



देवेन्द्र सिंह चौहान IPS  
पुलिस महानिदेशक एवं  
राज्य पुलिस प्रमुख, उत्तर प्रदेश

मुख्यालय पुलिस महानिदेशक, उ०प्र०

सिग्नेचर बिल्डिंग  
शहीद पथ, गोमती नगर विस्तार,  
लखनऊ - 226002  
फोन नं.:0522-2724003 / 2390240, फैक्स नं.:0522-2724009  
सीयूजी नं. 9454400101  
ई-मेल : police.up@nic.in  
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दिनांक: लखनऊ: मार्च ,2023

प्रिय महोदय/महोदया,

विदित हो कि पुलिस कर्मचारियों के 'Salary Account' में पी०एस०पी० (Police Salary Package) के अन्तर्गत बैंक द्वारा निःशुल्क प्रदान की जाने वाली सुविधाओं/लाभों हेतु भारतीय स्टेट बैंक से वर्ष 2016 एवं 2019 में एम०ओ०यू० किया गया था जिसमें कतिपय सामान्य लाभों के अलावा मुख्यतया निम्न लाभ देय थे-

क्रम	विवरण	देय लाभ/धनराशि
1	दुर्घटना बीमा धनराशि	40,00,000 /-
2	पूर्ण बिकलांगता कवर	30,00,000 /-
3	आंशिक बिकलांगता कवर	10,00,000 /-
4	वायुयान दुर्घटना बीमा कवर	1,00,00,000 /-

2- भारतीय स्टेट बैंक के 'पी०एस०पी० खातों' के सम्बन्ध में प्रचलित 'एम०ओ०यू०' की समाप्ति पर भविष्य में 'पी०एस०पी० खातों' को और अधिक लाभकारी बनाने हेतु विभिन्न संस्थाओं की प्रचलित पी०एस०पी० से सम्बन्धित एम०ओ०यू० का अध्ययन किया गया एवं राष्ट्रीयकृत बैंको/प्राइवेट बैंकों से प्रस्ताव माँगे गये। चूँकि प्रतिवर्ष कर्मियों की दुर्घटना से होने वाली मृत्यु की तुलना में स्वाभाविक मृत्यु लगभग 9-10 गुना अधिक रहती है। इसलिए अन्य सुविधाओं के अतिरिक्त Life Insurance cover प्रदान करने हेतु भी सभी बैंकों से वार्ता की गयी।

3- बैंकों से प्राप्त सभी 'पी०एस०पी०' प्रस्तावों का विश्लेषण करते हुए तुलनात्मक चार्ट शासन को अनुमोदन हेतु प्रेषित किया गया।

4- शासन से अनुमोदन के उपरान्त 'बैंक आफ बडौदा' से एम०ओ०यू० दिनांक 21-03-2023 को हस्ताक्षरित किया गया, जिसकी छायाप्रति संलग्न है, जिसमें देय लाभों का विस्तृत विवरण अंकित किया गया है, जिसके प्रमुख बिन्दु निम्नवत् हैं-

➤ सेवारत कर्मचारियों हेतु:-

1. जीवन बीमा कवरेज-

रु० 20.00 लाख तक निःशुल्क जीवन बीमा कवरेज (सेवारत कर्मचारियों के लिए)

2. व्यक्तिगत दुर्घटना बीमा के अन्तर्गत लाभ-

(1). व्यक्तिगत दुर्घटना मृत्यु कवर-

(क) रु०- 105 लाख ऑन ड्युटी कवर (75 दुर्घटना + 10 डेबिट कार्ड + 20 क्रेडिट कार्ड)

(ख) रु०- 90 लाख ऑफ ड्युटी कवर (60 दुर्घटना + 10 डेबिट कार्ड + 20 क्रेडिट कार्ड)

(2). विकलांगता बीमा-

(क) स्थायी पूर्ण विकलांगता कवर रु०- 60 लाख तक + 10 लाख डेबिट कार्ड बीमा

(ख) स्थायी आंशिक विकलांगता कवर रु०- 30 लाख तक

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(3). वायुयान दुर्घटना बीमा –

रु0-110 लाख तक (100 लाख दुर्घटना बीमा + 10 लाख डेबिट कार्ड बीमा)

(4). पुत्री की शादी हेतु बीमा कवर –

18 से 25 वर्ष की शादी हेतु रु0-06 लाख

(5). उच्च शिक्षा हेतु बीमा कवर–

रु0-06 लाख

(6). मृत शरीर के परिवहन हेतु–

वास्तविक लागत अथवा रूपया-50,000 जो भी कम हो।

(7). प्लास्टिक सर्जरी/जलने पर–

प्लास्टिक सर्जरी/जलने के मामले पर अधिकतम रु0 2.00 लाख तक।

3. स्वास्थ्य बीमा–

आकर्षक दर पर स्वास्थ्य बीमा उपलब्ध।

4. रिटेल ऋणों में लाभ–

- रु0 3 लाख तक वेतन ओवर ड्राफ्ट।
- गृह ऋण, ऑटो ऋण, शिक्षा ऋण, मोर्गेज ऋण और वैयक्तिक ऋण पर प्रोसेसिंग प्रभारों में 100% छूट।
- गृह ऋण खाताधारकों के लिए ऑटो ऋण पर लागू ब्याज दर में 0.25% की रियायत।

➤ पुलिस पेंशनर्स हेतु (70 वर्ष की आयु तक)

- व्यक्तिगत दुर्घटना बीमा कवर रु0-60 लाख(30दुर्घटना + 10डेबिट कार्ड + 20क्रेडिट कार्ड )
- स्थायी पूर्ण विकलांगता रु0-30 लाख तक
- स्थायी आंशिक विकलांगता रु0-15 लाख तक
- पुत्री की शादी हेतु बीमा कवर –  
18 से 25 वर्ष की शादी हेतु रु0-03 लाख
- उच्च शिक्षा हेतु बीमा कवर–  
रु0-03 लाख

➤ अन्य लाभ (उ0प्र0 पुलिस के समस्त सेवारत कर्मचारी एवं पेंशनर्स के लिए)

1. एटीएम लेनदेन सम्बन्धी लाभ –

- अन्य बैंकों के एटीएम में लेनदेनों की संख्या-असीमित निःशुल्क
- केश आन मोबाइल एटीएम: एटीएम से कार्ड रहित नकदी निकासी सुविधा

2. डेबिट कार्ड से लाभ –

- आजीवन निःशुल्क 'योद्धा डेबिट कार्ड'
- आन द फ्लाइ डेबिट कार्ड ईएमआई- सभी प्रमुख दुकानों में डेबिट कार्ड स्वाइप करने पर आसान ईएमआई के साथ पूर्व स्वीकृत व्यक्तिगत ऋण।
- व्यक्तिगत दुर्घटना कवर रु0-10 लाख तक।
- निःशुल्क निकासी किसी भी एटीएम से।

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### 3. अन्य सुविधाएं –

- निःशुल्क धनप्रेषण– आनलाइन या शाखा के माध्यम से एनईएफटी/आरटीजीएस
- निःशुल्क मोबाइल बैंकिंग और इंटरनेट बैंकिंग
- निःशुल्क असीमित– डिमाण्ड ड्राफ्ट/ बैंकर्स चेक
- लाकर्स– लाकर किराये में 50% की छूट
- डिमैट वार्षिक रखरखाव प्रभारों में 100% की छूट
- गिफ्ट और ट्रैवेल कार्ड जारी करने के प्रभारों पर 75% की छूट
- बडौदा एम इन्वेस्ट: विभिन्न म्यूचुअल फण्डों में आनलाइन निवेश करने के लिए मोबाइल ऐप उपलब्ध है।
- आनलाइन एफडीआर खोलना: मोबाइल बैंकिंग और इंटरनेट बैंकिंग के माध्यम से आनलाइन एफडीआर खोलने की सुविधा उपलब्ध है।
- भुगतान सुविधा का डिजिटल माध्यम: भीम आधार बडौदा पे, भीम ऐप, भारत बिल भुगतान सेवाएं।

### 4. क्रेडिट कार्ड सम्बन्धी लाभ –

- आजीवन निःशुल्क विक्रम कार्ड, पात्रता मानदण्डों के अधीन।
- अतिरिक्त दुर्घटना मृत्यु कवर रू० 20 लाख तक।

5– इस पी०एस०पी० की प्रमुख विशेषता यह है कि उपरोक्त समस्त लाभ/सुविधाएं चतुर्थ श्रेणी कर्मचारी से लेकर वरिष्ठतम अधिकारी तक एक समान हैं।

6– यद्यपि पुलिस कर्मी अपने 'Salary Account' को एच्छिक रूप से किसी भी बैंक में रखने के लिए स्वतन्त्र हैं परन्तु यह हमारा दायित्व है कि 'पी०एस०पी०' के लाभों से प्रत्येक पुलिस कर्मी को अवगत करा दिया जाये ताकि वे अपने व अपने परिवार के हित में उचित निर्णय ले सकें।

7– विगत में यह अनुभव रहा है कि पुलिस कर्मियों को 'पी०एस०पी०' के सम्बन्ध में जानकारी नहीं रहने के कारण, आकस्मिकता की स्थिति में देय लाभों के निस्तारण में अनावश्यक विलम्ब हुआ एवं कई परिवार इस लाभ से वंचित भी रहे।

अतः पी०एस०पी० के प्रभावी क्रियान्वयन हेतु निम्न कार्यवाही अपेक्षित हैं–

(1) प्रत्येक जनपद के पुलिस लाइन/पुलिस कार्यालय/समस्त थानों/इकाईयों में 'पी०एस०पी०' के सम्बन्ध में बैंक आफ बडौदा के जनपदीय नोडल अधिकारी(सूची संलग्न) से समन्वय स्थापित कर गोष्ठी आयोजित की जाये। इस गोष्ठी में पी०एस०पी० के समस्त लाभों की जानकारी दी जाये एवं प्रत्येक कर्मचारी को बैंक द्वारा तैयार की गयी Pamphlet प्रदान करें।

(2) पुलिस सोशल मीडिया ग्रुप पर इसे प्रचारित किया जाये।

(3) जनपदीय बैंक के नोडल अधिकारियों से समन्वय स्थापित कर थानों/ पुलिस लाइन एवं कार्यालय/इकाईयों में बैंक द्वारा कैम्प लगवाकर व्यापक प्रचार-प्रसार एवं इच्छुक कर्मचारियों के वेतनीय खाता खोलने की कार्यवाही की जाये।

(4) इसी प्रकार जनपद स्तर पर पेंशनर्स की गोष्ठी करके उनको भी उपलब्ध कराये जा रहे पी०एस०पी० लाभों की जानकारी दी जाये।

(5) 'पुलिस सैलरी पैकेज' के अर्न्तगत बैंक आफ बडौदा में खोले गये खातों की संख्या के सम्बन्ध में निम्न प्रारूप में साप्ताहिक सूचना प्रत्येक सोमवार को पुलिस मुख्यालय के Email ID- pspphqlkw@gmail.com पर अवश्य उपलब्ध कराया जाये–

*sumant*

क्रम	जनपद/इकाई का नाम	नियुक्त कर्मियों की सं०(समस्त संवर्ग / समस्त श्रेणी)	बैंक आफ बडौदा में पूर्व से प्रचलित वेतनीय खातों की संख्या(जिसे पीएसपी खाते में परिवर्तित किया गया)	बैंक आफ बडौदा में सप्ताह में नये खोले गये पीएसपी खातों की संख्या	कुल पीएसपी खातों की संख्या

(6)–जनपद प्रभारी/इकाई प्रभारी प्रत्येक कर्मों को उक्त पीएसपी/एमओयू की जानकारी देने/सूचित किये जाने के सम्बन्ध में लिखित प्रमाण–पत्र उपलब्ध करायेंगे।

(7)मुख्यालय स्तर पर पुलिस महानिरीक्षक(भवन/कल्याण) एवं जनरल मैनेजर बैंक आफ बडौदा की अध्यक्षता में निम्नानुसार समन्वय समिति (Co-ordination Committee) गठित किया गया है–

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|--|--------|
| (i) पुलिस अधीक्षक मुख्यालय (भवन/ कल्याण)                         | –सदस्य |
| (ii) BOB जोनल हेड आफिस के नामित अधिकारी(डी०जी०एम० स्तर के)       | –सदस्य |
| (iii) अपर पुलिस अधीक्षक(भवन/कल्याण)/ पुलिस उपाधीक्षक मुख्यालय–।। | –सदस्य |
| (iv) अनुभाग अधिकारी–कल्याण                                       | –सदस्य |

जो समन्वय एवं Redressal of Grievance करना सुनिश्चित करेंगे।

इसी प्रकार जनपद स्तर पर पुलिस अधीक्षक की अध्यक्षता में निम्नानुसार समन्वय समिति (Co-ordination Committee) गठित की जाय जिसमें निम्न सदस्य होंगे–

- |   |        |
|---|--------|
| (i) अपर पुलिस अधीक्षक,कार्यालय  | –सदस्य |
| (ii) प्रतिसार निरीक्षक  | –सदस्य |
| (iii) प्रधान लिपिक  | –सदस्य |
| (iv) आंकिक  | –सदस्य |
| (v) बैंक आफ बडौदा के जनपद मुख्यालय ब्रान्च के मैनेजर/नामित बैंक अधिकारी | –सदस्य |

जो इच्छुक कर्मियों को पी०एस०पी० के अन्तर्गत खाता खोलने, इनके संचालन को सुचारु रखने एवं देय लाभों के भुगतान को सुनिश्चित करने के सम्बन्ध में सहयोग/मार्गदर्शन प्रदान करेंगे।

(8)–पुलिस मुख्यालय एवं जनपद स्तर पर 'पी०एस०पी०' सेल' का गठन किया जाय। पी०एस०पी० सेल के दायित्वों एवं दावों के निस्तारण के सम्बन्ध में पुलिस मुख्यालय स्तर से एक विस्तृत एस०ओ०पी० निर्गत की जाये।

(9) पी०एस०पी० खाताधारक एवं उनके परिजनो को बैंक आफ बडौदा द्वारा प्रदान की जा रही समस्त सुविधाओं को उपलब्ध कराना प्रत्येक कार्यालयाध्यक्ष/ विभागाध्यक्ष का दायित्व होना चाहिए। यह कार्य आश्रित परिवारों को राहत पहुँचाने एवं आर्थिक रूप से सशक्त बनाये जाने के उद्देश्य से किया जा रहा है।

अतः आवश्यक है कि इस कार्य को संवेदनशीलता के साथ पूर्ण मनोयोग से निष्पादित किया जाय जिससे भविष्य में आश्रित परिवारों को समस्त सुविधाएं शीघ्रातिशीघ्र उपलब्ध करायी जा सकें।

समस्त विभागाध्यक्ष/कार्यालयाध्यक्ष  
पुलिस विभाग उ०प्र०।

भवदीय,  
  
25/03/2023  
( देवेन्द्र सिंह चौहान )



INDIA NON JUDICIAL  
Government of Uttar Pradesh

e-Stamp

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Description of Document : Article 5 Agreement or Memorandum of an agreement  
Property Description : NA  
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First Party : UP POLICE PHQ LUCKNOW UTTAR PRADESH  
Second Party : BANK OF BARODA ZO OFFICE LUCKNOW  
Stamp Duty Paid By : BANK OF BARODA ZO OFFICE LUCKNOW  
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(One Hundred only)



Please write or type below this line

This forms an integral part of the MOU which is executed on 21<sup>st</sup> March, 2023 between Bank of Baroda and Uttar Pradesh Police at Lucknow, Uttar Pradesh.

