



## **UNITED INDIA INSURANCE CO. LTD**

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

### **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 (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.*

<b>Policy No (A/c State Bank of India )</b>	<b>1203004219P114083561</b>	Address: DO – XI, Maker Bhavan No.1,1st floor, Sir V.T. Marg, Mumbai – 400 020. Phone No.022- 22624525/22624818 Fax No. : 022-22624579 Email Id: 120300@uic.co.in/ sbigpaclaims@gmail.com
<b>Policy Period</b>	<b>04 .01.2020 to 03.01.2021</b>	

1	Name of Salary Account holder	
2	Address in full	
3	a) Date of Accident	
	b) Time of Accident	
	c) Place of Accident	
	d) Details of Accident	
5	Date of Death	
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 <input type="checkbox"/> Gold <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/>
9	Name of Organization for DSP / PMSP / ICGSP/ PSP	@ Army / Air Force / Navy / Indian Coast Guard/ Assam Rifle / Rashtriya Rifle / BRO (GREF) / BSF / CRPF / CISF / ITBP / SSB / NSG/RPF/ NDRF/SPG

10	Name of the organization for others i.e. CGSP/SGSP/PSP/RSP/SUSP	Organization Name: Place of work with name of State:
11	Personnel / Force/ Batch number in case of DSP / PMSP / ICGSP/PSP	
12	Details of organization and Regiment/ Unit No. in case of DSP/PMSP/ICGSP	Name:
		Unit No.
		Address:
		Contact details
13	Details of SBI Branch where Salary Account was maintained	Branch Name:
		Branch Code:
		Place:
		State:
14	Name of Nominee/Joint Account holder in the salary package account [If Available]	
15	Relationship of Nominee with Account Holder	
16	Address of the Nominee	
17	E Mail ID of Nominee (if available)	
18	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)]

**(@ Please tick on the appropriate organization)**

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** .....