

Policy No.: <b>1203004220P113804906</b>	Policy Period 04.01.2021 to 03.01.2022
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This is to certify that Shri/Smt/Ms. \_\_\_\_\_ who expired on \_\_\_\_\_ due to accident (as per the documents submitted by the nominee/ claimant), is a holder of Salary Package Account:

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:
		:	State:
		:	Module: Circle:
5	Salary Package Account Number	:	
6	Name of Salary Package account DSP/CAPSP/ICGSP/PSP/CSP/SGSP/CGSP/RSP/SUSP	:	
7	Salary Package Account Variant:	:	Silver/ <input type="checkbox"/> Gold <input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/>
8	Claim amount under PAI/ Air	:	PAI: _____ AAI: _____
9	Is nomination available in the Account of the deceased (Yes/No to be mentioned)		
10	Name of nominees, if available	:	
	Address of Nominee	:	
	Contact No.	:	
11	Nominee A/c details if available	:	
12	Full name of Joint Account Holder(s) of the above-mentioned Salary Package Account (for Joint Accounts only) and address	:	
	Contact No. of Joint account holder/s	:	

**Details of Bank account and nominee have been furnished only after verifying the same in CBS.** The undersigned will not be held responsible for the genuineness/authenticity of documents like FIR, Death Certificate, Postmortem report, etc 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.

Branch Name  
Branch Code  
Date:

For State Bank of India

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