कृते बैंक ऑफ बड़ोदा  
For BANK OF BARODA

महाप्रबन्धक/General Manager

स्थायी अंचल/ Lucknow Zone

अंचल कार्यालय, लखनऊ/Zonal Office, Lucknow

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रक्षित के. मन्त्र  
उत्तर पुलिस महानिदेशक, पुलिस महानिदेशक  
धरम / कल्याण  
उत्तर पुलिस मुख्यालय, लखनऊ

2

PAGE NO-2

## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is executed on **21<sup>st</sup> March' 2023** between **Uttar Pradesh Police**, represented by **Shri S.K. Bhagat ADG / IG (Housing/Welfare)** having its headquarters at **Signature Building, 7/30 Gomti Nagar Extension, Lucknow-226010** (hereinafter called the Uttar Pradesh Police with expression shall unless the context otherwise requires include its successors/legal heirs/administrators/Executors and permitted assigns).

**AND**

**Bank of Baroda**, a nationalized public sector Bank since 1969 and carrying on the business of banking under the Banking Regulation Act 1949 having its registered office at **Baroda Bhavan, 7<sup>th</sup> Floor, RC Dutt Road, Vadodara-390 007, Gujarat** (hereinafter called "**Bank of Baroda**") with expression shall unless the context otherwise requires include its successors in business through **Shri Brajesh Kumar Singh, General Manager**, Bank of Baroda having its office at Bank of Baroda, Zonal Office, Lucknow.

**WHEREAS**

(a) The **Uttar Pradesh Police** in its efforts to simplify and streamline the salary disbursement / payment procedure and to make available modern banking facilities to its personnel (Serving / Retired), has decided to accept the proposal submitted by Bank of Baroda as their preferred banker.

(b) **Bank of Baroda** possessing technologically advanced infrastructural facilities having offered to provide banking services as detailed herein below to the Uttar Pradesh Police personnel who are willing to maintain their Salary / Pension accounts with the various Branches of the Bank.

**Now therefore this Memorandum of Understanding witnessed as under:**

**Both parties have agreed as follows:**

### **1) PERIOD OF MOU**

This **MOU** shall be operative for a period of **3** years w.e.f. **21<sup>st</sup> March' 2023**, with an option to review every year or in between for any amendment/ addition/ deletion of features of the **Baroda Police Salary Package (Serving Personnel / Retired)**. In case there is no amendment/addition/deletion in offerings during the agreement period then there is no need for annual review of the MOU and the same will continue for a period of three years from date of execution of this MOU and will be deemed to be continued till a fresh MOU is signed.

### **2) CREDIT OF SALARY**

(a) The Bank undertakes to credit into account of all Uttar Pradesh Police regular personnel who may be holding their accounts in various branches at various locations of the Bank as and when the Salary is received from the Treasury and is available for withdrawal at the start of the normal banking hours on the scheduled date of disbursement of salary.

For BANK OF BARODA  
 श्री ब्रजेश कुमार भगत  
 General Manager  
 Lucknow Zone  
 Lucknow Zonal Office, Lucknow

  
**एस०के० भगत**  
 अधीक्षक महानिदेशक/पुलिस महानिदेशक  
 भवन/कल्याण  
 ३०१० पुलिस मुख्यालय, लखनऊ

(b) **Sundry payments during the month:** All other sundry payments during the month are also to be remitted to individual account holders as per details provided by Paying Authority. For all non-salary payments, money will be transferred to respective accounts within 24 hours/one working day of realization of cheque. For postings done by Paying Authority through Corporate Internet Banking, the transactions will be carried out as scheduled at the time of upload. In case of failed transaction(s), details of the accounts along with amount where money could not be transferred will be intimated in writing to the Paying Authority within two working days by the Bank.

Bank of Baroda will not charge any commission or service charges for the services rendered at 2 (a) and 2 (b) above. Bank of Baroda will also arrange for credit of salaries and sundry payments to account holders of other Banks through RBIs platforms, Real Time Gross Settlement (RTGS) and National Electronic Funds Transfer (NEFT). Bank of Baroda will however not be held liable for any delay / non-credit of salaries and sundry payments on time for reasons attributable to other parties.

(c) **Uttar Pradesh Police does not undertake any liability for loans given by bank of Baroda to regular personnel of Uttar Pradesh Police in their individual capacities.** The Uttar Pradesh Police will not be impleaded in any claim, action, lawsuit which an account holder may file against bank of Baroda or vice versa i.e. which Bank of Baroda may file against the account holder. However, Uttar Pradesh Police will provide information about defaulters as regards their current postal address maintained in the records subject to denial due to exigencies of service/ security considerations.

### **3) FACILITIES TO THE ACCOUNT HOLDERS**

Uttar Pradesh Police shall undertake to treat Bank of Baroda as preferred banker and circulate this MOU to all its members, though Uttar Pradesh Police does not commit/take responsibility on number of accounts opened under this MoU arrangement. In lieu of the above the Bank undertakes to provide these special bouquet of customized products suitable for Uttar Pradesh Police personnel.

#### **Baroda Police Salary Package offerings**

**Baroda Police Salary/ Pension Savings account with Zero balance can be opened through Branch / Tab Banking / Online Digital mode – Video KYC (QR Code/URL - <https://www.bankofbaroda.in/personal-banking/accounts/saving-accounts/baroda-police-forces-salary-package>)**

#### **Baroda Police Salary Package Eligibility criteria:**

##### **i. For salaried employee:**

- ✓ Scheme is applicable for regular employees of Uttar Pradesh Police.
- ✓ Scheme will be applicable after credit of one month salary of the employee and thereafter regular salary credit in the account.
- ✓ At the time of opening of account of employees who are having salary arrangement with other Banks, employees shall provide a mandate to shift their salary to Bank of Baroda in the organization payroll department.

कृते बैंक ऑफ बड़ौदा  
For BANK OF BARODA  
महाप्रबन्धक / General Manager  
लखनऊ क्षेत्र / Lucknow Zone  
अंचल कार्यालय, लखनऊ / Zonal Office, Lucknow

एस० के० भगत  
जवर पुलिस महानिदेशक / पुलिस महानिरीक्षक  
भवन / कल्याण  
उ०प्र० पुलिस महानिदेशक, लखनऊ



Or

ii. **For pensioner:**

- ✓ Scheme will be applicable after credit of one month pension in the Bank of Baroda account and thereafter regular pension credit in the account.
- ✓ Pensioners who are having pension arrangement with other Banks, shall provide a mandate to shift their pension account to Bank of Baroda.

**Benefits attached to the Baroda Police Salary Account is as below:**

**A) LIFE INSURANCE COVER BENEFIT FOR SERVING PERSONNEL**

**1. COMPLIMENTARY LIFE INSURANCE COVER upto Rs 20 lakhs in four different phases**

- Phase 1 – Life Insurance Cover of ₹5 Lakhs will be provided – When the Number of Salary Accounts opened reaches the threshold of 5,000 accounts and 1<sup>st</sup> salary is credited in these accounts.
  - Phase 2 – Life Insurance Cover of ₹10 Lakhs will be provided – When the Number of Salary Accounts opened reaches the threshold of 75,000 accounts and 1<sup>st</sup> salary is credited in these accounts including the 5000 accounts opened in the first phase.
  - Phase 3 – Life Insurance Cover of ₹ 15 Lakhs will be provided – When the Number of Salary Accounts opened reaches the threshold of 1,50,000 accounts and 1<sup>st</sup> salary is credited in these accounts including the 75,000 accounts opened in the earlier phase.
  - Phase 4 – Life Insurance Cover of ₹ 20 Lakhs will be provided – When the Number of Salary Accounts opened reaches the threshold of 2,00,000 accounts and 1<sup>st</sup> salary is credited in these accounts including the 1,50,000 accounts opened in the earlier phase.
2. Age - The Life Insurance cover will be applicable only for the serving personnel upto the age of 60 years or retirement whichever is earlier.
3. Life Insurance Cover will be enhanced when moving from one slab to other and continue at the maximum amount after reaching the threshold limit of ₹ 20 Lakhs.
4. **Suicide Cover**
- The Suicidal deaths will be covered after 12 months from the date of enrolment of a personnel in the Baroda Police Salary Account.
  - Applicable till the age of retirement of the serving personnel.
  - The cover will be applicable for all "On duty" as well as "Off duty" deaths due to suicide.
  - The benefits under the suicidal deaths will be as per the four phases of Life Insurance cover described in point no. 2.
5. The detailed Standard Operating Procedure for GTL Policy along with claim formats is enclosed in **Annexure I**.

**B) PERSONAL ACCIDENT INSURANCE COVER BENEFITS**

**1. COMPLIMENTARY PERSONAL ACCIDENT INSURANCE BENEFITS FOR SALARIED PERSONNEL**

- a) **Personal Accident Death** Cover with Salary account on-duty cover ₹ 75 Lakhs and Off-duty cover ₹ 60 Lakhs
- b) **Permanent Total Disability / Permanent Partial Disability** cover upto ₹ 60 Lakhs as per the percentage of disability as per below chart:

कृते बैंक ऑफ बड़ौदा  
FOR BANK OF BARODA

महाप्रबन्धक General Manager

ते निचे स्थित/कुकनोव जेन

भवन काठानगर Zonal Office, Lucknow

एस० के० भगत  
ज्येष्ठ पुलिस महानिदेशक/पुलिस महाप्रबन्धक  
भवन/कल्याण  
उ०प्र० पुलिस मुख्यालय, लखनऊ

**Claim settlement in case of Personal Accident Death and Permanent Total Disability will be 100% of the Sum insured amount and Claim settlement in case of Permanent Partial Disability will be as per the below mentioned table-**

Sr. No	Table of Benefits	% of Capital Sum Insured
1	Accidental Death	100
2	Permanent Total Disability :	
	a) Loss of Sight (both eye)	100
	b) Loss of two limbs	100
	c) Loss on one limb and one eye	100
	d) Permanent total and absolute disablement as certified by Medical Practitioner	100
3	Permanent Partial Disability	
A	Loss of sight of one eye	50
B	Loss of one limb	50
C	Loss of toes-all	20
D	Great-both phalanges	5
E	Great-one phalanx	2
F	Other than great, if more than one toe lost each	1
G	Loss of hearing-both ears	75
H	Loss of hearing-one ear	30
I	Loss of speech	50
J	Loss of four fingers and thumb of one hand	40
K	Loss of four fingers	35
L	Loss of thumb-both phalanges	25
M	Loss of thumb-one phalanx	10
N	Loss of index finger	
	i)Three phalanges	10
	ii)Two phalanges	10
	iii)One phalanges	10
O	Loss of Middle finger	
	i)Three phalanges	6
	ii)Two phalanges	6
	iii)One phalanges	6
P	Loss of Ring Finger	
	i)Three phalanges	5
	ii)Two phalanges	5
	iii)One phalanges	5
Q	Loss of little finger	
	i)Three phalanges	4
	ii)Two phalanges	4
	iii) One phalanges	4
R	Any other permanent partial disablement	% as assessed by Medical Practitioner appointed by insurance company

**c) Air Accident Insurance Cover ₹ 100 Lakhs**

- The claim is payable if the ticket is purchased through the Yoddha debit card in event of death occurring while undertaking journey by Airline and the related air ticket having been purchased by debit though Yoddha Debit Card.

**d) Personal Accident Insurance cover is applicable for age between 18 to 60 Years or up to age of retirement whichever is earlier.**

**e) Daughters' Marriage cover (18-25 Years)of Total ₹ 6 Lakhs (irrespective of no. of Daughters)**

- The cover is applicable in case of any death of serving personnel having a girl child between the age 18-25 years at the time of death.
- The maximum payable amount is ₹6 Lakhs.

In case of minor girl child, the claimant will not be eligible for the benefit of "Girl Child For BANK OF BARODA for Marriage".

सहाप्रबन्धक / General Manager  
लखनऊ क्षेत्र, Lucknow Zone  
अंचल कार्यालय, लखनऊ/Zonal Office, Lucknow

एस०के० भगत  
पुलिस महानिदेशक/पुलिस महानिरीक्षक  
भवन/कल्याण  
उ०के० पुलिस महालय, लखनऊ

- f) **Higher Education Cover Total ₹ 6 Lakhs** (irrespective of no. of Children)
- Maximum payable amount is ₹ 6 Lakhs.
  - Higher education cover is applicable for Graduation courses.
  - As per criteria any education above "Higher Secondary School" will fall under the Higher Education Cover.
- g) **Transportation of Dead body – ₹ 50,000/-** or actual cost whichever is lower.
- h) **Cost of Plastic Surgery / Burn - ₹ 2 Lakhs** or the actual cost whichever is lower.
- i) **The detailed terms and condition and Standard Operating Procedure is as per Annexure II.**

## 2. COMPLIMENTARY PERSONAL ACCIDENT INSURANCE BENEFITS FOR RETIRED PERSONNEL

- a. **Personal Accident Death** Cover with Pension account ₹ 30 Lakhs
- b. **Permanent Total Disability / Permanent Disability** cover upto ₹ 30 Lakhs as per the percentage of disability as per below chart:

**Claim settlement in case of Personal Accident Death and Permanent Total Disability will be 100% of the Sum Insured Amount and Claim settlement in case of Permanent Partial Disability will be as per the below mentioned table-**

Sr. No	Table of Benefits	% of Capital Sum Insured
1	<b>Accidental Death</b>	100
2	<b>Permanent Total Disability :</b>	
	a) Loss of Sight (both eye)	100
	b) Loss of two limbs	100
	c) Loss on one limb and one eye	100
	d) Permanent total and absolute disablement as certified by Medical Practitioner	100
3	<b>Permanent Partial Disability</b>	
A	Loss of sight of one eye	50
B	Loss of one limb	50
C	Loss of toes-all	20
D	Great-both phalanges	5
E	Great-one phalanx	2
F	Other than great, if more than one toe lost each	1
G	Loss of hearing-both ears	75
H	Loss of hearing-one ear	30
I	Loss of speech	50
J	Loss of four fingers and thumb of one hand	40
K	Loss of four fingers	35
L	Loss of thumb-both phalanges	25
M	Loss of thumb-one phalanx	10
N	Loss of index finger	
	i) Three phalanges	10
	ii) Two phalanges	10
	iii) One phalanges	10
O	Loss of Middle finger	
	i) Three phalanges	6
	ii) Two phalanges	6
	iii) One phalanges	6
P	Loss of Ring Finger	
	i) Three phalanges	5
	ii) Two phalanges	5
	iii) One phalanges	5
Q	Loss of little finger	
	i) Three phalanges	4
	ii) Two phalanges	4

कृते बैंक ऑफ बड़ौदा  
For BANK OF BARODA

महाप्रबन्धक / General Manager  
लखनऊ क्षेत्र / Lucknow Zone  
महानगर कार्यालय / Regional Office Lucknow

एस०के० भगत  
जनरल प्रोबिशन महानिदेशक / प्रोबिशन महानिदेशक  
भवन / कार्यालय  
उ०प्र० प्रोबिशन मुख्यालय, लखनऊ

		4
R	iii) One phalanges Any other permanent partial disablement	% as assessed by Medical Practitioner appointed by insurance company

- c. **Personal Accident Insurance** cover is applicable from age of 60 years or retirement age whichever is earlier and will be available upto maximum 70 years of age.
- d. **Daughters' Marriage** cover (18-25 Years) ₹ 3 Lakhs
- The cover is applicable in case of any death of serving personnel having a girl child between the age 18-25 years at the time of death.
  - The maximum payable amount is ₹ 3 Lakhs.
  - In case of minor girl child, the claimant will not be eligible for the benefit of "Girl Child cover for Marriage".
- e. **Higher Education** Cover ₹ 3 Lakhs
- Maximum payable amount is ₹ 3 Lakhs
  - Higher education cover is applicable for Graduation courses.
  - As per criteria any education above "Higher Secondary School" will fall under the Higher Education Cover.
- f. Ambulance Cover ₹ 50,000/- or actual cost whichever is lower.
- g. Cost and Transportation of Imported Medicine upto ₹ 2 Lakh or actual cost whichever is lower.
- h. The detailed terms and condition and Standard Operating Procedure is as per Annexure II.

