

**IFFCO TOKIO General Insurance Company Limited**

AFL House, 2<sup>nd</sup> Floor, Lok Bharti Complex, Marol Maroshi Road,

Andheri (E), Mumbai – 400 059 (Maharashtra)

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**GROUP PERSONAL ACCIDENT / AIR ACCIDENT CLAIM INTIMATION FORM TO BE SUBMITTED FOR CLAIMING PERSONAL ACCIDENT INSURANCE (DEATH) / AIR ACCIDENT INSURANCE COVER ON SALARY PACKAGE ACCOUNT HOLDERS OF SBI**

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

*(To be submitted to IFFCO Tokio General Insurance Co. Ltd. (ITGI) within 90 days after date of death of Salary Package Account holder)*

Policy	State Bank of India – Salary Account Holders	<b>Fax No. :</b> 022 – 29203580 <b>Tollfree Phone No. :</b> 1800 103 5499
<b>Policy No. 51964755 for Policy Period 04/01/2018 to 03/01/2019</b>		

1	Name of Salary Account holder	
2	Address in full	
3	Age (in years)	
4	a) Date of Accident	
	b) Time of Accident	
	c) Place of Accident	
	d) Details of Accident	
	e) Date of Death	
5	a) Name of the Bank Branch where the Salary Package Account is maintained	
	b) Branch Code of the Bank Branch where the Salary Package Account is maintained	
	c) Postal Address of Bank Branch to which correspondence can be exchanged by FGIICL	
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/ Gold/ Diamond/ Platinum
9	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
10	Personnel / Force number in case of DSP / PMSP / ICGSP	
11	Name of Nominee 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	Mobile 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.

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**Signature of Person Intimating Claim**  
**Intimating Claim**

\_\_\_\_\_

**Full Name of person**

**Relationship with Insured** \_\_\_\_\_

\_\_\_\_\_

**E Mail of Individual Signing Above (if available)**  
**of Individual Signing Above**

\_\_\_\_\_

**Mobile/ Contact Number**