(REGD/BY HAND)

DIRECTORATE GENERAL, C.R.P.F. BLOCK NO.1, CGO COMPLEX, LODHI ROAD, NEW DELHI – 110 003.
(Ministry of Home affairs)

No. A.I.1/2012-Accts-3 Dated, the 24 Feb, 2015

To

The Spl DG, Central Zone,
Kolkata, Jammu, Guwahati.
The Addl.DG,South Zone,CRPF,Hyderabad.
The IG (Trg) Dte Genl, CRPF
The IG (Communication) Dte Genl, CRPF.
The Director (Medical) Dte Genl, CRPF.

IT (WING) 25/2/15

Subject: PERSONAL BANKING: PARA MILITARY SALARY PACKAGE (PMSP): PERRSONAL ACCIDENT INSURANCE (DEATH) COVERS (PAI) RELIANCE GENERAL INSURANCE CO. LTD (RGICL) POLICY NO. 1111352914000038 VALID FROM 04-01-2015 TO 03-01-2016.

Please find enclosed herewith a copy of Chief General Manager (PB), SBI letter No. PB/C&ITU/238 dated 09/01/2015. The instructions on the subject matter may please be brought to the notice of all formations under your administrative control for further needful action.

Encls : 15 Leaves.

24/2/15

For DIGP (Adm) Dte

Internal

Copy along with Photo copy of aforesaid letter / enclosures to DIG (IT) Dte Genl , CRPF with request for uploading in CRPF Website/CRPF SELO DMS. This may be treated as MOST URGENT. (Encls: 15 leaves)

25/2/15

भारतीय स्टेट बैंक
State Bank of India

वैयक्तिक बैंकिंग व्यवसाय इकाई, कॉरपोरेट एवं संस्थान गठजोड़ विभाग,
13वीं मंजिल, स्टेट बैंक भवन, मादाम कामा रोड, नरीमन पॉईट, मुंबई - 400 021.
Personal Banking Business Unit, Corporate & Institutional Tie-Ups Dept.,
13th Floor, State Bank Bhavan, Madam Cama Road, Nariman Point, Mumbai - 400 021.

Tel. : 022-2202 2689 | Fax : 022-2274 1312 | E-mail : dgm.citu@sbi.co.in | IP Phone : 100265

The Director General,
Central Reserve Police Force (CRPF),
CGO Complex,
Block No. 1,Lodhi Road,
New Delhi 110 003

696/
20 JAN 2015
09.01.2015

PB/C&ITU/ 238

PERSONAL BANKING: DEFENCE SALARY PACKAGE (DSP)/PARA MILITARY SALARY PACKAGE (PMSP) AND INDIAN COAST GUARD SALARY PACKAGE (ICGSP)

PERSONAL ACCIDENT INSURANCE (DEATH) COVER (PAI)
RELIANCE GENERAL INSURANCE CO. LTD (RGICL)
POLICY NO: 111135291400038 VALID FROM 04.01.2015 TO 03.01.2016

We refer to correspondence resting with our letter No-PB/C&ITU/208 dated 27.01.2014 and would like to advise that the Personal Accident Insurance (PAI) Death Cover to salary package accounts under DSP/PMSP/ICGSP, has now been renewed with effect from 04.01.2015 with **M/s Reliance General Insurance Company Ltd (RGICL).**

2. The cover is effective from **04.01.2015** and shall be valid for 1 year i.e. upto **03.01.2016.**

3. Insurance cover under the new policy has remained unchanged as under:

Salary Package	Variant	PAI cover (Rs. in Lakh)
DSP, PMSP & ICGSP	Silver	3
DSP, PMSP & ICGSP	Gold /Diamond	5
DSP, PMSP & ICGSP	Platinum	10

4. It is important to note that the benefit of PAI cover will be available to the claimants only if the accounts are opened under the Salary Package with appropriate product codes i.e. DSP/PMSP/ICGSP. We would request you to send necessary communication to all your personnel having their salary accounts with SBI to verify whether their accounts have been properly classified as DSP/PMSP/ICGSP (as applicable) with appropriate variant such as Silver/Gold/Diamond/Platinum to ensure eligible PAI (death) cover amount.

5. It may be noted that the purchase protection cover upto Rs.5000/- on ATM cards has been withdrawn.

6. The detailed eligible criteria, policy guidelines, claim procedures, formats to be used are mentioned in Annexure-1 to Annexure -7.