### C. ADDITIONAL PERSONAL ACCIDENT INSURANCE COVERAGE

#### 1. YODDHA DEBIT CARD (Free of Cost) - Personal Accident Death and Permanent Total Disability Cover of ₹ 10 Lakhs

- Yoddha Debit Card is a Rupay variant and under Rupay Insurance Coverage must have been used for minimum one Rupay Induced financial transaction at any POS/ E-commerce both Intra and inter-bank i.e. on us or off-us within 30 days prior to date of accident including accident date of Rupay Card Holder.
- Card should be activated within 30 days of issuance.
- The beneficiary could be nominee of the account of the cardholder or legal heir as per the competent court order.
- Claim Intimation Period – Intimation should be within 90 days of the accident.
- Claim Submission Period – Within 60 days of claim intimation.
- Detailed Standard Operating Procedure is as per **Annexure III**.

#### 2. VIKRAM CREDIT CARD (Free of Cost) – Personnel Accident Death Cover Air/ Non-Air of ₹ 20 Lakhs

- Card should be activated within 30 days of issuance.
- Insurance facility is available from day of card issuance to primary cardholders only.
- Insurance covers only to the extent of Personal Accidental Death of the primary cardholder. Natural death is not covered in the claim.
- The Card should be used at least once in a year.
- No insurance is payable for blocked/ cancelled/ irregular card account.
- In the event of settlement of claim by the insurer, the claim amount shall be first adjusted against the outstanding credit card dues, if any and the administrative charges as under: Administrative charge amount Particulars ₹1000 If usage in the card is observed ₹ 2000 If no/less usage in the card is observed

For BANK OF BARODA  
 महाप्रबन्धक / General Manager  
 लखनऊ क्षेत्र / Lucknow Zone  
 अंचल कार्यालय लखनऊ / Zonal Office, Lucknow

- All Insurance related queries / claims can be sent to [insurance@bobfinancial.com](mailto:insurance@bobfinancial.com)
- Detailed Standard Operating Procedures and guidelines as per Annexure IV (MITC)
- Claim Intimation Period is 45 days and Claim submission period is 60 days from the date of intimation

## **D. OTHER BENEFITS**

### **a) Yoddha Debit Card other offers**

- **Lifetime free Yoddha Debit Card (No Annual / Issuance /Re-issuance Fees)**
- Unlimited free ATM usage at all Banks ATMs
- Get access to many exciting offers & trending deals on e-commerce websites from time to time
- Maximum Cash withdrawal limit of ₹ 1, 50,000/- per day.
- Maximum per day limit at Point of Sale (POS) /E-Commerce (E-com) is ₹ 5,00,000/-
- Contactless transactions up to ₹ 5,000 can be done without PIN at POS.
- Complimentary domestic and international lounge access - Two Free Domestic Lounge access in a quarter and Two Free Access per year for International Lounges.
- Complimentary One Spa session free at O2/Aromathai/Four Fountain/Kairali Ayurvedic.
- Complimentary membership in Gold's Gym/Talwalkar Gym.
- Discounted access to Golf session- One complimentary Golf game or lesson every year in premium golf course across top cities in India.
- Complementary/Discounted health check-up facility - SRL Diagnostic.

### **b) VIKRAM Credit Card other offers**

- **Life time Free Card**
- **Everyday Shopping Rewards:** 5 Reward Points for every ₹100 spent on Grocery, Departmental Stores and Movies (Max. 1000 reward points per month)\*
- **Disney Hot Star** Subscription of 3M on Card Activation.(Issued after 30 days from first swipe)#
- **Core Rewards:** 1 Reward Point for every ₹100 spent on other categories
- **Smart EMI Option :** Convert purchase of > ₹2,500/- on your card into easy EMIs of 6/36 months
- **Fuel Surcharge:** 1% fuel surcharge waiver on all fuel transactions between ₹400 to ₹5000 (Max. ₹250 per statement).\*\*
- **Low Service Charge : 3.25% / Low international Mark-up: 3%**
- **Credit Card is subject to eligibility condition of BFSL**
- **The promotional offers are subject to change from time to time.**

### **c) BOB-WORLD (Free Mobile Banking App)**

- **One stop solution for all banking and financial needs.**
- Saving, Investing, Borrowing and Shopping all on your fingertips.
- Easily check your Credit Score through the app.
- More than 220 banking services available using the app.

### **d) Electronic Transfers**

- Electronic fund transfer facility across all banks in India. (Free RTGS/NEFT/IMPS transactions through branch or online mode )
- Internet banking with Fund transfer facility to self and third party accounts.

कृते बैंक ऑफ बार्दा  
For BANK OF BARDIA Fund transfers.

महानिदेशक / General Manager  
लुक्नो क्षेत्र / Lucknow Zone  
अंचल कार्यालय लखनऊ / Zonal Office Lucknow

रिस० के० भगत  
जनरल पुलिस महानिदेशक / पुलिस महानिरीक्षक  
भवन / कल्याण  
उ०प्र० पुलिस मुख्यालय, लखनऊ

**e) Free Demand Draft/Banker's Cheque**

- UP Police Personnel will not be charged for DD or BC's from any branch of Bank of Baroda.
- Choice of transferring the account to any branch PAN India as per your convenience.

**f) Retail Loan Facilities: The special offers in loan products will be offered as per the facilities under Baroda Government Employees Retail Loan Schemes which are curated for State Government Salaried Employees.**

➤ **Baroda Housing Loan-**

- Bank offers very competitive rate in the market especially the "Baroda Advantage Home Loan" in which the borrower gets the benefit of interest amount reduction in the home loan account to the extent of daily outstanding credit balance in the Savings Bank account. Many other attractive variants under Home Loan product are available.

➤ **Baroda Education Loan-**

- Bank of Baroda offers Baroda Vidya, Baroda Gyan and Baroda Scholar loan facilities for education starting from School to Post Graduate levels also for studying abroad.

➤ **Baroda Personal Loan-**

- Personal loan upto ₹ 20 lacs at attractive pricing.
- Pre-approved Personal loans available.
- Digital loans available to all employees.

➤ **Salary Overdraft Facility:-**

- Up to ₹ 3 Lakhs - Available immediately after two salary credit.  
(Maximum ₹ 3 Lakhs i.e. average of last two months net salary credited in account)

**g) Takeover of Loans facility-**

- Home Loan take over facility as per banks extant guidelines issued from time to time.

**Many other products like Car loan, Two Wheeler loan, Pensioner loan, Mortgage loan etc. are available under retail portfolio.**

**h) Whatsapp Banking:**

- New Digital Delivery channel- Whatsapp Banking.
- Available in both Hindi and English language.
- Many services like Request Cheque book, Mini Statement, Account blocking etc. are available.

**i) Tele Banking:**

- All UP Police Personnel can call on 24\*7 Bank of Baroda Help Line No. 1800 258 44 55 and 1800 102 44 55 (toll free) for all their banking requirements.

**j) Other benefits with Baroda police Salary / Pension Account:**

- **50% waiver** on Locker Rentals.
- **100% waiver** on Demat Annual Maintenance charges
- **75% waiver** on issuance charges for Gift and Travel card.

कृते बैंक ऑफ 75% वाइवर  
For BANK OF BARODA

सहप्रबन्धक/General Manager  
लखनऊ क्षेत्र/Lucknow Zone  
अंचल कार्यालय लखनऊ/Zonal Office, Lucknow

एस० के० भगत  
जूनियर पुलिस महानिदेशक/पुलिस महानिदेशक  
भवन/कल्याण  
उ०प्र० पुलिस मुख्यालय, लखनऊ

- FDR opening: Facility of opening FD online through Mobile Banking and Internet Banking is available.
- Free Joint account facility with spouse
- Facility to continue for Personnel who goes on Deputation to other Department/States/Centre provided the Salary is credited in the account.

K) **Health Insurance Policy** available at attractive prices through our Channel Partners.

#### 4) DISSEMINATION

The MOU, once entered into by both Parties, will be widely disseminated to all ranks by means of service letters, Uttar Pradesh Police Data Network, Internet or any other means.

#### 5) TERMINATION

- In the event of termination of the MOU before its terms as per Para 1 earlier, the disbursement of salaries to the individual may continue with the bank at the discretion of the Bank as an ordinary account holder, without any special salary benefits under this MOU
- This MOU may be terminated if the Defaulting Party has committed a material breach of any term of this agreement and has failed to remedy such breach (if capable of remedy) within thirty (30) days after notice from the other party to do so

Or

If the Defaulting party repeatedly commits the same breach of any of the terms of this MOU, then the MOU may be terminated without any further notice.

Or

If there is a material adverse change in any applicable law affecting Banks generally.

#### 6) RECALL OF SALARY DISBURSED

In exceptional circumstances, the Uttar Pradesh Police may recall the salary erroneously disbursed to deserters or delinquent personnel. Upon written request of the Uttar Pradesh Police communicating specific details of personnel, bank account, period and amount, and further subject to availability of funds in the specified account, Bank of Baroda will comply with the request and refund the amount to the Uttar Pradesh Police through Demand Draft or through Electronic mode of transfer to departments account. Bank of Baroda will not be liable or be held accountable for any consequential or related action arising from the act of debiting the specified amount and refund of amount to the Uttar Pradesh Police. Pending refund of the amount recalled, Bank of Baroda may freeze all transactions to the concerned salary account for limited time/ period to prevent withdrawals from it

#### 7) PENSION PAYMENTS

Bank of Baroda on its part will arrange to make pension disbursements in compliance with instructions issued by Government of India from time to time and pension credit will follow

कृते बैंक अस्थापना शर्तों के अनुसार  
For BANK OF BARODA

सहायक/General Manager  
रुम/Zone  
अंचल कार्यालय/Zone Office Lucknow

एस.के. भगत  
जूनियर पुलिस परामर्शक/जूनियर पुलिस परामर्शक  
पुणे/अस्थापना  
जूनियर पुलिस मुख्यालय, लखनऊ

## **8) UTTAR PRADESH POLICE BANKING COMPLAINT REDRESSAL AND REVIEW MECHANISM**

(a) A Review Mechanism is in place for complaints and other pending issues. All pending issues will be reviewed on a quarterly basis. The Review Committee will consist of the Complaint Redressal Committee of the Bank and include an official duly appointed by the Uttar Pradesh Police Head Quarters.

(b) Apart from the above, Bank also has a very well laid down policy on Customer Grievance Redressal. This policy covers all types of customers including pensioners and the timeframe for redressal as well as the various channels available for lodging the complaints. The policy details are available at Bank's website for public information. The Baroda Police Salary Package account (Personnel and Pensioners) holders have the additional option to use such channels for redressal of their individual grievances/ complaints.

(c) In the event that a dispute remains unresolved, it may be referred to the Banking Ombudsman appointed by RBI under the Banking Ombudsman Scheme.

## **9) PUBLICITY**

Bank of Baroda may publish/ market about its services extended to Uttar Pradesh Police personnel under this MOU and / or promote its business objectives from time to time.

## **10) PERSONAL & ACCIDENTAL INSURANCE & Life Insurance – CLAIM MECHANISM**

The Nominee / Next of Kin to submit the required documents to the Bank Branch. The Bank Branch will submit the same to the Bank of Baroda Help Desk located in Lucknow for an onward submission to Insurance Partner after verification. The detailed claim mechanism is mentioned in Standard Operating Procedure and claim formats are as per Annexures I to IV.

## **11) AMENDMENT**

Any provisions of this MOU may be amended, waived, discharged or terminated (in each case) only by an instrument in writing signed by or on behalf of the party against whom enforcement of the amendment, waiver, discharge or termination is sought. No breach of or default under any of the provisions of this MOU by either party may be waived or discharged without the other party's written consent thereto.

## **12) NOTICES**

Each notice, demand or any other communication to be given or made hereunder shall, except as otherwise provided herein, be given or made in writing and may be sent by one party to the other party by Registered Post, telex, facsimile or by hand to the address or through email on official *email* or such other address as one party may inform the other in writing. (Refer annexure for Escalation Matrix)

कृते बैंक ऑफ बरोडा  
For BANK OF BARODA

महाप्रबन्धक / General Manager  
लखनऊ अंचल / Lucknow Zone

अंचल कार्यालय, लखनऊ / Zonal Office, Lucknow

एस० के० भगत  
जनक पुलिस महानिदेशक / पुलिस महानिदेशक  
भवन / फ्ल्याग  
उ०प्र० पुलिस मुख्यालय, लखनऊ



### 13) FORCE MAJEURE

The Parties shall not be liable for any failure to perform any of its obligations under this MOU if the performance is prevented, hindered or delayed by a Force Majeure event (defined below) and in such case its obligations shall be suspended for so long as the Force Majeure Event continues (provided that this shall not prevent the accrual of interest on a principal amount which would have been payable but for this provision). Each party shall within a week inform the other of the existence of a Force Majeure Event and shall consult together to find a mutually acceptable solution.

"Force Majeure Event" means any event due to any cause beyond the reasonable control of the Party, including, without limitation, unavailability of any communication system, sabotage, fire, flood, explosion, acts of God, civil commotion, strikes or industrial action of any kind, riots, insurrection, war or acts of government.

### 14) DISPUTES RESOLUTION

All disputes or differences arising between the Parties as to the effect, validity or interpretation of this MOU or as to their rights, duties or liabilities shall be resolved amicably between the Parties to the MOU by the State level Co-ordination Committee headed jointly by IG (H/W) and GM BOB Lucknow.

### 15) MISCELLANEOUS

(a) In the event any Baroda Police Salary Package account holder desires to change his salary account from Bank of Baroda to some other Bank, 'No Dues' Certificate will be issued by Bank of Baroda if customer has no outstanding dues in loan or any other charges. The 'No Dues' Certificate will be issued within 72 hours (3 days of receiving the application). If the branch fails to issue the NOC within the stipulated time of 72 hours, the Baroda Police Salary Package Account holder will assume that Bank of Baroda has no dues and will be at liberty to change his salary account from Bank of Baroda to some other Bank.

(b) In the event of credit of salary in other banks account, Bank of Baroda has the discretion to convert such account to normal Saving Bank account and shall withdraw all benefit extended to the Baroda Police Salary Package account holder.

(c) The Bank will consider the installation of ATMs, and setting up of branches / extension counters at locations that are mutually convenient. The Uttar Pradesh Police on its part will make efforts to provide space for setting up ATMs and Branches which is suitable for the Bank's requirements. The space, if available, will be provided on rent as mutually agreed by both the parties. If Uttar Pradesh Police is unable to provide so, Bank of Baroda shall try to find the suitable place to set up its ATMs. In such an event, if Bank of Baroda is also unable to get such space, Bank of Baroda shall not be liable to set up ATMs as contained above.

(d) As regards "Know Your Customer norms", a certificate/ letter issued/ countersigned by the authorized signatory from the individual's unit, certifying the identity and present address of the personnel, will be acceptable to the Bank. In addition, the employee can submit the officially valid documents as prescribed by Reserve Bank of India from time to time.




