well as the various channels available for lodging the complaints. The policy detail is available at Bank's website for public information. The PSP account holders have the option to use above channel for redressal of their individual grievances/complaints.

In the event that a dispute remains unresolved, it may be referred to the Banking Ombudsman appointed by RBI under the Banking Ombudsman Scheme, if the same can be entertained by the Banking Ombudsman as per the scheme.

10. Termination: In the event of termination of the MOU before its term as per para 1 earlier, the disbursement of salaries to the individual account holders may be done through the same salary account, which will continue, but without the special PSP benefits. This MOU may be terminated with immediate effect by either party giving notice of termination to the other Party (the "Defaulting Party") provided that -

If the Defaulting Party has committed a material breach of any term of this MOU and has failed to remedy such breach (if capable of remedy) within thirty (30) days after notice from the other party to do.

or

If the Defaulting party repeatedly commits the same breach of any of the terms of MOU then the contract may be terminated without any further notice.

Or

If the defaulting party shall cease to carry on its business or substantially the whole of its business.

Or

If there is a material adverse change in any applicable law affecting Banks generally.

11. Personal Accident Insurance (Death) (PAI)

All PSP Account Holders will be covered under complimentary Personal Accidental Death (PAI) Cover, as per their respective PSP Variant (*Details as per Annexure IV*) **subject to regular Salary Credit in the account for last two months prior to the date of incident.** All Personal Accident Insurance (death) claims of the deceased (PSP) account holders should be submitted to the Insurance Company by the claimant in the proper forms along with the relevant documents as prescribed by the Insurance



Company with whom SBI has a tie-up during the pertinent period, the tie-up being subject to annual review and renewal. The Insurance Company, after receipt of the application of the claimant, will initiate the process of claim settlement. All the correspondence related to claim will then be directly taken up between the Insurance Company and the claimant without involving Bank. All the settlements/disputes will be between the claimants and the Insurance Company and the Bank will not be party to such disputes. The claim settlement will be entirely the responsibility of Insurance Company and Bank will have no liability towards any claim/disputes. Claim formats of our present insurer are annexed.

12. Miscellaneous:

(a) The Bank will consider the installation of ATMs and setting up of branches at locations that are mutually convenient. The UP Police on its part will make efforts to provide space for setting up ATMs and Branches which are suitable for the Bank's requirements. The space if available will be provided on rent as mutually agreed by both the parties.

(b) As regards Know Your Customer (KYC) norms, officially valid documents (OVDs), as per recent guidelines will be acceptable. Permanent Account Number (PAN) is no longer in the list of OVDs, but has been mandatory.


(c) In the event any PSP account holder desires to change his salary account from SBI to some other Bank, he has to obtain No Objection Certificate (NOC) from SBI. The SBI will endeavour to issue NOC within 72 hours (3 days after receiving the application). SBI will refine its procedure to ensure best implementation of the commitment. If the branch fails to issue the NOC within the stipulated time the same may be brought immediately to the notice of their controller for intervention.

(d) In the event of non-credit of salary for more than three months in the PSP account of any personnel, Bank has the discretion to convert such account to normal Savings Bank account and shall withdraw all benefit extended to the PSP account holders.

(e) Jurisdiction of Court for adjudication of any dispute arising out of or relating to this MOU will be Lucknow.

13. Publicity: SBI may publish/market about its services extended to UP Police personnel under this MOU and/ or promote its business objectives from time to time.

14. Amendment: Any provisions of this MOU may be amended, waived, discharged or terminated (in each case) only by an instrument in writing signed by or on behalf of the party against whom enforcement of the amendment, waiver, discharge or termination is sought. No breach of or default under any of the provisions of this MOU by either party may be waived or discharged without the other party's written consent thereto.


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15. Notices: Each notice, demand or other communication to be given or made hereunder shall, except as otherwise provided herein, be given or made in writing and may be sent by one party to the other party by Registered Post, telex, facsimile or hand to the address or numbers mentioned above or such other address and number as one party may inform the other in writing.

Signed on behalf of

Uttar Pradesh Police Department



(Navniet Sekera)

Inspector General of Police (Housing/Welfare),
Uttar Pradesh Police Head Quarters,
Lucknow

Date : 14.11.2019

Place : Lucknow

Witnessed

1. Name (JAI PRAKASH SINGH)

Address Addl. S.P.
P.H.Q. Lucknow

Signature

2. Name (CHAKRADHARIYADAV)

Address Section officer
P.H.Q. Lucknow.