7. We request you to please share the details with your commands/units/stations etc. and also in your intranet as soon as possible.

Yours faithfully,

Chief General Manager (PB)

Annexure 1

PERSONAL ACCIDENT INSURANCE DEATH COVER (PAI): POLICY DETAILS

Eligibility:

Salary Package Accounts

Extent of Cover:

Salary Package	Variant	PAI cover (Rs in lakhs)
DSP, PMSP & ICGSP	Silver	3
DSP, PMSP & ICGSP	Gold / Diamond	5
DSP, PMSP & ICGSP	Platinum	10

[#Defence Salary Package (DSP), Para Military Salary Package (PMSP), Indian Coast Guard Salary Package (ICGSP)

Guidelines:

The Free PAI cover will be governed by the following:-

i. The PAI (Death) Cover will be available **ONLY** for death due to an accident.

ii. The PAI (Death) Cover will be available **ONLY** to Salary Package Accounts where at least 2 month's salary is credited to the account preceding the date of the incident.

iii. The policy will be for existing as well as new Salary Package Account holders opened under respective customer types/ product codes.

iv. Only Primary Account Holders of Salary Package accounts (Account holder for whom the salary is being credited) are covered.

v. In case of multiple accounts related to a single customer, **ONLY ONE** account where salary is credited will be taken into consideration.

vi. Death due to Terrorist action is included.

vii. Death due to or arising out of directly or indirectly connected with war or war like situations are excluded.

viii. The Claimant on Death of the primary Salary Account holder shall be:

a. The nominee, registered with the bank for the Salary SB account held in single name.

b. In case of accounts having more than one name, the surviving account holder/s would be the claimant(s)/beneficiaries for the purpose of insurance claim.

c. In cases other than (a) and (b) the claim shall be settled as per the procedure of Reliance General Insurance Company Ltd. (RGICL). The identification of legal heirs and the authenticity of the claim would be the responsibility of RGICL.

ix. **Pensioners of DSP, PMSP and ICGSP are not included** under Free PAI Cover.

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PERSONAL ACCIDENT INSURANCE DEATH COVER (PAI

Policy Number: 1111352914000038

A) CLAIM PROCESS

The claim process consists of 2 stages :

a) Intimation of death
b) Submitting the claim forms

1. In the event of death of the Salary Package account holder, an Intimation as per **Annexure 3** is to be given by the claimant to RGICL within 90 days of the death of the customer. The intimation of death is mandatory and to be sent to the following address:

Reliance General Insurance Co. Ltd.,
1-89/3/B to 42/KS/301
3rd floor, Krishe block, Krishe Sapphire
Madhapur, Hyderabad, Pincode: 500081
Email : rcarehealth@rcap.co.in

2. The intimation can also be given through the following channels:
   a) Call RGICL Toll Free Number 1800 3009
   b) Fax claim intimation form as per **Annexure 3** to 1800 3010 3001.
   c) Email claim intimation as per **Annexure 3** to rcarehealth@rcap.co.in

   (The following details are to be provided to on toll free number
   a) Name of the deceased salary package account holder
   b) SBI salary package account number
   c) Date of death
   d) Date of accident
   e) Cause of accident
   f) Place of accident
   g) Name of the organization (DSP- Army, Navy, Air force, BRO/GREF; Indian Cost Guard; Assam Rifles; PMSP- BSF, CRPF, CISF, ITBP,SSB,NSG), etc.
   h) Personal/ Force number (for DSP, PMSP account holders)

3. Immediately on registering the claim as mentioned in para 3 above, a system generated reference number (or **claim number**) would be advised to the claimants by RGICL.

4. The claimant shall submit the claim to **the address mentioned under para 2** above, within 90 days after intimation of death with the following documents:

a) Completely filled claim form as per **Annexure 4**
b) Attested copy of Death Certificate
c) Attested copy of police report and F.I.R.
d) Attested copy of Post Mortem Report.
e) Certificate by the Home Branch of the Salary Package Account as per **Annexure 5**
f) Cancelled cheque leaf of claimant's Bank account/ Photo copy of the first page of the claimant's Bank Pass Book containing the name of account holder, Bank account number, IFS code
g) NEFT form containing details of claimant's Account Number (i.e. Bank, Branch, Account No, MICR Code No, and IFSC No) as per **Annexure 6** certified by claimant's Bank, for the purpose of payment in respect of settlement of claim.
h) PAN card copy of the Claimant. If PAN card copy is not available, then form 60 may be submitted.
i) Other suitable document to prove legal heirship in case claimant is not a nominee/joint account holder as per Bank's record
j) For Armed forces, Defense authority report in case FIR is not available.
k) Additional requirement: Viscera Report / chemical analysis report in case where post mortem report shows the cause of death due to poisoning or alcohol or any substance abuse.