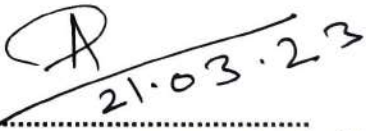

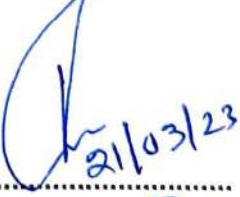
कृते बैंक ऑफ बड़ोदा  
For BANK OF BARODA

महाप्रबन्धक / General Manager  
त. म. अ. म. ल. Lucknow Zone  
अंचल कार्यालय लखनऊ Zonal Office, Lucknow

एस० के० भगत  
जनरल पुलिस महानिदेशक / पुलिस महापरीक्षक  
भवन / कल्याण  
उ०प्र० पुलिस मुख्यालय, लखनऊ

16) Bank of Baroda is committed to the business development with Uttar Pradesh Police and will continuously strive to improve the offerings through the Baroda Police Salary Package. These improvements will be applicable to all the Baroda Police Salary Package accounts.

In witness whereof, each Party has scribed their respective hands through its duly authorized representative.

Signed on behalf of Bank of Baroda	Signed on behalf of Uttar Pradesh Police Head Quarters
 21/03/23 ..... <b>Sh Brajesh Kumar Singh</b> <b>General Manager</b>	 21/03/23 ..... <b>Sh S. K. Bhagat</b> <b>ADG / IG (Housing / Welfare)</b>
<b>Witnesses</b>	
 1..... <b>Name : TEJINDER PAL SINGH</b> <b>Designation: DGM</b>	 21.03.23 1..... <b>Name : ANEES AHMAD ANSARI</b> <b>Designation: DIG/SP PHQ</b>
 2..... <b>Name : RACHNA MISHRA</b> <b>Designation: DGM</b>	 21/03/23 2..... <b>Name : RANJAN SINGH</b> <b>Designation: Addl. SP (HO), PHQ</b>

1

**ANNEXURE - I**

**Group Term Life Insurance Policy for UP Police Salary Account Holders of M/s Bank of Baroda**

<b>Name of the Insured</b>	Baroda Police Forces Salary Package accounts of Bank of Baroda extended to Uttar Pradesh Police Force
<b>Description of the Group</b>	Uttar Pradesh Police Salary Account Holder Group
<b>Insured Address</b>	3rd Floor, Baroda House, V-23, Mandi Parishad Rd, Vibhuti Khand, Gomti Nagar, Lucknow, Uttar Pradesh 226010
<b>Type of Policy</b>	Group Term Life Cover
<b>Sum Insured for Death Benefit only</b>	<ul style="list-style-type: none"><li>• Phase 1 – Life Insurance Cover of Rs.5.00 lakhs will be provided – When the Number of Salary Accounts opened reaches the threshold of 5,000 accounts and 1st salary is credited in these accounts.</li><li>• Phase 2 – Life Insurance Cover of Rs.10.00 lakhs will be provided – When the Number of Salary Accounts opened reaches the threshold of 75,000 accounts and 1st salary is credited in these accounts including the 5000 accounts opened in the first phase.</li><li>• Phase 3 – Life Insurance Cover of Rs.15.00 lakhs will be provided – When the Number of Salary Accounts opened reaches the threshold of 1,50,000 accounts and 1st salary is credited in these accounts including the 75,000 accounts opened in the earlier phase.</li><li>• Phase 4 – Life Insurance Cover of Rs.20.00 lakhs will be provided – When the Number of Salary Accounts opened reaches the threshold of 2,00,000 accounts and 1st salary is credited in these accounts including the 1,50,000 accounts opened in the earlier phase</li></ul> <p><b>Note:</b> Life Insurance Cover will enhance when moving from one slab to other and continue after reaching the threshold.</p>
<b>Coverages</b>	Any kind of death such as natural death, death due to any illness, death due to pre-existing illness.
<b>Exclusions</b>	<p><b>DEATH ANY CAUSE</b> NCB - This reinsurance does not under any conditions, cover death or disability due to or consequent upon the use of Nuclear, Chemical or Biological weapons</p> <p>AWR - Active war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, civil commotions assuming the proportions of or amounting to a popular rising, military rising, insurrection, rebellion, military or usurped power or any act of any person acting on behalf of or in connection with any organization actively directed towards the overthrow by force of any Government or to the influencing of it by terrorism or violence.</p> <p>PWR/T - Passive War Risk and/or Passive Terrorism (Unless included under table of benefits in the Schedule and following the related Wording in point no i below)</p> <p>Any Other Death which is not a natural death.</p>
<b>Maximum cover ceasing age</b>	60 Years or date of retirement whichever is earlier



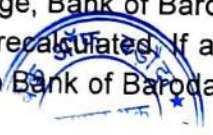
<b>Free cover limit ( FCL) ( INR)</b>	INR 20,00,000.00
<b>Actively at work (AAW) Clause for</b>	Waived for all members

**Terms and Conditions**

- a. Group Term Life Insurance policy from the Insurance Company is for a period of one year, for the various sum insured mentioned above in the event of any kind of death such as natural death, death due to any illness, death due to pre-existing illness etc.
- b. Life Insurance Cover upto Rs 20.00 Lakhs– Complimentary in four different phases as mentioned below
  - i. Phase 1 – Life Insurance Cover of Rs.5.00 lakhs will be provided – When the Number of Salary Accounts opened reaches the threshold of 5,000 accounts and 1st salary is credited in these accounts.
  - ii. Phase 2 – Life Insurance Cover of Rs.10.00 lakhs will be provided – When the Number of Salary Accounts opened reaches the threshold of 75,000 accounts and 1st salary is credited in these accounts including the 5000 accounts opened in the first phase.
  - iii. Phase 3 – Life Insurance Cover of Rs.15.00 lakhs will be provided – When the Number of Salary Accounts opened reaches the threshold of 1,50,000 accounts and 1st salary is credited in these accounts including the 75,000 accounts opened in the earlier phase.
  - iv. Phase 4 – Life Insurance Cover of Rs.20.00 lakhs will be provided – When the Number of Salary Accounts opened reaches the threshold of 2,00,000 accounts and 1st salary is credited in these accounts including the 1,50,000 accounts opened in the earlier phase

***Frame work of the proposed policy***

- a. **The details of Account Holders of Bank of Baroda i.e. date of birth, gender, date of opening of Account would be made available separately by Bank of Baroda, Zonal Office, Lucknow through email with the broker and Insurance Company.**
- b. Group Term Life Insurance Policy from the Insurance company will cover the requested UP Police Salary Account Holders at any given point of time.
- c. There will not be any medical examination for the members of Group Term Life Insurance Policy irrespective of the age of UP Police Salary Account Holders of Bank of Baroda
- d. The coverage of the policy would be applicable from the very inception of the policy till the last date of its validity irrespective of any eventualities facing them at any time, including illnesses - whether pre-existing or developed during the course of policy, absences or leaves from work, accidents or any other circumstances whatsoever.
- e. Bank of Baroda, Zonal Office, Lucknow shall have a right to add or exclude new Account Holders and existing Account Holders from the coverage. Additional premium, if any, due to such additions of new Employees and Accounts will be calculated on pro-rata basis and the same will be advised to Bank of Baroda, Zonal Office, Lucknow periodically. Similarly, for any deletion from the coverage, Bank of Baroda, Zonal Office, Lucknow would inform and the premium would be pro-rated/ recalculated. If any net excess premium is found the excess amount would be refunded back to Bank of Baroda, Zonal Office, Lucknow at the end of the coverage period.



- f. Life Insurance Policy cover is applicable only for the serving personnel till the age of 60 years or retirement whichever is earlier.
- g. The Claim would be settled within 30 days after submission of all the required claim documents.
- h. The Insurance Company should release the payment of claim to the Master Policy holder or dependent of deceased personnel through the bank/account of the nominee/dependent of the deceased Salary Account holder on submission of all the claim documents mentioned in the claim administration procedure.

**ARIBL will coordinate with the claimant and Insurer for follow up and expeditious settlement of all the claims.**

#### Escalation Matrix

<p>Contact Person and details Anand Rathi Insurance Brokers</p>	<ol style="list-style-type: none"> <li>1. Mr. Akshay Zade – Senior Manager Contact No. 9011085172, 022-49093097 Id : <a href="mailto:akshayzade@rathi.com">akshayzade@rathi.com</a></li> <li>2. Mr. Mayank Sharma – Manager Contact No. 9029867595, 022-49093029 Id : <a href="mailto:mayanksharma@rathi.com">mayanksharma@rathi.com</a></li> <li>3. Mr. Nikhil Gajre – Assistant Vice President Contact No. 7977671443, 022 4909 3023 Id : <a href="mailto:nikhilgajre@rathi.com">nikhilgajre@rathi.com</a></li> <li>4. Ms. Nivya Rai – Assistant Vice President Contact No. 9869722668, 022 4909 3008 Id : <a href="mailto:nivyarai@rathi.com">nivyarai@rathi.com</a></li> </ol>
<p>Contact Person and details Bank of Baroda, Lucknow Zone</p>	<ol style="list-style-type: none"> <li>1. Mr./Mrs XXXXXX – Deputy General Manager Contact No. _____ Id : _____</li> <li>2. Mr./Mrs XXXXXX – Assistant General Manager Contact No. _____ Id : _____</li> <li>3. Mr./Mrs XXXXXX – Chief/Senior Manager/Manager/Officer Contact No. _____ Id : _____</li> </ol>

#### i. Passive War and Terrorism Wording

*This supplementary benefit shall be deemed to be incorporated into the Insurance policy to which it is attached (the basic policy) and shall only be valid if it is indicated in the schedule of the basic policy. If included, the provisions of the basic policy, other than those relating to Death benefit, shall also refer to this Supplementary Benefit.*

*In consideration of the regular payment of the premium applicable to this Supplementary Benefit as stated in the Schedule, the Company undertakes to provide the benefits mentioned herein, in accordance with the provisions, terms, conditions, and exceptions set out herein, provided that the Policyholder fulfils his/her obligations.*



### **Passive War Risk**

Notwithstanding the provisions of the Basic Policy, and in particular the exclusions applicable, the company will pay out the death benefit under the Basic Policy or disability benefits under any attached Supplementary Benefits in the event of the accidental death and/or disability of the Life Assured as a result of war or war-like operations (whether war be declared or not) should the war take place in the country of residence or should the war or war-like operations happen suddenly following a travel outside the country of residence. After such payment the policy shall lapse.

War or War Like operations are defined under, Invasion or acts perpetrated by foreign enemies (whether war be declared or not), hostilities, civil war, martial law or declaration of a state of siege, state of siege or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege, civil disobedience, general mobilization, revolution, usurpation of power (military or politically), insurrection, rebellion, mutiny, riots, civil commotion, revolution, conspiracy, mutiny, strike and pillage

The death or disability benefit will not however be payable if the Life Assured actively participates in any of the above-mentioned events and if the Life Assured is travelling to a country after war has been declared in that country or after it has been recognized as a war zone by the United Nations or where there are war like operations.

Accident is defined as death and/or disability that resulted solely, directly and independently of all other causes, from bodily injury affected through external, violent and visible means. Death and/or disability will only be covered if it materializes within a period of 6 months after the accident has occurred.

Notwithstanding above, the maximum benefit payable on death of supplementary benefits (if applicable) shall be limited to the maximum amount payable under the passive war cover benefit.

### **Conventional Terrorism Extension (if covered in policy schedule)**

For the purpose of this contract, Conventional Terrorism shall mean an act, including, but not limited to, the use of force or violence and/or threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

### **Specific Exclusion**

Passive War Risk and Conventional Terrorism is excluded in areas where it has been declared as war zone by the UN or other similar organizations.

Specific countries are excluded from cover unless specifically agreed in this Agreement namely: Iraq, Palestine, Afghanistan, Libya, Yemen, North Korea, Somalia, DRC and Syria.



**Annexure II – PAI Coverage**

SR NO	Details	Page no.	
1	Standard Operating Procedure for claim process for Baroda Police Forces Salary Package	2-5	
2	Escalation Matrix	6	
3	Application and claim formats for Baroda Police Forces Salary Package (Employees and Pensioners)	7-21	
	Formats - Baroda Police Forces Salary Package	Formats	No 1-15



### Standard Operating Procedure for Baroda Police Forces Salary Package – Group Personal Accident

SOP covers Salary Account opening, Terms and conditions for Insurance offerings and procedure for Claim Settlement.

**1. The Baroda Police Forces Salary Package will be extended to the existing account holder or new accounts holder (Salaried Personnel / Pensioners) subject to submission of correct data by Lucknow Zone certifying that correct accounts have been opened as per scheme eligibility and the data is being submitted after salary has been credited in the accounts**

- ✦ Existing salary accounts of Uttar Pradesh Police Personnel or pension accounts of pensioner will be converted to **BARODA POLICE FORCES SALARY PACKAGE** account subject to an application-cum-undertaking submitted by the account holder as per specimen attached in **Format 1 of Annexure-3**.
- ✦ A 'No Dues' Certificate will be issued by Bank of Baroda if existing Salary Account-holder desires to shift his/ her salary account to another bank. Specimen 'No Dues Certificate is enclosed as Format 2 of Annexure-3.
- ✦ **New Accounts opened by Bank of Baroda in the Training Academies / Centres will be opened in Baroda Police Forces Salary Package on receipt of temporary numbers (for training) by Training Academies / Centres and on receipt of service numbers the amendments in the numbers will be undertaken by Bank of Baroda.**
- ✦ **Baroda Police Forces Salary Package** - As regards "Know Your Customer norms", a certificate/ letter issued/ countersigned by the authorized signatory from the individual's unit, certifying his identity and present address, will be acceptable to the Bank. In addition, Aadhaar Card and PAN card are the two documents which need to be submitted to the bank for account opening. Account opening will be as per the guidelines issued by our bank from time to time. In absence of Aadhaar card any other valid KYC document as per RBI guidelines can be accepted.

### **2. INSURANCE OFFERINGS**

#### Personal Accident Insurance offerings for active Personnel:

<u>Insurance Offerings</u>	<u>Baroda Police Forces Salary Package</u>
Personal Accident Death Cover (PAI)	Rs. 75 Lakhs On duty Rs. 75 Lakhs Off duty Rs. 60 Lakhs
Age	Min entry age: - 18 years Max Age: - 60 Years or retirement whichever is earlier
Permanent Total Disability Cover (PTD)	Rs. 60 Lakhs
Permanent Partial Disability Cover (PPD)	Rs. 30 Lakhs*
Air Accidental Insurance Cover	Rs. 100 Lakhs*
Inclusion of deaths in active operations	Yes
Girl Child Marriage Cover (18 - 25 years)	Rs. 6 Lakhs (10% of Base PAI cover*)
Higher Education Cover	Rs. 6 Lakhs (10% of Base PAI cover*)
Transportation of dead body	Actuals or Rs. 50,000/- whichever is lower
Cost of Plastic Surgery/Burn	Rs. 2 Lakhs

#### Personal Accidental Offerings for retired Employees are as under:

<u>Insurance Offerings</u>	<u>Baroda Police Salary Package</u>
Personal Accident Death Cover (PAI)	Rs. 30 Lakhs
Age	Min 60 Years or retirement age whichever is earlier Max Age – 70 Years
Permanent Total Disability Cover (PTD)	Rs. 30 Lakhs*
Permanent Partial Disability Cover (PPD)	Rs. 15 Lakhs*
Inclusion of deaths in active operations	No
Higher Education Cover	Upto ₹ 3 Lakhs (10% of Base PAI cover*)
Girl Child Marriage Cover (18 - 25 years)	Upto ₹ 3 Lakhs (10% of Base PAI cover*)
Ambulance Cover	Upto ₹ 50,000
Cost and transportation of Imported Medicine	Upto ₹ 2 Lakhs



**\*Important terms and conditions for claims:**

1. Base PAI cover is Rs. 60 Lakhs / Rs. 30 Lakhs.
2. Air tickets should be booked with our Bank's debit card.
3. The Higher Education cover will be applicable only for Graduation courses 10% of Base Cover (PAI) and claim amount will be credited in the Savings account of Nominee.
4. The Girl child marriage cover is 10% of Base Cover (PAI) and claim amount will be credited in the Savings account of Nominee.
5. The Girl child marriage cover will be applicable only between age 18 years to 25 years, on submission of relationship document and Birth Certificate.
6. Permanent Total Disablement (PTD) is in event of injury occurring to the insured's Account holder, solely and directly from accident caused by external, violent and visible means within 12 calendar months of its occurrence resulting in total irrecoverable loss as total permanent disablement, the claim will be settled as per IRDA guidelines.