Signature

Signed on behalf of

State Bank of India



(Satish Patwardhan)

General Manager, Network-I,
State Bank of India,
Local Head Office, Lucknow.

3. Name

Address

PREETI SRIVASTAVA
DGM (PBBU)
STATE BANK OF INDIA
LOCAL HEAD OFFICE, LUCKNOW

Signature

4. Name Manish Shrivastava

Address BM Police Bhawan, Police
headquarter, Signature Building
Gomti Nagar Extn. Lucknow

Signature

manish



The Branch Manager
State Bank of India
_____ Branch

Dear Sir,

**POLICE SALARY PACKAGE – (1) REQUEST FOR CONVERSION
OF SAVING BANK ACCOUNT TO PSP ACCOUNT AND
(2) UNDERTAKING FROM ALL PSP ACCOUNT HOLDER, NEW & CONVERTED**

1. I maintain a PSP SB account with your branch and the account number is _____/ I intend to open a new PSP SB Account. I am presently employed as _____ with..... Police Department, my ID number is _____ and my date of birth is ___/___/_____ (DD/MM/YYYY). My mobile number is _____. My present address is appended below which may please be incorporated in your records for which I am enclosing a certificate issued from the unit and request you to accept it for satisfying the KYC norms as prescribed by your bank, along with other document(s) as prescribed by the RBI.

2. In this connection I request that my existing account be converted into a Police Salary Package account with all its special features.

3 As regards converting my account to Savings Plus account: (Please tick in the appropriate box)

a. I do not wish to avail of this facility OR

b. I request you to convert my savings account into a Savings Plus account.

(if b, then the application is being submitted separately)

I confirm that I have read and understood the Terms and Conditions of Savings Plus Account. Payment of proceeds, as well as nomination for the term deposits so made would be as per my/ our Savings Plus Account with you, by debit to which the Multi Option Deposits would be created.

4. Since I am presently posted at / is being posted to _____ I request that my account should be transferred to _____ Branch of SBI for ease of operation.

5. The information required in this regard have been furnished below:

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	
Mobile Number	
Address	
Designation	
Department	
Place of Posting	
Address as per OVD	

6. I hereby undertake that I shall obtain a No Objection Certificate letter from SBI in case I desire to change to any other Bank for credit of salary. I further undertake that I shall not seek to change my salary bankers from SBI unless I have liquidated all loans outstanding with SBI.

Yours faithfully,

Place:

Date

Name:

Designation

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23/10/20



Acknowledged Receipt

.....
 (Signature of Branch Manager with
 Signature Number and Branch Stamp)
 Date of Receipt

The Branch Manager
 State Bank of India
 _____ Branch

Dear Sir,

**POLICE SALARY PACKAGE – REQUEST FOR ISSUANCE OF NOC TO
 TRANSFER SALARY FROM PSP ACCOUNT WITH SBI TO ANOTHER BANK**

1. I maintain a PSP SB account with your branch and the account number is _____ . I am presently employed as _____ with Uttar Pradesh Police Department and my ID number is _____. My present address is _____

2. I request you to issue me a No Objection Certificate as I desire to change my salary bank from where I draw my monthly salary i.e. SBI _____ Branch to _____ Bank for the following reason: _____

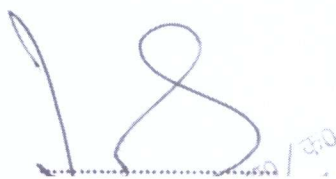
3. I further declare that I have no loan(s) outstanding with SBI.

Date:
 Place:

Yours faithfully,

Name:
 (with Rank and Decorations)
 Address:

To be submitted to the Salary crediting Branch Bank in duplicate and acknowledgement obtained from the Branch Manager/ Authorized signatory of SBI on the second copy, duly stamped including date of receipt by the Bank and signature number of the Bank signatory.




Annexure-III

The Branch Manager,
State Bank of India,
_____ Branch

Dear Sir,

REQUEST FOR OVERDRAFT IN SALARY ACCOUNT

I am maintaining a (Salary Package) Savings Bank account No. _____ with your branch. I confirm that I have received salary credits in aforementioned savings account for atleast past 6 consecutive months.

