



**Annexure 6**

**(On State Bank's Letter Head)**  
**State Bank of India**

**Branch Name:** \_\_\_\_\_

**Branch Code No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Policy No.:</b> <b>1203004219P114083561</b>	<b>Policy Period</b> 04.01.2020 to 03.01.2021
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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	:	Br. Name	
		:	Br. Code	
		:	Circle	
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.	:		
	Nominee A/c details if recorded in CBS	:		
9	Full name of Joint Account Holder(s) of the above-mentioned Salary Package Account (for Joint Accounts only)	:		
	Full Address of Joint Account Holder	:		
	Phone No.	:		

**(# please put which is 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,*

Signature of Branch Manager (SS No. \_\_\_\_\_ )  
Name: \_\_\_\_\_