**STANDARD EXCLUSIONS UNDER THE POLICY:**

THE FOLLOWING EXCLUSIONS NEED TO BE TAKEN NOTE OF BESIDES THE OTHERS AS PER THE STANDARD GROUP PERSONAL ACCIDENT CLAUSE:

1. Payment of compensation in respect of Death, injury or Disablement of the Insured person
  - (i) from intentional self-injury, suicide or attempted suicide,
  - (ii) whilst under the influence of intoxicating liquor or drugs
  - (iii) directly or indirectly caused by venereal diseases, aids or insanity,
  - (iv) arising or resulting from the insured person committing any breach of law with criminal intent,
  - (v) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
2. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly / indirectly connected with or traceable to: War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.
3. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person –
  - (i) Directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
  - (ii) Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
4. The Insurance under this Policy shall not extend to cover death disablement resulting directly or indirectly caused, contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof

**Claim settlement in Permanent Total Disablement will be the 100% of the Sum Insured Opted will be paid.**

Sr. No	Table of Benefits	% of Capital Sum Insured
1	Accidental Death	100
2	Permanent Total Disability :	
	a) Loss of Sight (both eye)	100
	b) Loss of two limbs	100
	c) Loss on one limb and one eye	100



	d) Permanent total and absolute disablement as certified by Medical Practitioner	100
<b>3</b>	<b>Permanent Partial Disability</b>	
A	Loss of sight of one eye	50
B	Loss of one limb	50
C	Loss of toes-all	20
D	Great-both phalanges	5
E	Great-one phalanx	2
F	Other than great, if more than one toe lost each	1
G	Loss of hearing-both ears	75
H	Loss of hearing-one ear	30
I	Loss of speech	50
J	Loss of four fingers and thumb of one hand	40
K	Loss of four fingers	35
L	Loss of thumb-both phalanges	25
M	Loss of thumb-one phalanx	10
N	Loss of index finger	
	i) Three phalanges	10
	ii) Two phalanges	10
	iii) One phalanges	10
O	Loss of Middle finger	
	i) Three phalanges	6
	ii) Two phalanges	6
	iii) One phalanges	6
P	Loss of Ring Finger	
	i) Three phalanges	5
	ii) Two phalanges	5
	iii) One phalanges	5
Q	Loss of little finger	
	i) Three phalanges	4
	ii) Two phalanges	4
	iii) One phalanges	4
R	Any other permanent partial disablement	% as assessed by Medical Practitioner appointed by insurance company

- The terms and condition for Insurance claims will be applicable as per IRDA norms.

### **PERSONAL ACCIDENT INSURANCE & OTHER INSURANCE COVER – CLAIM MECHANISM**

#### **(I) CLAIM INTIMATION**

All the claims of the Insured will be intimated by the Nominee / Next of Kin to the Branch. Nominee / Next of Kin to submit the required documents to the Bank Branch. The Bank Branch will forward the same to Insurance Partner.

On receipt of the intimation, the Claim will be registered and the Insurance Company will provide a Letter of Requirements.

#### **The notification of claim shall include:**

- Brief note on incident (Including Date & Time of incident)
- Details of the affected Customer Account/name of the concerned person/ contact details of the Nominee to be contacted.
- Claim intimation should be within **Ninety (90) days** from the date of accident. Further no claims should be rejected on account of delay in intimation claims/ submission of claims documents as per IRDAI regulations.




**Dept. – Personal Accident for Bank of Baroda A/c holders through Baroda Police Salary Accounts**

Branch Manager of the Bank where the account exists will send duly filled, signed & stamped claim form along with all the relevant claim documents to the Help Desk at Lucknow.

Claim Documents once received will be scrutinized and the same will be submitted to Insurer.

The Claimant/Nominee shall arrange for submission of the following documents towards substantiation of the claim within 180 days from date of intimation of claim for onward submission:

1. All supporting documents relating to the claim must be submitted within one eighty (180) days from the date of intimation.
2. In case documents are not received within one eighty (180) days of claim intimation, 1<sup>st</sup> reminder, hard copy letter will be issued to Member Bank, followed by an email communication.
3. 2<sup>nd</sup> reminder hard copy letter will be sent after (190) days from claim intimation followed by an email
4. Closure letter, hard copy letter will be sent to Bank after one year from the date of claim intimation in case of no communication received from Bank

**INVESTIGATOR APPOINTMENT (SPECIFIC CASES THAT NEED DETAILED INVESTIGATION)**

- (i) Based on the merit of the claim, Insurer's investigation team shall be appointed. TAT: T +3 (T is the day on which the claim documents received from the Bank).
- (ii) In 30 days, Investigation report will be finalized. If there is a delay because of the some more facts, an interim report will be requested.

**CLAIMS FOLLOW UP / PROCESSING**

The reminders shall be sent by Insurer to Bank at regular intervals for pending claim documents, a communication via letter in hard copy / email will be sent to client with defined timeline.

Reminder process would be same for the document's deficiency also.

1<sup>st</sup> reminder T+180 days

2<sup>nd</sup> reminder T+190 days

Closure Letter T+365 days

**T is Date of Intimation**

**CLAIM PAYMENT**

Once the claim is approved the payment in the form of **NEFT** shall be done to the account holder beneficiary (in case of Disablement) / to Nominee or legal heir (in case of Death) along with a covering letter.

**DOCUMENT CHECK LIST** -Attached as per enclosed Formats



## ESCALATION MATRIX

### Insurance Company

Escalation Level	Designation	Contact Detail	Email Id
Claims Service Manager	Officer	9820147746	<a href="mailto:karandevrukhkar@rathi.com">karandevrukhkar@rathi.com</a>
Service Relationship Manager (1 <sup>st</sup> Escalation Level)	Assistant Manager	9011085172	<a href="mailto:akshayzade@rathi.com">akshayzade@rathi.com</a>
Senior Manager (2 <sup>st</sup> Level)	Senior Manager	9892052624	<a href="mailto:supriyalakhi@rathi.com">supriyalakhi@rathi.com</a>
Vice President (3 <sup>rd</sup> Level)	Vice President	9930357213	<a href="mailto:sapnamaheshwari@rathi.com">sapnamaheshwari@rathi.com</a>

### Bank of Baroda (For Salary Accounts)

Escalation Level	Name & Designation	Contact Detail	Email Id
Level 1	Chief Manager Lucknow Zone		
Level 2	Dy General Manager - Lucknow Zone		
Level 3	Chief Manager - Defence Banking	011-23448845	<a href="mailto:defencebanking.delhi@bankofbaroda.co.in">defencebanking.delhi@bankofbaroda.co.in</a>
Level 4	Dy General Manager - Defence Banking	011-23448869	<a href="mailto:defencebanking.delhi@bankofbaroda.co.in">defencebanking.delhi@bankofbaroda.co.in</a>




Format - 1

**APPLICATION-CUM-UNDERTAKING TO BE TAKEN FROM EXISTING ACCOUNTHOLDERS**

The Branch Manager,  
Bank of Baroda  
..... Branch

Dear Sir,  
**BARODA POLICE FORCES SALARY PACKAGE**

**1. Request for conversion of Savings Bank account to Baroda Police Forces Salary Package**

1. I maintain a SB account with your branch and the account number is \_\_\_\_\_ and I intend to open a new Baroda Police Forces Salary Package SB Account. I am presently employed as \_\_\_\_\_ with \_\_\_\_\_, my employee Number is \_\_\_\_\_ and my Date of Birth is \_\_\_\_\_. My mobile number is \_\_\_\_\_.

2. My present address is appended below which may please be incorporated in your records for which I am enclosing a certificate issued from the unit and request you to accept it for satisfying the KYC norms as prescribed by your bank, along with other document(s) as prescribed by the RBI.

3. In this connection, I request that my existing account be converted into a Baroda Police Forces Salary Package account with all its special features.

4. Since I am presently posted at \_\_\_\_\_/ is being posted to \_\_\_\_\_ I request that my account should be transferred to \_\_\_\_\_ Branch of BANK OF BARODA for ease of operation.

Yours faithfully,

Name : \_\_\_\_\_

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

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

Place: \_\_\_\_\_

(with Rank and Decoration/ Address)



The Branch Manager

Bank of Baroda

\_\_\_\_\_ Branch

Dear Sir,

**BARODA POLICE FORCES SALARY PACKAGE - REQUEST FOR ISSUANCE OF NO OBJECTION CERTIFICATE TO TRANSFER SALARY FROM BANK OF BARODA TO ANOTHER BANK**

1- I maintain a salary SB account with your branch and the account number is \_\_\_\_\_ . I am presently employed as \_\_\_\_\_ with \_\_\_\_\_ POLICE and my Personal Number is \_\_\_\_\_ . My present address is \_\_\_\_\_

2- I request you to issue me a No Dues Certificate as I desire to change my salary bank from where I draw my monthly salary.

Yours faithfully,

Name : \_\_\_\_\_

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

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

Place: \_\_\_\_\_

\_\_\_\_\_  
(with Rank and Decoration/ Address)

To be submitted to the Bank in duplicate and acknowledgement obtained from the Branch Manager/ Authorised signatory of BANK OF BARODA on the second copy, duly stamped including date of receipt by the Bank and signature number of the Bank signatory.




**Format - 3**

**The Branch Manager**

Bank of Baroda

\_\_\_\_\_ Branch

Dear Sir,

**BARODA POLICE FORCES SALARY PACKAGE REQUEST FOR OVERDRAFT FACILITY**

1. I am maintaining a Saving Bank account No. \_\_\_\_\_ with your branch and my employee Number is \_\_\_\_\_. At my request, you have agreed to grant me an overdraft limit (facility) of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) which is approximately as per the features of **BARODA POLICE FORCES SALARY PACKAGE**. I am enclosing photocopy of my salary slips for your ready reference. I have represented to you that the said loan is required to meet my urgent personal/domestic expenses.

2. In consideration of your granting me the above facility, I undertake to liquidate the outstanding in the facility with interest from my next salary (ies) within a period of six months from the date of sanction of the facility. I also undertake and agree to pay interest for the above facility, at the rate applicable to clean overdraft i.e. \_\_\_\_\_% above BRLLR floating, currently \_\_\_\_\_ p.a. with monthly rests. I also agree that the said rate of interest shall undergo change from time to time as applicable to an overdraft account.

3. I undertake to repay the facility with interest in such installments as mentioned above and to facilitate such repayment, I hereby authorize you to deduct such amount as may be required from my above account. In case, my salary is not credited to the above account for any reason whatsoever, I undertake to pay the monthly installment with interest on or before the due date.

**Yours faithfully,**

**Witness:**

**Name :**

**Address:**

**Name:**

**Date**



**Group Personal Accident Policy Claim Form**
**THE NEW INDIA ASSURANCE CO LTD**

New India Centre, 4<sup>th</sup> Floor,  
 17-A, Cooperage Road,  
 Mumbai-400001

**GROUP PERSONAL ACCIDENT - CLAIM FORM**

Issuance of this form is not to be taken as an admission of liability

Policy		Claim No.:	
Claim Intimation No.		Date of Claim Registration:	
<b>Policy No.</b>	<b>Policy Period -</b>		
(i) Name of the Salary Account holder (Deceased)			
(ii) Salary Account No. with BOB			
(iii) Name of BOB Branch			
(iv) Code No. of BOB Branch			
(v) Name of Claimant			
(vi) Address of Claimant (Complete address with Pin code)			
(vii) Details of the Accident			
a. Date of Accident:			
b. Time of Accident:			
c. Place of Accident:			
d. Date of Death:			
e. Claim Amount:			

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.

**Signature of Claimant**
**Full Name of Claimant:**
**E Mail of Claimant Signing Above:**
**Mobile Number of Claimant Signing Above:**




**Claim Intimation Letter**

Date:

The Manager,

.....  
.....  
.....  
.....

**Group Personal Accident Claim Intimation Form**

**To be submitted for claiming Personal Accident Insurance on Baroda Police Forces Salary Package Account Holders of Bank of Baroda (Accidental Death/ Permanent Total Disability / Partial Disability Cover)**

Issuance of this format for intimation of a claim is not to be taken as an admission of liability.  
(To be submitted to Insurance Company within 90 days from the date of Accident)

Dear Sir/ Madam,

This is to certify that **Mr/ Ms**..... (Account holder Name),  
**(Salary Account No**.....) holds an active and operative account with our **BOB branch** ..... (Bank Branch details)

Please find the claim intimation details as mentioned below under Policy no.

- (i) Name of deceased account holder: .....
- (ii) Salary account number: .....
- (iii) Date of Accident: .....
- (iv) Date of Death (In case of a death claim): .....
- (v) Place of accident: .....
- (vi) Details of accident: .....
- (vii) Name of Branch and their code: .....
- (viii) Name of Organisation: .....
- (ix) Personal / Force number: .....

Request you to look into the matter and settle the claim on priority.

Regards

**AUTHORISED SIGNATORY**

Bank of Baroda



**Checklist for Claim Intimation (In case of Accidental Death)**

Date:

To,  
 The Manager,  
**THE NEW INDIA ASSURANCE CO LTD**  
 New India Centre, 4<sup>th</sup> Floor,  
 17-A, Cooperage Road,  
 Mumbai-400001

**Sub: Claim intimation under M/s Bank of Baroda Group Personal Accident Policy No:**

Respected Sir,

Enclosed please find the following documents (ticked ✓) for doing needful for settlement of claim.

SN	Document for Accidental Death Claim	Y/N
1	Claim Form duly completed and signed	
2	Original Death Certificate	
3	Original or Certified copy of FIR, Panchnama/ Inquest Panchnama/ Hospital Report	
4	Original or Certified Copy of Post Mortem Report along with Chemical Analysis/FSL Reports (wherever applicable)	
5	Copy of Aadhaar Card of Account holder and nominee or any other officially/legally Valid ID proof	
6	Declaration from Bank Home Branch, where account is opened / operated, duly signed by authorized signatory and bank stamp.	
7	Declaration from Bank specifying that the Account holder is through Baroda Police Forces Salary Package SB account and Baroda Police Forces Salary Package Pension SB Account	
8	Brief Description of the Incident/Accident	
9	If the Documents are in Regional Language, then translation of original documents	
10	NEFT details of the claimant certified by the claimant's bank	
11	Other Suitable document to prove Legal heirs (Applicable in case if claimant is not a nominee/Joint account holder as per Bank's record)	

Thanking you




Format - 7

**Checklist for Claim Intimation (In case of Permanent Total Disability/Permanent partial Disability)**

Date:

To,  
 The Manager,  
**THE NEW INDIA ASSURANCE CO LTD**  
 New India Centre, 4<sup>th</sup> Floor,  
 17-A, Coopergae Road,  
 Mumbai-400001

**Sub: Claim intimation under M/s Bank of Baroda Group Personal Accident Policy No:**

Respected Sir,

Enclosed please find the following documents (ticked ✓) for doing needful for settlement of claim.