2. I request you to grant me an overdraft limit (facility) as under:

Amount of Overdraft Required # : Rs. _____
Net Monthly Salary : Rs. _____
Tenor of Repayment : _____ months (Max 6 months)

I am enclosing photocopy of my salary slips for your ready reference. The above loan is required to meet my urgent personal/ domestic expenses.
(# Maximum equivalent to two month net salary)

3. In consideration of your granting me the above facility, I agree

i. that interest on the amount of overdraft loan will be applied at the rate of % above 2 Yrs MCLR, the present effective rate of interest being% p.a. at monthly rests, provided that the Bank shall at any time, and from time to time be entitled to vary the spread/Base Rate at its discretion.

ii. that the overdraft facility will operate on reducing drawing power basis, at monthly intervals, to the extent of the instalment commensurate with the tenor of the loan commencing from the month following the date of sanction of the facility. Interest when applied will be serviced every month. The liability to the Bank will be extinguished only when the outstanding in the Overdraft becomes Nil on payment of all instalment together with interest at the rate applicable.

4. I further undertake:

i. that as a precondition to the overdraft advance granted to me by the Bank, I shall not withdraw/revoke the authority/instruction to my employer to credit my salary to the savings account with you, till liquidation of the overdraft with up-to-date interest

ii. to execute necessary authorization/ documents, if any, as deemed just and necessary by the Bank in accordance with the scheme.





iii. to pay the monthly installment with interest on or before the due date, in case, my salary is not credited to the above account for any reason whatsoever.

iv. I shall obtain a No Objection Certificate letter from SBI in case I desire to change to any other Bank for credit of salary.

v. I shall inform the Bank in event of my resignation, transfer, retirement, discontinuation of service.

5. In the event of delay/ default in credit of monthly salary to the savings account, resulting in irregularity in the account, at any point of time, the Bank may send reminders and the entire incidental charges appurtenant thereto would be recovered from me/us.

6. I further agree that the Bank is at liberty to disclose/share my Credit information to/with Information Company formed under the Credit Information Company (Regulation) Act, 2005, as to the loans granted to me and any other manner which the RBI may consider necessary for inclusion in the Credit Information to be collected and maintained by Credit Information Companies and the Bank is not liable in any manner to me/us for providing the information as aforesaid to the Information Company.

Yours faithfully,

(Applicant)

Name:

Address:

Date

U.P. Police Department will not be held liable for any default to the bank by the individual account holder

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Annexure IV

POLICE SALARY PACKAGE

The product will be offered in 4 variants with features as under:-

Variant	Silver	Gold	Diamond	Platinum
Product Code	1097-1431	1097-1441	1097-1451	1097-1461
Eligibility – (Employees of UP Police)	Police Head Constable, Senior Police Constable, Police Constable, Follower	Sr. Inspector of Police, Inspector of Police, Asst. Police Inspector, Police sub-Inspector, Asst.-Sub Inspector of Police	Superintendent of Police, Dy. Commissioner of Police, Additional Dy. Commissioner of Police, Dy. Superintendent of Police, Addl. Superintendent of Police, Asst. Commissioner of Police, Asst. Superintendent of Police	Director General of Police, Commissioner of Police, Additional Director General of Police, Joint Commissioner of Police, Special Inspector General of Police, Inspector General of Police, Addl. Commissioner of Police, Assistant Inspector General of Police, Deputy Inspector General of Police, Senior Superintendent of Police
Min. Balance	NIL			
Lifetime Unique Account Number (UAN)	Available			
Personal Accident Insurance (Death) Cover Including Death in action for Primary Salary Account holders	Uniform PAI cover of Rs.30.00 lakh*			
Variant	Silver	Gold	Diamond	Platinum
Product Code	1097-1431	1097-1441	1097-1451	1097-1461