5. Claimant will submit the claim form complete in all respects, with relevant documents mentioned under Para 5 above directly to RGICL. **The system generated Claim Number & Salary Account Number should be mentioned on the Claim Form (annexure-4) while sending the physical documents.** The claim number can be used for any queries/ further follow up with the RGICL claim department.
6. However in case, the claim application is received by the branch having the Salary Account, it will be forwarded to RGICL for processing at their end and a copy of the same will be endorsed to the claimant to enable him/ her to subsequently follow up with RGICL. A draft copy of the forwarding letter is attached at **Annexure 7**.
7. **The total period for intimation and claim submission is 180 days maximum i.e. period for intimation + claim submission = 90 + 90 = 180 maximum (from date of death).**
8. RGICL will settle claims independently without the involvement of the Bank.
9. Subsequent correspondence shall be between the claimant and RGICL.
10. All claims shall be entertained by RGICL where accident has occurred within the period of policy and death has occurred:
    a) within the period of policy or

b) within 12 months of date of accident, in event death occurs after the expiry of policy

B) **Settlement Process.**

1. On receipt of the claim (along with all documents), RGICL will send an acknowledgement to the claimant/sender.
2. RGICL will, on receipt of complete set of documents, process the claim. Any requirement/deficiencies in the documents submitted, shall be sought by RGICL within 10 working days of receipt of the claim.
3. All the documents being in order, RGICL will settle the claim within 15 working days from the date of receipt.
4. All the correspondence related to claim will be directly taken up by RGICL with the claimant. Branch can be a facilitator.
5. All the settlement/ disputes will be between the claimant and RGICL.
6. RGICL will settle claims independently and the claim settlement will be entirely the responsibility of RGICL. Bank will have no liability towards any claim/dispute between the claimant and RGICL.
7. In case of any delay RGICL shall pay interest as per IRDA Norms.
8. Status of the claims can be sought, using system generated claim number, from any one of the following channels. :

Sl. No	Channel	Details
1.	RGICL's call centre	Toll free No. 1800 3009
2.	SMS	Claimstatus<space><claim number> to RGICL Toll free No. 092663 34477
3.	Email	Claim No to rcarehealth@rcap.co.in
4.	Website	www.reliancegeneral.co.in/insurance/index.aspx Navigation: Under Claim Junction tab>write claim number>click -Track Now

9. Any communications through email/ letter for correspondence regarding claims should be sent to rcarehealth@rcap.co.in.

Address : Reliance General Insurance Co. Ltd.,
1-89/3/B to 42/KS/301,
3rd floor, Krishe block, Krishe Sapphire,
Madhapur, Hyderabad, Pincode: 500081

C) **Grievance Redressal Mechanism:**

a. If case of any grievance the claimant may contact the insurer with the details of his grievance through:

Channel	Details
Email	services.rgicl@rcap.co.in
Telephone	1800 3009
Letter	Reliance General Insurance Co. Ltd., 1-89/3/B to 42/KS/301, 3rd floor, Krishe block, Krishe Sapphire, Madhapur, Hyderabad, Pincode: 500081

b. If the claimant is not satisfied with the Insurer company's redressal of his grievance, then he/she may contact the Head of Customer service of RGICL at :

The Grievance Cell, Reliance General Insurance Company Ltd.,
570, Rectifier House, Naigaum Cross Road,
Next to Royal Industrial Estate,
Wadala (West), Mumbai 400 031

c. If the claimant is not satisfied with the Insurer company's redressal of his grievance, through any of the above methods (10a & 10b), the claimant may approach the nearest Insurance Ombudsman for resolution of the grievance. The details of Insurance ombudsman are also available on IRDA website: www.irda.gov.in, and on website of General Insurance Council: www.generalinsurancecouncil.org.in and RGICL's website.

d. The contact details of Governing Body of Insurance Council is :