Sn	Document for Permanent Total Disability	Y/N
1	Claim Form duly completed and signed	
2	Discharge card along with case history confirmation therein duration & percentage of disability duly certified by the concerned/treating Physician/ Surgeon	
3	All Investigation report in original copies* thereof in respect of tests has undergone pertaining to accident	
4	Copy of Aadhaar Card of Account holder and nominee or any other officially/legally Valid ID-proof	
5	Declaration from Bank Home Branch, where account is opened / operated, duly signed by authorized signatory and bank stamp.	
6	Declaration from Bank specifying that the Account holder is through Baroda Police Forces Salary Package SB account and Baroda Police Forces Salary Package Pension SB Account	
7	Brief Description of the Incident/Accident	
8	If the Documents are in Regional Language, then translation of original documents	
9	NEFT details of the claimant certified by the claimant's bank	
10	Other Suitable document to prove Legal heirs (Applicable in case if claimant is not a nominee/Joint account holder as per Bank's record	

Thanking you




**Checklist for Claim Intimation (In case of Air Accident Cover)**

Date:

To,

The Manager,

**THE NEW INDIA ASSURANCE CO LTD**New India centre, 4<sup>th</sup> Floor,

17-A, Coopergae Road,

Mumbai-400001

**Sub: Claim intimation under M/s Bank of Baroda Group Personal Accident Policy No:**

Respected Sir,

Enclosed please find the following documents (ticked ✓) for doing needful for settlement of claim.

SN	Document for Accidental Death Claim	Y/N
1	Claim Form duly completed and signed	
2	Original Death Certificate	
3	Original or Certified copy of FIR, Panchnama/ Inquest Panchnama/ Hospital Report	
4	Original or Certified Copy of Post Mortem Report along with Chemical Analysis/FSL Reports (wherever applicable)	
5	Copy of Aadhar Card of Account holder and nominee or any other officially/legally Valid ID proof	
6	Declaration from Bank Home Branch, where account is opened / operated, duly signed by authorized signatory and bank stamp.	
7	Declaration from Bank specifying that the Account holder is through Baroda Police Forces Salary Package SB account and Baroda Police Forces Salary Package Pension SB Account	
8	Brief Description of the Incident/Accident	
9	If the Documents are in Regional Language, then translation of original documents	
10	NEFT details of the claimant certified by the claimant's bank	
11	Air Ticket using BOB Debit card/ Internet Banking/ Boarding Pass to be submitted	
12	Other Suitable document to prove Legal heirs (Applicable in case if claimant is not a nominee/Joint account holder as per Bank's record)	

Thanking you




Format - 9

**Checklist for Claim Intimation (In case of Girl Child Marriage Cover)**

Date:

To,  
The Manager,  
**THE NEW INDIA ASSURANCE CO LTD**  
New India Centre, 4<sup>th</sup> Floor,  
17-A, Cooperage Road,  
Mumbai-400001

**Sub: Claim intimation under M/s Bank of Baroda Group Personal Accident Policy No:**

Respected Sir,

Enclosed please find the following documents (ticked ✓) for doing needful for settlement of claim

SN	Document for Accidental Death Claim	Y/N
1	Claim Form duly completed and signed	
2	Original Death Certificate	
3	Original or Certified copy of FIR, Panchnama/ Inquest Panchnama/ Hospital Report	
4	Original or Certified Copy of Post Mortem Report along with Chemical Analysis/FSL Reports (wherever applicable)	
5	Copy of Aadhaar Card of Account holder and nominee or any other officially/legally Valid ID proof	
6	Declaration from Bank Home Branch, where account is opened / operated, duly signed by authorized signatory and bank stamp.	
7	Declaration from Bank specifying that the Account holder is through Baroda Police Forces Salary Package SB account and Baroda Police Forces Salary Package Pension SB Account	
8	Brief Description of the Incident/Accident	
9	If the Documents are in Regional Language, then translation of original documents	
10	NEFT details of the claimant certified by the claimant's bank	
11	Birth Certificate/Date of birth proof of girl child	
12	Document showing relationship with deceased Account holder	
13	Other Suitable document to prove Legal heirs (Applicable in case if claimant is not a nominee/Joint account holder as per Bank's record)	

Thanking you




**Checklist for Claim Intimation (In case of Higher Education Cover)**

Date:

To,  
 The Manager,  
**THE NEW INDIA ASSURANCE CO LTD**  
 New India Centre, 4<sup>th</sup> Floor,  
 17-A, Cooperage Road,  
 Mumbai-400001

**Sub: Claim intimation under M/s Bank of Baroda Group Personal Accident Policy No:**

Respected Sir,

Enclosed please find the following documents (ticked ✓) for doing needful for settlement of claim

SN	Document for Accidental Death Claim	Y/N
1	Claim Form duly completed and signed	
2	Original Death Certificate	
3	Original or Certified copy of FIR, Panchnama/ Inquest Panchnama/ Hospital Report	
4	Original or Certified Copy of Post Mortem Report along with Chemical Analysis/FSL Reports (wherever applicable)	
5	Copy of Aadhaar Card of Account holder and nominee or any other officially/legally Valid ID proof	
6	Declaration from Bank Home Branch, where account is opened / operated, duly signed by authorized signatory and bank stamp.	
7	Declaration from Bank specifying that the Account holder is through Baroda Police Forces Salary Package SB account and Baroda Police Forces Salary Package Pension SB Account	
8	Brief Description of the Incident/Accident	
9	If the Documents are in Regional Language, then translation of original documents	
10	NEFT details of the claimant certified by the claimant's bank	
11	Birth Certificate of the child/children's	
12	Education fund: Higher Education (only Graduation)- Copy of admission confirmation and certificate from educational institute stating details of full time course in a recognized college in India for Graduation along with duration of course and date of enrolment	
13	Other Suitable document to prove Legal heirs (Applicable in case if claimant is not a nominee/Joint account holder as per Bank's record)	

Thanking you




**Format - 11**

**Checklist for Claim Intimation (In case of Transportation of Dead Body)**

Date:

To,  
The Manager,  
**THE NEW INDIA ASSURANCE CO LTD**  
New India Centre, 4<sup>th</sup> Floor,  
17-A, Cooperage Road,  
Mumbai-400001

**Sub: Claim intimation under M/s Bank of Baroda Group Personal Accident Policy No:**

Respected Sir,

Enclosed please find the following documents (ticked ✓) for doing needful for settlement of claim.

SN	Document for Accidental Death Claim	Y/N
1	Claim Form duly completed and signed	
2	Original Death Certificate	
3	Original or Certified copy of FIR, Panchnama/ Inquest Panchnama/ Hospital Report	
4	Original or Certified Copy of Post Mortem Report along with Chemical Analysis/FSL Reports (wherever applicable)	
5	Copy of Aadhar Card of Account holder and nominee or any other officially/legally Valid ID proof	
6	Declaration from Bank Home Branch, where account is opened / operated, duly signed by authorized signatory and bank stamp.	
7	Declaration from Bank specifying that the Account holder is through Baroda Police Forces Salary Package SB account and Baroda Police Forces Salary Package Pension SB Account	
8	Brief Description of the Incident/Accident	
9	If the Documents are in Regional Language, then translation of original documents	
10	NEFT details of the claimant certified by the claimant's bank	
11	Original Cash-memos for the expenses incurred for transportation of Account holder body to his/her city of residence	
12	Document eliciting the normal place of residence of the deceased covered under the policy issued. E.g.: Certified copy of electricity bill, telephone bill, etc.	
13	Other Suitable document to prove Legal heirs (Applicable in case if claimant is not a nominee/Joint account holder as per Bank's record)	

Thanking you




**Checklist for Claim Intimation (In case of Cost of plastic surgery/ Burn)**

Date:

To,

The Manager,

**THE NEW INDIA ASSURANCE CO LTD**New India Centre, 4<sup>th</sup> Floor,

17-A, Cooperage Road,

Mumbai-400001

**Sub: Claim intimation under M/s Bank of Baroda Group Personal Accident Policy No:**

Respected Sir,

Enclosed please find the following documents (ticked ✓) for doing needful for settlement of claim.

SN	Document for Accidental Death Claim	Y/N
1	Claim Form duly completed and signed	
2	Original Death Certificate	
3	Original or Certified copy of FIR, Panchnama/ Inquest Panchnama/ Hospital Report	
4	Original or Certified Copy of Post Mortem Report along with Chemical Analysis/FSL Reports (wherever applicable)	
5	Copy of Aadhar Card of Account holder and nominee or any other officially/legally Valid ID proof	
6	Declaration from Bank Home Branch, where account is opened / operated, duly signed by authorized signatory and bank stamp.	
7	Declaration from Bank specifying that the Account holder is through Baroda Police Forces Salary Package SB account and Baroda Police Forces Salary Package Pension SB Account	
8	Brief Description of the Incident/Accident	
9	If the Documents are in Regional Language, then translation of original documents	
10	NEFT details of the claimant certified by the claimant's bank	
11	Treating doctor's/ Surgeon Certificate	
12	Original Discharge Summary containing all relevant details.	
13	All original bills and their receipts	
14	Copies of all reports and prescriptions	
15	First prescription/ consultation letter from the Doctor	
16	Original Money Receipt duly signed with revenue stamp	
17	Other Suitable document to prove Legal heirs (Applicable in case if claimant is not a nominee/Joint account holder as per Bank's record)	

Thanking you





**Checklist for Claim Intimation (In case of Ambulance Cover)**

Date:

To,

The Manager,

**THE NEW INDIA ASSURANCE CO LTD**

New India Centre, 4<sup>th</sup> Floor,

17-A, Cooperage Road,

Mumbai-400001

**Sub: Claim intimation under M/s Bank of Baroda Group Personal Accident Policy No:**

Respected Sir,

Enclosed please find the following documents (ticked ) for doing needful for settlement of claim.

SN	Document for Accidental Death Claim	Y/N
1	Claim Form duly completed and signed	
2	Original Death Certificate	
3	Original or Certified copy of FIR, Panchnama/ Inquest Panchnama/ Hospital Report	
4	Original or Certified Copy of Post Mortem Report along with Chemical Analysis/FSL Reports (wherever applicable)	
5	Copy of Aadhar Card of Account holder and nominee or any other officially/legally Valid ID proof	
6	Declaration from Bank Home Branch, where account is opened / operated, duly signed by authorized signatory and bank stamp.	
7	Declaration from Bank specifying that the Account holder is through Baroda Police Forces Salary Package SB account and Baroda Police Forces Salary Package Pension SB Account	
8	Brief Description of the Incident/Accident	
9	If the Documents are in Regional Language, then translation of original documents	
10	NEFT details of the claimant certified by the claimant's bank	
11	Treating doctor's/ Surgeon Certificate	
12	Original Discharge Summary containing all relevant details.	
13	All original bills and their receipts	
14	Copies of all reports and prescriptions	
15	First prescription/ consultation letter from the Doctor	
16	Original Money Receipt duly signed with revenue stamp	
17	Other Suitable document to prove Legal heirs (Applicable in case if claimant is not a nominee/Joint account holder as per Bank's record)	

Thanking you




**Checklist for Claim Intimation (In case of Cost and Transportation of Imported Medicine)**

Date:

To,

The Manager,

**THE NEW INDIA ASSURANCE CO LTD**New India Centre, 4<sup>th</sup> Floor,

17-A, Cooperage Road,

Mumbai-400001

**Sub: Claim intimation under M/s Bank of Baroda Group Personal Accident Policy No:**

Respected Sir,

Enclosed please find the following documents (ticked ✓) for doing needful for settlement of claim.

SN	Document for Accidental Death Claim	Y/N
1	Claim Form duly completed and signed	
2	Original Death Certificate	
3	Original or Certified copy of FIR, Panchnama/ Inquest Panchnama/ Hospital Report	
4	Original or Certified Copy of Post Mortem Report along with Chemical Analysis/FSL Reports (wherever applicable)	
5	Copy of Aadhar Card of Account holder and nominee or any other officially/legally Valid ID proof	
6	Declaration from Bank Home Branch, where account is opened / operated, duly signed by authorized signatory and bank stamp.	
7	Declaration from Bank specifying that the Account holder is through Baroda Police Forces Salary Package SB account and Baroda Police Forces Salary Package Pension SB Account	
8	Brief Description of the Incident/Accident	
9	If the Documents are in Regional Language, then translation of original documents	
10	NEFT details of the claimant certified by the claimant's bank	
11	Treating doctor's/ Surgeon Certificate	
12	Original Discharge Summary containing all relevant details.	
13	All original bills and their receipts	
14	Copies of all reports and prescriptions	
15	First prescription/ consultation letter from the Doctor	
16	Original Money Receipt duly signed with revenue stamp	
17	Other Suitable document to prove Legal heirs (Applicable in case if claimant is not a nominee/Joint account holder as per Bank's record)	

Thanking you




**Format - 15****NEFT Form For Group Personal Accident Insurance (To be submitted by the claimant only)****THE NEW INDIA ASSURANCE CO LTD,**

New India Centre, 4<sup>th</sup> Floor,  
 17-A, Coopergae Road,  
 Mumbai-400001

Sir,

I/We furnish below details of my/our bank account to be used for effecting payments due to us by NEFT/RTGS

1.	<b>Registration for NEFT/RTGS payments</b>	
	<b>Name of the Claimant (Account Holder)</b>	
	<b>Category</b>	Group Personal Accident Insurance (Death/PTD) claim / Baroda Police Forces Salary Package Account Holders
	<b>Policy Number</b>	
	<b>Policy Period</b>	
	<b>Claim number , if any , provided (policyholders only)</b>	
	<b>Permanent Address</b> Address for Communication	
2.	<b>Bank Account Details for NEFT/RTGS</b>	
	<b>Name of account Holder/Claimant</b>	
	<b>Bank Name</b>	
	<b>Bank Branch Name</b>	
	<b>Bank Branch Address</b>	
	<b>MICR Code</b>	
	<b>Full Bank Account No. (for NEFT)</b>	
<b>IFSC Code</b>		

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, IFSC code. Please verify the details with your bank before submitting.

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, The New India Assurance Co. Ltd reserves the right to issue a cheque/credit the account in the mode that may seem fit. I/We would not hold New India Assurance 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 III

#### Standard Operating Procedure for Yoddha Debit Card – Group Personal Accident Insurance Offering

#### 1. YODDHA DEBIT CARD - Personal Accident Death and Permanent Total Disability Cover of Rs. 10 Lakhs

- Yoddha Debit Card is a Rupay variant and under Rupay Insurance Coverage must have been used for minimum one Rupay Induced financial transaction at any Pos/ E-commerce both Intra and inter-bank i.e. on us or off-us within 30 days prior to date of accident including accident date of Rupay Card Holder.
- Card should be activated within 30 days of issuance.
- The beneficiary could be nominee of the account of the cardholder or legal heir as per the competent court order.
- Claim Intimation Period – Intimation should be within 90 days of the accident.
- Claim Submission Period – Within 60 days of claim intimation.

#### Claims Process – RuPay Insurance Program 2022-23 for RuPay Select Card

##### A) Claim intimation

1. All the claims where incident has happened in the financial year 2022-23, should be intimated to the dedicated claims id [rupay@tataaig.com](mailto:rupay@tataaig.com)
2. TATA AIG will register the claim and provide the claim number to the Member Bank within 2 working days with the policy number in subject line.
3. Claim intimation should be within Ninety (90) days from the date of accident. In case where a person is hospitalized (and under a critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by TATA AIG for investigation and honored, if all terms under the policy are met as on date of accident.