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Additional Air Accident Insurance (Death) cover (approved with the condition that Air Ticket has been purchased by debit to Salary Account using State Bank Debit Card/Internet Banking	AAI (Death) Cover of Rs. 1.00 crore*			
Permanent Total Disability Cover (PTD)	PTD cover of Rs. 30.00 lakh*.			
Permanent Partial Disability Cover (PPD)	PTD cover of Rs. 10.00 lakh*.			
*Enhanced insurance cover (irrespective of Variant) will be applicable w.e.f. 18.11.2019 or date of signing of MoU, whichever is later.				
ATM	Free. Domestic Classic Debit Card. Rs 50,000 limit for Point of Sale/ Merchant Establishments	Free. International # Gold Debit Card. Rs 2 lacs limit for Point of Sale/ Merchant Establishments	Free. International # Gold Debit Card. Rs 2 lacs limit for Point of Sale/ Merchant Establishments	Free International # Platinum Debit Card. Rs 2 lacs limit for Point of Sale/ Merchant Establishments
<ul style="list-style-type: none"> • # will be issued to those Salary Package account holders who consent to issuance of International Debit Card • Unlimited number of transactions • No annual maintenance charges. • Add on card for spouse free of cost for joint account holder 				
Transactions at ATM	Any number of transactions subject to a maximum limit of Rs.20,000/- per day.	Any number of transactions subject to a maximum limit of Rs.50,000/- per day in India and Foreign Currency equivalent of Daily Rupee limit abroad	Any number of transactions subject to a maximum limit of Rs.50,000/- per day in India and Foreign Currency equivalent of Daily Rupee limit abroad	Any number of transactions subject to a maximum limit of Rs.1,00,000/- per day in India and Foreign Currency equivalent of Daily Rupee limit abroad



	Free at all SBI Group ATMs & Other Bank ATMs. (Concession in recovery of transaction charges under PSP is subject to change at Bank's discretion from time to time)			
Internet Banking	Free facility offered from SBI. Charges applicable to third party sites like Central Governments etc payable.			
Multi City Cheques	Cheque Leaf charges: NIL Payment Charges : NIL			
Easy Overdraft up to 2 Month's Net salary, (subject to a. credit of salary in the PSP account for a min. period of 6 consecutive months & b. min residual service of 6 months). (Application at Annexure III)	Maximum Overdraft limit of Rs.40,000/-.	Maximum Overdraft limit of Rs.75,000/-.	Maximum Overdraft limit of Rs.1,50,000/-.	Maximum Overdraft limit of Rs.2,00,000/-.
	<ul style="list-style-type: none"> • Rate of interest: As applicable at the time of sanction. • Adjusted from the next salary (ies) within a period of 6 months. • Can be converted into a Xpress Credit loan on application, repayable within 60 months at attractive rates of interest, subject to fulfilling eligibility criteria of Xpress Credit Scheme. 			
RTGS/NEFT	Charges waived for transactions originated only through Alternate Channels	Charges waived for transactions originated only through Alternate Channels	Charges waived for transactions originated through Any Channel	Charges waived for transactions originated through Any Channel
Setting up of SIs	Free			
Savings Plus (Auto Sweep Facility)	Threshold Amount: Rs.35,000/- TDRs/STDRs to be created for a minimum amount of Rs.10,000 (and in multiples of Rs.1,000) in any one instance.			
Charges for issue of demand draft only if issued through transfer from PSP Account. Not applicable for cash entries	Waiver of charges for issue of Demand Draft to Salary Package account holder.			
Concession in locker charges	NIL	NIL	15 % of applicable rates	25 % of applicable rates
Core Power Transactions at Non Home branches Transfer of funds between SBI Branches	Free for PSP account holders (excluding Specialized Branches like SPBs & PBBs)			

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Passbook	Available for all accounts. Free updating at Non Home Branches (excluding Specialized Branches like SPBs & PBBs)
eZ trade (3-in-one account: Demat, share trading and Savings A/c)	Available

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UNITED INDIA INSURANCE CO. LTD

DO- XI, Maker Bhavan No.-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020

Annexure 4

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT CLAIM INTIMATION FORM

To be submitted for claiming Personal Accident Insurance (PAI) (death only) /Air Accident Insurance cover (AAI) (death only) on salary package account within 90 days after date of death of Salary Package Account holder of SBI

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

Policy No (A/c State Bank of India)	1203004218P113494902	Fax No. : 022-22624579
Policy Period	04 .01.2019 to 03.01.2020	Phone No. : 022- 22624525/22624818
		Email Id: 120300@uiic.co.in/ vtsangtani@uiic.co.in
		Correspondence Address: United India Insurance Co. Ltd., Divisional Office–XI, Maker Bhavan No.1, 1st floor, Sir V.T. Marg, Mumbai – 400 020.