Secretary General
Governing Body of Insurance Council,
Jeevan Seva Annexe, 3rd Floor,
S.V. Road, Sancruz (West), Mumbai 400 054
Tel – 022-26106245/889/671 : Fax – 022-2610 6949
Email – inscoun@gmail.com

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General Insurance

GROUP PERSONAL ACCIDENT
CLAIM INTIMATION FORM

Issuance of this form is not to be taken as an admission of liability.
(to be submitted to Reliance General Insurance Co Ltd.(RGICL) within 90 days after date of death of Salary Package Account holder)

Call Centre no.: 1800 3009

Annexure - 3

Policy	State Bank of India – Salary Account Holders	Fax: 180030103001 Email : rcarehealth@rcap.co.in
Please tick one:	Policy no. 1111342914000034 for policy period 04/01/2014 to 03/01/2015 ☐	
	Policy no. 1111352914000038 for policy period 04/01/2015 to 03/01/2016 ☐	

INTIMATION TO BE SUBMITTED FOR CLAIMING PERSONAL ACCIDENT INSURANCE (DEATH) COVER ON SALARY PACKAGE ACCOUNT WITH SBI

1	Name of Salary Package Account holder	:	
2	Address in full	:	
3	Age	:	
4	a) Date of Accident	:	
	b)Time of Accident	:	
	c) Place of Accident	:	
	d) How did the accident occur?	:	
	e) Date of Death	:	
5	a) Name of the Bank Branch and Branch Code where the Salary Package Account is maintained	:	
	b) Complete Postal address of the Bank Branch to which correspondence can be exchanged by RGICL	:	
6	Salary Package Account No	:	
7	Type of Salary Package Account	:	# CSP/DSP/PMSP/ICGSP/SGSP/CGSP/PSP/RSP
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 & relationship with account holder	:	
12	Address of the nominee with contact detail	:	

[#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)]
(@ STRIKE OUT WHAT IS NOT APPLICABLE)

The foregoing details are true to the best of my/our knowledge and belief.

Signature & Name
(Nominee/Joint A/c Holder/ Unit Head)

Reliance General Insurance Co. Ltd.
1-89/3/B to 42/KS/301,
3rd floor, Krishe block, Krishe Sapphire,
Madhapur, Hyderabad -500081

Annexure - 4

GROUP PERSONAL ACCIDENT - CLAIM FORM

Policy	State Bank of India – Salary Account Holders	Claim No.:	
		Date of Claim registration:	
Please tick one:	Policy no. 111134291400034 for policy period 04/01/2014 to 03/01/2015		☐
	Policy no. 111135291400038 for policy period 04/01/2015 to 03/01/2016		☐

1. Name of the Insured (Deceased)				
2. Salary Account No. with SBI				
3. Name & Code of SBI Branch				
4. Address of the Claimant #	Flat No/ Door No.		Building name	
	Road			
	Area			
	City		Pin code	
	State			
	Phone No.			
	Mobile No.			
	E-mail Id			
5. Details of the Accident				
a. Date of accident:				
b. Time of accident:				
c. Place of accident:				
d. Date of death:				
e. Claim Amount:				
f. Particulars of accident:				

6. Documents submitted (Tick the box)

a) Attested copy of FIR Report * ☐	g) NEFT form of claimant ☐
b) Attested copy of Post Mortem Report ☐	h) Other suitable document to prove legal heirship in case claimant is not a nominee/joint account holder as per Bank's record ☐
c) Attested copy of Death Certificate ☐	i) * For armed forces: Defence Authority report in case FIR is not available. ☐
d) Bank's Branch Manager certificate ☐	**Additional Requirement:**
e) PAN card copy of the Claimant. if not available, then form 60) ☐	Viscera Report / chemical analysis report in case where post mortem report shows the cause of death due to poisoning or alcohol or any substance abuse. ☐
f) Original Cancelled cheque of Bank account in the name of the Claimant/ or Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFS code. ☐	

I/We hereby declare that the foregoing statements made by me/us are true in all respects, that I/We have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I/We 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/our right to compensation forfeited. I am/We are 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.

Name of Claimant.#..... Signature of claimant # .....