##### B) Documents Receipt / Follow-up

All documents are to be received at TATA AIG General Insurance Company Limited office at the below mentioned address:

##### Claims Department

TATA – AIG General Insurance Co. Ltd  
A-501, 5<sup>th</sup> Floor, Bldg No – 4,  
Infinity Park,  
Dindoshi, Malad (East)



Mumbai- 400097

1. Claim intimation should be within Ninety (90) days from the date of accident. In case where a person is hospitalized (and under a critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by TATA AIG General Insurance Co. Ltd. for investigation and honored, if all terms under the policy are met as on date of accident.
2. All supporting documents relating to the claim must be submitted within sixty (60) days from the date of intimation.
3. The eligible claims will be settled in ten (10) working days from the date of receiving the complete documents set.
4. In case the settlement is not confirmed, the Bank should follow up with TATA AIG General Insurance Co. Ltd. for status update of the claim and comply for the pending requirements in hard copy by post/courier. (Scanned images of required documents shall not be sent to the Insurance Company).
5. In case documents are not received within sixty (60) days of claim intimation, 1<sup>st</sup> reminder, email will be issued to Member Bank by TATAAIG
6. 2<sup>nd</sup> reminder email will be sent by TATAAIG after eighty one (81) days from claim.
7. Closure email / hard copy letter will be sent to Member Bank on 90<sup>th</sup> day from claim intimation in case of no communication received from Member Bank and claim will be closed in the TATA AIG system.

**C) Investigator Appointment (Specific cases that need detailed investigation)**

Based on the merit of the claim, TATA AIG investigation team shall be appointed. TAT: T +3 (T is the day on which the claim documents received from the Member Bank).

In 30 days, Investigation report will be finalized. If there is a delay because of some more facts, an interim report will be requested.

**D) Claims Follow up / Processing**



The reminders shall be sent by TATAAIG to Member Bank at regular intervals for pending claim documents, a communication via letter in hard copy / email will be sent to client with defined timeline. All emails sent for the purpose of follow up should be marked to NPCI Insurance mail id [rupayinsurance@npci.org.in](mailto:rupayinsurance@npci.org.in).

Reminder process would be same for the documents deficiency also.

1<sup>st</sup> reminder T+61

2<sup>nd</sup> reminder T+81

Closure Letter T+90

T is Date of Intimation

### E) Escalation Matrix

For Claims & Policy Administration

	Name	Designation	Email	Mobile No.
SPOC	Devank Dubey	Deputy Manager - Personal Accident	<a href="mailto:Devank.Dubey@tataaig.com">Devank.Dubey@tataaig.com</a>	9794819921
Escalation 1	Pankaj Sharma	Associate Vice President - Personal Accident	<a href="mailto:Pankaj1.Sharma@tataaig.com">Pankaj1.Sharma@tataaig.com</a>	9723466900
Escalation 2	Ms. Neha Arya	Senior Vice President - Personal Accident, Travel & Home	<a href="mailto:Neha.Arya@tataaig.com">Neha.Arya@tataaig.com</a>	

### F) Claim Payment

Once the claim is approved, the payment in the form of **NEFT** shall be done to the cardholder (in case of Disablement) / to nominee or legal heir (in case of Death) along with a covering letter.

### G) Dispute Management

Committee of 3 people as mentioned below to resolve the dispute.

1. Representative from TATAAIG General Insurance Co. Ltd.
2. Representative from NPCI.
3. Representative/s of the disputing Bank/s.

### H) Document check list -



**For Accidental Death Claims:**

- a) Claim Form duly completed and signed.
- b) Original or Certified copy of Death Certificate.
- c) Original or Certified copy of FIR/ Police report giving description of the accident.
- d) Original or certified copy of Post Mortem Report along with Chemical Analysis/ FSL reports (wherever applicable).
- e) Copy of all medical records, if hospitalized
- f) Copy of News paper cutting, if any.
- g) Original CKYC Form with KYC, NEFT documents of Nominee
- h) Aadhar copies of Cardholder and Nominee.
- i) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:
  1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
  2. Compliance of 30 days transaction criteria (to be supported with transaction log / account statement from the bank's system)
  3. Nominee details (including NEFT details) as per bank. Nominee form submitted at the time of account opening\*
  4. Brief description of Accident as per FIR translated in English or Hindi.
  5. Bank official's Name and contact details with email ID.

\*Additional documents may be requested by TATA AIG based on the case requirement such as Medical Reports, Identity documents, etc.

**Permanent Total Disability Claim: –**

- a) Claim Form duly completed and signed.
- b) Copy of discharge card along with all investigation report, consultation / follow-up notes wherein insured had undergone pertaining to accident and case history confirmation therein duration & percentage of disability duly certified by the concerned / treating Physician / Surgeon.
- c) Original or Certified copy of FIR/ Police report giving description of the accident.
- d) All investigation report in original copies\* thereof in respect of tests had



undergone pertaining to accident.

e) Additional documents, if any, based on merit of the loss.

f) Aadhar copies of Cardholder and Nominee

g) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:

1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number

2. Meeting 30 days transaction criteria (include the transaction log / account statement from the system)

3. Nominee Name and his banking details (including Passbook copy)

4. Brief description of Accident as per FIR translated in English or Hindi.

5. Bank official's Name and contact details with email ID.

\* If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch in-charge of RuPay card issuing bank can be submitted.

### **RuPay Insurance Program RuPay Premium Cards for FY - 2022-23**

#### **Frequently Asked Questions**

##### **Death Claims**

##### **Q1. What is an accident?**

Ans. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

##### **Q2. What are the benefits payable under this policy?**

Ans. Now you can protect yourself with Personal Accident Insurance against accidental injuries caused by all kind of accidents. The policy provides the benefits to you, for Accidental Death and Permanent Total Disability.

##### **Q3. Does the Personal Accident policy cover natural death, suicide or death due to some illness/disease/pregnancy?**

Ans. No, Personal Accident policy covers death occurring only due to accidents or accidental injuries which are non- intentional or not self-inflicted.

##### **Q4. What is the available sum insured under the plan?**

Ans. Sum insured of Rs 2 lakhs for RuPay Platinum cardholders and Rs 10 lakhs for RuPay Select cardholders.



**Q5. What is the eligibility criterion to avail Personal Accident Insurance cover on my RuPay Card?**

Ans: Benefits of Insurance will be available to the Cardholders who have performed minimum one successful transaction as under:

1. Minimum one successful RuPay Card induced financial transaction at any PoS/E-com, both Intra and Inter-bank i.e. on-us or off us within 30 days prior to date of accident including accident date of RuPay Cardholder

**Q6. Is there any age limit for availing Personal Accident Policy?**

Ans. Personal Accident Insurance is open to all RuPay cardholders subject to fulfilment of the terms and conditions of the policy.

**Q7. Does the policy have a worldwide coverage?**

Ans. Yes, the Personal Accident policy will cover you even if the incident has happened when out of the country. Claim will be paid in Indian rupees as per the sum insured on submission of required documentation. There is no negative list of countries.

**Q8. Who can be the beneficiary?**

Ans. The beneficiary could be nominee on the account of the cardholder or legal heir as per competent court order.

**Q9. Who is the beneficiary in case there are multiple heirs / beneficiaries?**

Ans. In case of multiple beneficiaries the claim is settled in the name of heir as per legal heir certificate submitted.

In case the legal heir absolute his right of claim (i.e. legal heir doesn't want to claim) we will need the NOC from him/her and the claim can be settled in the name of other beneficiary so nominated.

**Q10. How do I make a claim?**

Ans. Please fill the entire documents as per the checklist and submit the same to the Bank / Bank branch where RuPay cardholder has an account.

**Q11. Whom should I contact in case of a claim?**

Ans. Please contact RuPay cardholder Bank / Bank branch of which RuPay cardholder has a card for intimating claim.

**Q12. What are the claim documents to be submitted in case of a claim, whether incident has happened in India or overseas?**

Ans. For Accidental Death Claims:

- a) Claim Form duly completed and signed.
- b) Original or Certified copy of Death Certificate.
- c) Original or Certified copy of FIR/ Police report giving description of the accident.
- d) Original or certified copy of Post Mortem Report along with Chemical Analysis/ FSL reports (wherever applicable).



- e) Copy of all medical records, if hospitalised
- f) Copy of Newspaper cutting, if any.
- g) Original CKYC Form with KYC, NEFT documents of Nominee
- h) Aadhar copies of Cardholder and Nominee.
- i) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:
  1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
  2. Compliance of 30 days transaction criteria (to be supported with transaction log / account statement from the bank's system)
  3. Nominee details (including NEFT details) as per bank. Nominee form submitted at the time of account opening\*
  4. Brief description of Accident as per FIR translated in English or Hindi.
  5. Bank official's Name and contact details with email ID.

\*Additional documents may be requested by TATA AIG based on the case requirement such as Medical Reports, Identity documents, etc.

**Please Note:** If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch in-charge of RuPay card issuing bank can be submitted.

**Q13. In how many days the claims will be settled?**

Ans. The claims will be settled in ten (10) working days from the date of receiving the complete document set by TATA AIG General Insurance Co. Ltd

**Q14. In how many days should I intimate about claim?**

Ans. The intimation should be immediate to TATAAIG General Insurance Co. Ltd or Bank but not later than ninety (90) days of the date of accident. In case where the person is hospitalized (and under critical condition) and is unable to file claim within ninety (90) days of loss/incident such claim cases will be accepted by TATA AIG General Insurance Co. Ltd for investigation and honored, if all terms under the policy are met as on date of accident.

**Q15. In how many days should I submit the claim documents?**

Ans. The claim documents must be submitted within sixty (60) days from the date of claim intimation.

**Q16. In case RuPay Cardholder having a Personal Accident policy with another insurance Company, will this Insurance Policy will be an additional cover?**

Ans. Yes, the policy is a benefit policy and hence it will be an additional cover over the other Personal Accident insurance policies being held by the cardholder.



**Q17. What do you mean by exclusions?**

Ans. Exclusions are situations or conditions wherein TATA AIG General Insurance Co. Ltd is not liable to pay the benefits to insured person in the event of accident.

**Q18. What are the exclusions applicable?**

Ans. TATA AIG General Insurance Co. Ltd shall not be liable under this policy for the following exclusions:

1. Compensation under more than one of the foregoing Sub-clauses in respect of the same period of the same period of disablement of the Insured person.
2. Any other payment to the same person after a claim under one of the Sub-Clauses (a), (b), or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.

*Sub-clause (a):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

*Sub-Clause (b):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

1.a.a. Sight of both eyes, or of the actual loss by "physical separation" of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Policy Schedule herein applicable to such Insured person.

1.a.b. Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

*Sub-Clause (c):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

1. The sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.
2. Total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

Note: For the purpose of Clauses (b) and (c) above, physical separation of a hand means separation at or above the wrist and of the foot means at or above the ankle.

*Sub-Clause (d):* If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured, stated in the Policy Schedule hereto applicable to such insured person.

Any payment in case of more than one claim in respect of such insured person under the Policy during any one period of insurance by which the maximum liability of the Company



specified in the Policy schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However, amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.

*Sub-clause (a):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

1. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
2. Payment of compensation in respect of Death, injury of Disablement of the Insured person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers ( for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.
3. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to: War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.
4. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person -
  - Directly or indirectly caused by or contributed by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
  - Directly or indirectly caused by or contributed by or arising from nuclear weapons material.
  - Provided also that the due observance and fulfilment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Company under this Policy.
5. **Pregnancy Exclusion Clause** : The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

**Q19. If the incident occurs in a timeline of 0-30 days of issuance of the RuPay card, thereby not giving a window of 30 days qualifying criteria for doing a transaction in order to be eligible for the insurance benefit, is the Cover still valid?**

Ans. Yes, as an exception in such cases the cover is still valid and claim can be intimated as



applicable for Premium Cardholders.

**Q20. Since the cover is effective 1<sup>st</sup> April, 2022 and upto 31<sup>st</sup> March, 2023, if incident happens on 15<sup>th</sup> April, 2022 and the transaction has happened prior to the policy period is the cover valid?**

Ans. Yes, as long as the incident has happened in the policy period the cover is valid.

**Q21. For how many cards will I be eligible for the compensation of Insurance cover?**

Ans. The Insurance policy is applicable for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholder of same / different Banks meet the eligibility criteria. The choice of the card for the claim would rest with the customer.

### Permanent Total Disability

**Q1. What is Permanent Total Disability?**

Ans. Permanent Total Disability is defined as permanent loss of ability to use a body part due to accidental injuries. The cover is restricted as mentioned in table in answer to Question No 3 below.

**Q2. What is the benefits payable under this policy?**

Ans. This policy pays for any Permanent Total Disability due to an accident.

**Q3. What is covered under Permanent Total Disability whether incident has happened in India or overseas?**

Ans. Permanent Total Disability due to an accident will cover the following:

The Disablement	Compensation %
1) <b>Permanent Total Disablement</b>	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two <b>Limbs</b>	100%
4) Permanent Total <b>Loss of Sight</b> in both eyes	100%
5) Permanent Total <b>Loss of Sight</b> of one eye and one <b>Limb</b>	100%
6) Permanent Total <b>Loss of Speech</b>	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total <b>Loss of Mastication</b>	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out <b>Daily Activities</b> essential to life without full time Assistance	100%
10) Permanent Total <b>Loss of Hearing</b> in both ears	75%
11) Permanent Total Loss of one <b>Limb</b>	50%



12) Permanent Total <b>Loss of Sight</b> of one eye	50%
13) Permanent Total <b>Loss of Hearing</b> in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand:	
a) Both Joints	20%
b) One joint	10%
18) Permanent Total Loss of one finger of either hand:	
a) Three joints	5%
b) Two joints	3.5%
c) One joint	2%
19) Permanent Total Loss of use of toes:	
a) All-one foot	15%
b) Big-both Joints	5%
c) Big-one joint	2%
d) Other than Big- each toe	2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5cms	7.50%
22) Ankyloses of the elbow, hip or knee	20%

**Q4. What is the available sum insured under this insurance cover?**

Ans. Sum insured of up to Rs 2 lakhs for RuPay Platinum cardholders and up to Rs 10 lakhs for RuPay Select cardholders.

**Q5. What is the eligibility criterion to avail Permanent Total Disability Insurance cover on my RuPay Debit Card?**

Ans : Benefits of Insurance will be available to the Cardholders who have performed minimum one successful transaction as under:

1. Minimum one successful RuPay Card induced financial transaction at any PoS/E-com, both Intra and Inter-bank i.e. on-us or off us within 30 days prior to date of accident including accident date of RuPay Cardholder

**Q6. Is there any age limit for opting Permanent Total Disability Policy?**

Ans. Permanent Total disability Insurance policy is open to all RuPay cardholders subject to fulfilment of the terms and conditions of the policy.

**Q7. Does the policy have a worldwide coverage?**

Ans. Yes, the Permanent Total Disability policy will cover you even if the incident has happened when out of the country. Claim will be paid in Indian rupees as per the sum insured on submission of required documentation. There is no negative list of countries.



**Q8. Who can be the beneficiary?**

Ans. Beneficiary will be the insured under this policy.

**Q9. What are the claim documents to be submitted in case of claim?**

Ans. Permanent Total Disability Claim Forms:-

- a) Claim Form duly completed and signed.
- b) Copy of discharge card along with all investigation report, consultation / follow-up notes wherein insured had undergone pertaining to accident and case history confirmation therein duration & percentage of disability duly certified by the concerned / treating Physician / Surgeon.
- c) Original or Certified copy of FIR/ Police report giving description of the accident.
- d) All investigation report in original copies thereof in respect of tests had undergone pertaining to accident.
- e) Additional documents, if any, based on merit of the loss.
- f) Aadhar copies of Cardholder and Nominee
- g) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:
  1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
  2. Meeting 30 days transaction criteria (include the transaction log / account statement from the system)
  3. Nominee Name and his banking details (including Passbook copy)
  4. Brief description of Accident as per FIR translated in English or Hindi.
  5. Bank official's Name and contact details with email ID.

**Please Note:** If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch in-charge of RuPay card issuing bank can be submitted.