1	Name of Salary Account holder	
2	Address in full	
3	a) Date of Death	
	b) Date of Accident	
	c) Time of Accident	
	d) Place of Accident	
	e) Details of Accident	
4	Salary Package Account No.	
5	Type of Salary Package Account	# CSP/DSP/PMSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP
6	Variant of Salary Package A/C :	Silver <input type="checkbox"/> Gold <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/>
7	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
8	Personnel / Force number in case of DSP / PMSP / ICGSP	

9	Details of organization and Regiment/ Unit No. in case of DSP/PMSP/ICGSP	Name: Address:
10	Details of SBI Branch where Salary Account is maintained	Name: Branch Code : Address:
11	Name of Nominee/Joint Account holder in the salary package account [If Available]	
12	Relationship of Nominee with Account Holder [If Available]	
13	Address of the Nominee (if available)	
14	E Mail ID of Nominee (if available)	
15	Contact Number of Nominee (if available)	

[#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 Deceased Account Holder

Contact details of person Intimating Claim

Landline No

Mobile No

Email ID

(Intimation may be made through Email, Post, Telephone/ Fax)



UNITED INDIA INSURANCE CO. LTD.

DO- XI, Maker Bhavan No.-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020

Annexure 5

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT CLAIM FORM

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

Policy No. (State Bank of India)	1203004218P113494902	Fax No. : 022-22624579 Phone No. : 022- 22624525/22624818
Policy Period	04.01.2019 to 03.01.2020	Email Id:120300@uiic.co.in/ vtsangtani@uiic.co.in Correspondence Address: United India Insurance Co. Ltd., Divisional Office-XI, Maker Bhavan No.1, 1st floor, Sir V.T. Marg, Mumbai – 400 020.

1	Name of Salary Account holder	
2	Address of Claimant	
3	a) Date of Death	
	b) Date of Accident	
	c) Time of Accident	
	d) Place of Accident	
	e) Details of Accident	
4	Salary Package Account No	
5	Type of Salary Package Account	# CSP/DSP/PMSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP
6	Variant of Salary Package A/C :	@ Silver/ Gold/ Diamond/ Platinum
7	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
8	Name of Nominee/Joint Account holder in the salary package account [If Available]	

9	Relationship of Nominee/ Joint Account holder with Account Holder [If Available]	
10	E Mail ID of Nominee (if available)	
11	Mobile Number of Nominee	
12	Details of SBI Branch where Salary Account is maintained	Branch Name:
		Code :
		Address:
13	Details of organization (Regiment/ Unit no. in case of DSP/PMSP/ICGSP also to be mentioned)	Name:
		Address:
14	Personnel / Force number in case of DSP / PMSP / ICGSP	
15	Claim Amount	PAI: (INR)
		AAI: (INR)
		Add on Covers: (INR)

Produced with ScantOPDF

Documents Submitted (Tick the box)

Annexure 6 : Duly stamped and signed SBI Branch Manager's Certificate on Bank Letterhead	Viscera Report / Chemical Analysis Report in case where post mortem report shows the cause of death due to poisoning or alcohol or confirm after Viscera/Chemical Analysis Report
Annexure 7 : NEFT Form of Nominee/Joint Account /Claimant holder in the salary package account	Aadhar Card of Nominee/Joint Account holder /Claimant in the salary package account
Copy of Death Certificate	PAN card copy of the Nominee/Joint Account holder/ Claimant in the salary package account. if not available, then form 60)
Copy of Post Mortem Report	Photocopy of the first page of the Bank Passbook or Cheque containing the Name of Account Holder, IFSC Code of the Bank, Bank Account Number of Nominee/Joint Account holder/ Claimant
Copy of FIR Report	Other suitable document to prove legal heir ship in case claimant is not a nominee / joint account holder as per Bank's record
Defence Authority report in case FIR is not available (For Armed forces)	In case of multiple heirs, (consent from all the legal heirs)

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

Date:

Annexure 6
(On Bank's Letter Head)
State Bank of India

Branch Name: _____

Branch Code No: _____

Address: _____

Email: _____

Telephone No: _____

Date: _____

Policy No.: 1203004218P113494902	Policy Period 04.01.2019 to 03.01.2020
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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, the details of which 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	Details of SBI Branch where the Salary Package Account is maintained	:	Name:	
			Code:	
5	Type of Salary Package account DSP/PMSP/ICGSP/PSP/CSP/SGSP/CGSP/RSP	:		
6	Salary Package Account details :	:	A/c No.	
			Variant	#Silver/ Gold/ Diamond/ Platinum
7	Claim amount under Personal Accident/ Air Accident Insurance (Where Applicable)	:	PAI	Rs.
			AAI	Rs.
8	Nominee registered with the Bank on above mentioned Salary Package Account.(if any)	:		
	Address of Nominee	:		
	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 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)
Branch Manager
(SS No.)