Mobile no. .....

should be of the same person

Annexure 5

(On Bank's Letter Head)

State Bank of India,
Branch Name : _____: Code No_____
Address : _____
Telephone No _____
email : _____@sbi.co.in

No :

Date :

Policy Number	**1111 3429 1400 0034**	**1111 3529 1400 0038**
Policy Period	**04.01.2014 to 03.01.2015**	**04.01.2015 to 03.01.2016**

CERTIFICATE

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 No**._____

The details of Salary Package account 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	Name of the Bank Branch where the Salary Package Account is maintained	:	
5	Type of Salary Package account (Mention DSP/PMSP/ICGSP/PSP/ CSP/SGSP/CGSP/RSP/etc.	:	
6	Variant of Salary Package Account :	:	#Silver/ Gold/ Diamond/Platinum
7	Claim amount under Personal Accident Insurance	:	Eligibility as per Table A below
8	Details of Nominee registered with the Bank on above mentioned Salary Package Account.(if any) Full Name:	:	
	Address		
	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 other 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.

Table A: Eligibility for Personal Accident Insurance (Death) Cover on Salary Package Accounts

Package	PAI Cover for Variants (In Rs)			
	Silver	Gold	Diamond	Platinum
CSP	1 Lakh	5 Lakh	5 Lakh	10 Lakh
RSP	1 Lakh	5 Lakh	5 Lakh	10 Lakh
SGSP	1 Lakh	5 Lakh	5 Lakh	10 Lakh
CGSP	1 Lakh	5 Lakh	5 Lakh	10 Lakh
DSP	3 Lakh	5 Lakh	5 Lakh	10 Lakh
PMSP	3 Lakh	5 Lakh	5 Lakh	10 Lakh
ICGSP	3 Lakh	5 Lakh	5 Lakh	10 Lakh
PSP	3 Lakh	5 Lakh	5 Lakh	10 Lakh
Jawans of Home Guards covered under PSP	1 Lakh	5 Lakh	5 Lakh	10 Lakh

*[#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**)]*

Branch Manager
Seal and stamp of Branch

Annexure 6

NEFT FORM FOR PERSONAL ACCIDENT INSURANCE

(To be submitted by the claimant only)

The Claims Manager,
Reliance General Insurance
1-89/3/B TO 42/KS/301
3rd floor, Krishe block, Krishe Sapphire
Madhapur, Hyderabad, 500081

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		
	Category	Personal Accident Insurance (Death) claim – SBI Salary Package Account Holders	
	Policy Number	1111 3429 1400 0034	1111 3529 1400 0038
	Policy Period	04.01.2014 to 03.01.2015	04.01.2015 to 03.01.2016
	Claim number , if any , provided (policyholders only)		
	Permanent Address	Address for Communication	
2.	**Bank Account Details for NEFT/RTGS**		
	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, IFS code. Please verify the details with your bank before submitting.

3.	**I wish to receive alerts from the company on processing of payments to my account through SMS and /or email**	
4.	**Mobile No. (for SMS alert)**	
5.	**Email ID (for email notification)**	

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, Reliance General 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 Reliance General 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:

Certified that the Bank Account Details mentioned under item 2 above is correct.

Sign of Authorised Signatory of Bank/Branch with seal and date

Annexure 7

(On Bank's Letter Head)

Reliance General Insurance 1-89/3/B to 42/KS/301 3rd floor, Krishe block, Krishe Sapphire Madhapur, Hyderabad, 500081	Call centre no.: 1800 3009 Fax: 1800 3010 3001 Email : rcarehealth@rcap.co.in

No. Dated:

Dear Sir/ Madam

CLAIM UNDER PERSONAL ACCIDENT INSURANCE (DEATH) COVER FOR SALARY PACKAGE ACCOUNT NO:
POLICY NO: 1111342914000034 : VALID FROM 04.01.2014 TO 03.01.2015
POLICY NO: 1111352914000038 : VALID FROM 04.01.2015 TO 03.01.2016
SALARY ACCOUNT HOLDER :
CLAIMANT:SHRI/SMT/Ms

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

a) Attested copy of Death Certificate
b) Attested copy of police report and FIR. For armed forces, Defence authority report in case FIR is not available
c) Attested copy of Post Mortem Report
d) Certificate from the Bank together with the name of the nominee/ joint account holder, duly certified by the Bank officer with full address.
e) Pan Card copy /Form 60 of the claimant.
f) 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."
g) NEFT Form of the claimant
h) Claim form duly filled up
i) Copy of claim intimation (if available)

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 (d) 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 mentionod above submitted by you have been forwarded to Reliance General Insurance Co. Ltd at the above mentioned 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 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)