NEFT FORM FOR PERSONAL ACCIDENT INSURANCE
(To be submitted by the claimant only)



UNITED INDIA INSURANCE CO. LTD.

DO- XI, Maker Bhavan No-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020
Email Id: 120300@uiic.co.in/vtsangtani@uiic.co.in

Annexure 7

Sir,

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

1.	Registration for NEFT/RTGS payments	
	Name of the Claimant (Account Holder)	
	Category	Personal Accident Insurance (Death) claim / Air Accident Insurance claim SBI Salary Package Account Holders
	Policy Number	1203004218P113494902
	Policy Period	04/01/2019 to 03/01/2020
	Claim number, if any , provided (policyholders only)	
	Permanent Address	Address for Communication
2.	Bank Account Details for NEFT/RTGS	
	Name of account Holder/Claimant	
	Bank Name	
	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 Photo copy of the first page of the Bank Pass Book 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, United India 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 United 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.

Signature of the Applicant (Claimant)

Place:

Date:



UNITED INDIA INSURANCE CO. LTD.

DO- XI, Maker Bhavan No.-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020

Email Id: 120300@uiic.co.in/vtsangtani@uiic.co.in

Annexure 8

No.

Dated:

Dear Sir/ Madam

**CLAIM UNDER PERSONAL ACCIDENT INSURANCE (DEATH)/ AIR ACCIDENT (DEATH)
COVER FOR SALARY PACKAGE ACCOUNT NO:**

POLICY NO: VALID FROM TO

SALARY ACCOUNT HOLDER:

CLAIMANT: SHRI/SMT/Ms

We forward herewith an application for claim under Personal Accident Insurance (Death)/ Air Accident Insurance received from Shri/Smt/Ms..... Son/ Wife/Spouse of Shri/Smt/Ms, a Salary Package account holder with our branch under CSP/DSP/PMSP/ICGSP/RSP/SGSP/CGSP/PSP Start up, along with the following enclosures:

- Claim form duly filled up
- Copy of claim intimation (if available)
- Copy of Death Certificate.
- Copy of police report and FIR. (For armed forces, Defence authority report in case FIR is not available)
- Copy of Post Mortem Report
- Certificate from the Bank together with the name of the nominee/ joint account holder, duly certified by the Bank officer with full address.
- Pan Card copy /Form 60 of the claimant.
- NEFT Form of the claimant, containing original cancelled cheque of the Bank account on the name of the claimant/ Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFS code.
- For Air Accident (Death) Insurance claim : Certified copy of Bank statement of Salary Package account indicating purchase of Air ticket/ payment to travel agent for purchase of Air ticket by debit to Salary Account using SBI Debit Card/ Internet Banking.

The application and above documents are being forwarded to you, without any responsibility of the Bank or its officers regarding their genuineness/ authenticity except item (f) above and it shall be the responsibility of the Insurance company to ascertain the authenticity of the relevant documents. However, for any clarification in this regard, please correspond directly with the claimant at the address mentioned in the claim form.

Yours faithfully,

Asst. General Manager/ Chief Manager/Branch Manager

Copy for information to:

(Name and address of nominee/ claimant).

The captioned claim with related annexure as mentioned above submitted by you have been forwarded to **United India Insurance Company Ltd.** at the recorded address. However, please note that all future correspondence in this regards should be taken up directly with the Insurance Company without involving the Bank. The Personal Accident (Death) Cover/ Air Accident Insurance cover, for Salary Package Account holders will be defined by the company as per the standard accidental death policies. The claim settlement will be entirely the responsibility of Insurance Company. All the settlement/ disputes will be between the claimant and the Insurance Company and the Bank will not be a party to such disputes.

**Asst. General Manager/ Chief Manager/Branch Manager
(with stamp & seal of branch)**

Copy for information and necessary action to:
Anand Rathi Insurance Brokers Ltd., Regent Chambers, 10th Floor, Jamanlal Bajaj Marg,
Nariman Point, Mumbai 400021

**Asst. General Manager/ Chief Manager/Branch Manager
(with stamp & seal of branch)**

Produced with Scantopdf



Annexure 9

UNITED INDIA INSURANCE CO. LTD.

DO- XI, Maker Bhavan No.-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020.

PERMANENT TOTAL/ PARTIAL DISABILITY CLAIM FORM (Only for SBI)

Issuance of this form is not to be taken as an admission of liability
(To be filled in by the Salary account Holder)

Policy No (A/c State Bank of India)	1203004218P113494902	Fax No. : 022-22624579
Policy Period	04 .01.2019 to 03.01.2020	Phone No. : 022- 22624525/22624818
		Email Id: 120300@uiic.co.in/ vtsangtani@uiic.co.in
		Correspondence Address: United India Insurance Co. Ltd., Divisional Office–XI, Maker Bhavan No.1, 1st floor, Sir V.T. Marg, Mumbai – 400 020.

1. Name of the Salary Account Holder	
2. Occupation	
3. Name of the organization in case of DSP / PMSP / ICGSP/PSP	
4. Designation and Force No	
5. Salary Account No. with SBI	
6. Type of Salary Package Account	DSP/PMSP/ICGSP/PSP
7. Name & Code of SBI Branch	
8. Address of the Claimant	
9. Contact No & Email ID of Salary Account Holder	
10. Details of the Accident	
a. Date of accident:	
b. Time of accident:	
c. Place of accident:	
d. Particulars of accident:	

e. Details of injury/Loss/ (Tick the box)	
<input type="checkbox"/> Sight of both eyes	<input type="checkbox"/> separation of the two entire hands
<input type="checkbox"/> separation of the two entire feet	<input type="checkbox"/> one entire hand and one entire foot
<input type="checkbox"/> Sight of one eye and such a loss of one entire hand or one entire foot	
f. Permanent Partial Injury as below:	
Loss of toes	a. all b. both phalanges c. one phalanx d. Other than great, of more than one toe lost each
Loss of hearing	a. both ears b. one Ear
Loss of Fingers	a. fingers and thumb of one hand b. loss of 4 fingers
Loss of thumb	a. both phalanges b. one phalanx
Loss of index finger	a. 3 phalanges c. one phalanx b. 2 phalanges
Loss of middle finger	a. 3 phalanges c. one phalanx b. 2 phalanges
Loss of ring finger	a. 3 phalanges c. one phalanx b. 2 phalanges
Loss of little finger	a. 3 phalanges c. one phalanx b. 2 phalanges
Loss of metacarpals	a. first or second (additional) b. third, fourth or fifth (additional)
Any other permanent partial disablement	as assessed by the Doctor

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 claimant.

Date:



Annexure 10

UNITED INDIA INSURANCE CO. LTD.

DO- XI, Maker Bhavan No.-01, 1st Floor, Sir V. T. Marg, Mumbai -400 020

MEDICAL CERTIFICATE

Claims must be supported by medical evidence furnished by the insured and at his expense.

1	Details of Claimant (Salary Account Holder)		
	a)	Name	
	b)	Sex	Male: Female:
	c)	Age	
2	Details of Accident		
	a)	Nature of Accident	
	b)	Cause of Accident	
	c)	Whether the appearance of the injuries are consistent with account given of the accident	
3	Details of Injury/ loss		
4	Date on which you first attended claimant for this injury		
5	Is claimant suffering from any diseases or illness apart from his injury and is there any illness by circumstances which may tend to retard recovery? If So give particulars?		
6	Present Condition		
7	How Long from the happening of the accident do you consider total disablement will last?		
8	Name of Existing Doctor (if treatment is changed)		

Having personally examined the above named insured , I certify that the above statements are correct and that the injured person is necessarily disabled by accident referred to

Date

Address

Name

Registration No

Stamp

Qualification

Annexure 11
(On Bank's Letter Head)
State Bank of India

Branch Name: _____

Branch Code No: _____

Address: _____

Email: _____

Telephone No: _____

This is to certify that Shri/Smt/Ms. _____
who has disabled on _____ due to accident (as per the documents enclosed),
is a holder of Salary Package Account, the details of which are as under:

1	Name of the Salary Package Account holder	:	
2	Address in full (as per Bank records)	:	
3	Date of Accidental	:	
4	Details of Injury/Loss as per Medical Certificate	:	
4	Name of SBI Bank Branch where the Salary Package Account is maintained	:	
5	Type of Salary Package account	:	
6	Claim amount under Personal Accident/	:	
7	Phone No.	:	
8	Email ID	:	

The Bank or its Officers will not be held responsible for the genuineness/authenticity of 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,

Date: _____

..... **Branch)**

Branch Manager
SS No. _____