**Q10. In how many days the claim will be settled?**

Ans. The claims will be settled in ten (10) working days from the date of receiving the complete document set by TATAAIG General Insurance Co. Ltd

**Q11. Whom should I contact in case of a claim?**

Ans. Please contact RuPay cardholder Bank/Bank branch of which RuPay cardholder has a card for intimating claim.

**Q12. How do I make a claim?**

Ans. Please fill the entire documents as per the checklist and submit the same to the





Bank/Bank branch where RuPay cardholder has an account.

**Q13. In how many days should I intimate about claim?**

Ans. Please intimate about the claim within 90 days of the date of accident. In case where the person is hospitalized (and under critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by TATAAIG General Insurance Co. Ltd for investigation and honored, if all terms under the policy are met as on date of accident.

**Q14. In how many days should I submit the claim documents?**

Ans. The claim documents needs to be submitted within 60 days from the date of claim intimation.

**Q15. Can I claim additional cover on my existing Permanent Total Disability cover from other Insurer (s) company?**

Ans. Yes, it will be an additional cover over any other existing insurance cover being held by the cardholder.

**Q16. Accidental Injury can I avail the cashless facility?**

Ans. This is not a med claim policy hence, cashless facility is not available for Personal accident policy.

**Q17. What do you mean by exclusions?**

Ans. Exclusions are situations or conditions wherein TATA AIG General Insurance Co. Ltd is not liable to pay the benefits to insured person in the event of accident.

**Q18. What are the exclusions applicable?**

Ans. TATA AIG General Insurance Co. Ltd shall not be liable under this policy for the following exclusions:

1. Compensation under more than one of the foregoing Sub-clauses in respect of the same period of the same period of disablement of the Insured person.
2. Any other payment to the same person after a claim under one of the Sub-Clauses (a), (b), or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.
 

*Sub-clause (a):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

*Sub-Clause (b):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

  - 1.a.a. Sight of both eyes, or of the actual loss by "physical separation" of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Policy Schedule herein applicable to such Insured person.
  - 1.a.b. Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the



Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

*Sub-Clause (c):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

1. The sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.
2. Total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

Note: For the purpose of Clauses (b) and (c) above, physical separation of a hand means separation at or above the wrist and of the foot means at or above the ankle.

*Sub-Clause (d):* If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured, stated in the Policy Schedule hereto applicable to such insured person.

Any payment in case of more than one claim in respect of such insured person under the Policy during any one period of insurance by which the maximum liability of the Company specified in the Policy schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However, amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.

*Sub-clause (a):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

1. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
2. Payment of compensation in respect of Death, injury or Disablement of the Insured person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers ( for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.
3. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to : War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.
4. Payment of Compensation in respect of death of, or bodily injury or any disease or



illness to the Insured person -

- Directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
- Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
- Provided also that the due observance and fulfilment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Company under this Policy.

5. **Pregnancy Exclusion Clause :** The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

**Q19. Is there is provision for interim relief on Insurance?**

Ans. There is no provision for interim relief until establishment of entitlement upon which the claim is payable as qualified.

**Q20. If the incident occurs in a timeline of 30 days of issuance of the RuPay card, thereby not giving a window of 30 days qualifying criteria for doing a transaction in order to be eligible for the insurance benefit, is the Cover still valid?**

Ans. Yes, as an exception in such cases the cover is still valid and can be intimated as applicable for Premium Cardholders.

**Q21. Since the cover is effective 1<sup>st</sup> April, 2022 and up to 31<sup>st</sup> March, 2023 if incident happens on 15<sup>th</sup> April, 2022 and the transaction has happened prior to the policy period is the cover valid?**

Ans. Yes, as long as the incident has happened in the policy period the cover is valid.

**Q22. For how many cards will I be eligible for the compensation of Insurance cover?**

Ans. The Insurance policy is applicable for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholder of same / different banks meet the eligibility criteria. The choice of the card for the claim would rest with the customer.



<b>The New India Assurance Company Limited</b> <small>Regd &amp; Head Office: New India Assurance Building, 87, M.G. Road, Fort, Mumbai - 400 001.</small>	
<b>Policy Issuing Office : Bandra Divisional Office 142300</b> <b>C-6, NCL Business Premises, 1st Floor, Bandra-Kurla Complex, Mumbai</b> <b>400051.</b> <b>Contact no.(022) 26590070 / 26590156</b>	
<b>RuPay CARDHOLDER'S PERSONAL ACCIDENT INSURANCE CLAIM</b> <b>FORM 2022-23</b> <b>Policy Number – 14230042220100000011</b> <small>THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY</small>	
<b>ALL QUESTIONS ARE MANDATORY AND HAVE TO BE COMPULSORILY ANSWERED.</b>	
RuPay CARD TYPE [ PMJDY [OLD/NEW] ]	
NAME OF RUPAY CARDHOLDER	
AADHAR NUMBER OF CARDHOLDER	
BANK ACCOUNT NUMBER	
RuPay CARD NUMBER	
A/c. Opening date	
NAME OF NOMINEE [CLAIMANT]	
ADDRESS OF CLAIMANT WITH DISTRICT AND PINCODE	
DATE AND TIME OF ACCIDENT	
PLACE OF ACCIDENT	
BRIEF DESCRIPTION OF ACCIDENT [MANDATORY IN ENGLISH / HINDI]  IF SPACE IS INSUFFICIENT, PLEASE ATTACH SEPERATE SHEET.	
NATURE OF CLAIM	DEATH / DISABLEMENT
ANY OTHER RuPay CARD HELDBY THE SAME PERSON	YES / NO  IF YES PLEASE GIVE DETAILS

I hereby declare that the foregoing statements are made by myself and are true in all respect and that I have not attempted to conceal from the Company anything which it ought to be made acquainted and also that I have not abstained from any usual occupation longer than absolutely necessary and I agree that if I have made, or in any further declaration the Company may require, shall make any false or fraudulent statement or any suppression, concealment or untrue averment whatever, the Policy shall be void and my right to compensation forfeited and I am willing, if required to make a Statutory Declaration before a Justice of the Peace of the truth of the whole of the foregoing statement or any other statement I may make in connection with this claim.

BANK SEAL AND SIGNATURE	SIGNATURE OF CLAIMANT	
	MOBILE NUMBER OF CLAIMANT	



**WITNESS CERTIFICATE**

[TO BE FILLED UP AND SIGNED BY AN EYE WITNESS TO THE ACCIDENT IF ANY]

I hereby certify that I was present when the Accident occurred to Mr. / Ms. \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ in the manner stated by him/her over leaf, that it was caused by \_\_\_\_\_ which \* was / was not his/her willful act and that he /she \* was / was not under the influence of intoxicating liquor at the time.

\*Strike out which is not applicable  
SIGNATURE & DATE

NAME OF WITNESS  
ADDRESS  
OCCUPATION

**MEDICAL CERTIFICATE for DISABILITY CLAIMS ONLY**

Disability Claims must be supported by medical evidence furnished by the Insured and at his expense.

NAME OF INJURED PERSON [CLAIMANT]	
SEX : [ MALE / FEMALE]	AGE :
NATURE OF ACCIDENT	
WHETHER THE INJURIES ARE CONSISTENT TO THE DESCRIPTION OF ACCIDENT.	
DATE ON WHICH YOU FIRST ATTENDED THE CLAIMANT FOR THE INJURY	
HAS THE CLAIMANT BEEN DISABLED TOTALLY OR PARTIALLY	
IS THE CLAIMANT SUFFERING FROM ANY DISEASE/ ILLNESS/SYMPOMS APART FROM THE INJURY WHICH MAY TEND TO RETARD RECOVERY? IF YES, PLEASE GIVE DETAILS.	
TYPE OF DISABILITY AS DEFINED IN ANNEXURE	

Having personally examined the above named Insured, I certify that the above statements are correct and that the insured person is necessarily disabled by the accident referred to

Signature: \_\_\_\_\_

Name & Qualification: \_\_\_\_\_

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

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



44

ANNEXURE

The Disablement	Compensation expressed as a percentage of Total Sum Insured.
1) <b>Permanent Total Disablement</b>	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two <b>Limbs</b>	100%
4) Permanent Total <b>Loss of Sight</b> in both eyes	100%
5) Permanent Total <b>Loss of Sight</b> of one eye and one <b>Limb</b>	100%
6) Permanent Total <b>Loss of Speech</b>	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total <b>Loss of Mastication</b>	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out <b>Daily Activities</b> essential to life without full time assistance	100%
10) Permanent Total <b>Loss of Hearing</b> in both ears	75%
11) Permanent Total Loss of one <b>Limb</b>	50%
12) Permanent Total <b>Loss of Sight</b> of one eye	50%
13) Permanent Total <b>Loss of Hearing</b> in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand:	
a) Both Joints	20%
b) One joint	10%
18) Permanent Total Loss of one finger of either hand:	
• Three joints	5%
• Two joints	3.5%
• One joint	2%
19) Permanent Total Loss of use of toes:	
• All-one foot	15%
• Big-both Joints	5%
• Big-one joint	2%
• Other than Big- each toe	2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5cms	7.50%
22) Ankylosis of the elbow, hip or knee	20%





**TATA-AIG GENERAL INSURANCE COMPANY LTD**

Address: A-501,5Th Floor, Bldg No -4, Infinity Park,  
Dindoshi, Malad (East), Mumbai – 400 097

**Personal Accident Insurance Claim form For  
RuPay Cardholder's**

**IMPORTANT**  
1. Issuance of this form is not an admission of Liability or a waiver of the terms, conditions and exceptions of the insurance contract.  
2. No claim will be admitted without a Medical Report as per format to be obtained at claimant's expense. 3. Claim form for Accidental Death/Dismemberment of RuPay Platinum / Select Cardholder's (To be submitted at the Branch)

**Policy No. for Platinum Card: 0239318916 Policy**

**No. for Select Card: 0239321718**

**Claim No.** \_\_\_\_\_

**1 PERSONAL DETAILS**

Name of RuPay Cardholder \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_

Occupation \_\_\_\_\_  
Age \_\_\_\_\_

**Type of RuPay Card held (please tick):**

RuPay Platinum Card

RuPay Select Card

<b>Bank Account No:</b>	_____
<b>RuPay Card No :</b>	_____

Date of Last Transaction: \_\_\_\_\_

Nature of Transaction: \_\_\_\_\_

**Any other RuPay Card held by the same person: YES / NO**

(If Yes please give details): \_\_\_\_\_

**2 CLAIMANT (NOMINEE) DETAILS (Mandatory for Death claims)**

Name of the Nominee (Claimant) \_\_\_\_\_

**(As per Bank Records)**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
PIN \_\_\_\_\_

Relationship with deceased customer \_\_\_\_\_

Mobile Number & Email id \_\_\_\_\_

**3 BRANCH DETAILS (FOR CUSTOMER)**

**Bank Name** \_\_\_\_\_  
Name of Branch \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ PIN \_\_\_\_\_

IFSC code of Branch \_\_\_\_\_

Name of Branch Contact \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email id \_\_\_\_\_



**4 DETAILS OF ACCIDENT**Nature of claim **DEATH / DISABLEMENT / DISMEMBERMENT**

Date of Incident \_\_\_\_\_  
 Date of Death (if applicable) \_\_\_\_\_  
 Place and Location (Full Address) \_\_\_\_\_  
 Cause Description \_\_\_\_\_  
 \_\_\_\_\_

**5 DETAILS OF INJURIES**Specify Injured / dismembered Parts of Body \_\_\_\_\_  
 \_\_\_\_\_

Total Disablement (if any) \_\_\_\_\_  
 Percentage \_\_\_\_\_ (%) \_\_\_\_\_ (In Words)

**6 WITNESSES**

1) Name \_\_\_\_\_ 2) Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

Contact No. \_\_\_\_\_

**7 TREATMENT DETAILS**

A Casualty Doctor  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Registration No \_\_\_\_\_

B Hospital(s) if Hospitalized  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone No \_\_\_\_\_

**8 AMOUNT OF CLAIM**

A Permanent Disablement Amount (Rs) \_\_\_\_\_  
 B Death Amount (Rs) \_\_\_\_\_

**9 PAST HISTORY**

A Have you made any claims in the PAST with TATA AIG or other insurance company?  
 YES/NO

B If YES, please give details including accident and Insurance details

I hereby declare that I have suffered injuries as described above and all the details given are **ABSOLUTELY TRUE AND CORRECT**. I hereby agree to forfeit all my rights to compensation if any of the foregoing facts and /or details are found to be false or incorrect. I further authorize the hospital, doctor diagnostic laboratory, organization, establishment or any other body or person dealt with in the course of this claim to give any information or documents sought for by the Insurance Company.

Signature of the Insured/Claimant

Signature of Incumbent with branch

Seal Date:

Place:





**Annexure D**  
**Declaration from Member Bank [on Bank's letterhead]**

We hereby confirm that Mr. /Mrs. \_\_\_\_\_ having  
Aadhar number \_\_\_\_\_ is holder of  
Account number no. \_\_\_\_\_ and was issued a RuPay  
PMJDY Card bearing no. \_\_\_\_\_.  
Account opening date: \_\_\_\_\_

Card type: [PMJDY [OLD/NEW] (please specify)

**A. Details of Customer induced transaction qualifying for the RuPay Insurance Program 2022-23**

Date of Transaction : \_\_\_\_\_  
Type of Transaction : \_\_\_\_\_  
Brief Description of transaction : \_\_\_\_\_

[Copy of Account Statement of cardholder with highlighted qualifying transaction to be attached]

**B. Details of Nominee / Legal Heir**

Name of Nominee / Legal Heir: \_\_\_\_\_  
Aadhar Number of Nominee/ Legal Heir: \_\_\_\_\_  
Relation with Cardholder: \_\_\_\_\_  
Nominee's/ Legal Heir's Bank Name: \_\_\_\_\_  
Nominee's/ Legal Heir's Account number: \_\_\_\_\_  
Nominee's/ Legal Heir's Account IFSC code: \_\_\_\_\_

[Copy of Pass Book / Cancelled Cheque of Nominee/Legal Heir's A/c. to be attached]

[In case Nominee details are not available, Legal Procedure to be adopted as per bank's guidelines and Legal Heirs details to be provided.]





C. Brief Description of Accident [to be narrated in English / Hindi only by Bank Official]

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D. Details of Bank's Official for follow up regarding the captioned claim.

Name and Address of Bank:

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Name of Official :

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Contact Number :

Mobile: 

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Landline: 

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Email ID of Bank **Branch** :

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Email ID of Bank **RO/ZO** :

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We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

We also confirm that the documents sent in support of the captioned claim are true copies and have been verified by us with the original documents.

AUTHORISED SIGNATORY  
WITH BANK SEAL.



**Annexure D**  
**Declaration from Member Bank [on Bank's letterhead]**

We hereby confirm that Mr. /Mrs. \_\_\_\_\_ having  
Aadhar number \_\_\_\_\_ is holder of  
account number no. \_\_\_\_\_ and was issued a RuPay  
Card bearing no. \_\_\_\_\_.  
Account opening date: \_\_\_\_\_

Card type: [PLATINUM / SELECT / OTHER- please specify]

A. Details of Card induced transaction qualifying for the RuPay Insurance Program 2022-23.

Date of Transaction : \_\_\_\_\_  
Type of Transaction : \_\_\_\_\_  
Brief Description of transaction : \_\_\_\_\_

[Copy of entire 30 days Account Statement of cardholder with highlighted qualifying transaction to be attached]

B. Details of Nominee / Legal Heir

Name of Nominee / Legal Heir: \_\_\_\_\_  
Aadhar Number of Nominee/ Legal Heir: \_\_\_\_\_  
Relation with Cardholder: \_\_\_\_\_  
Nominee's/ Legal Heir's Bank Name: \_\_\_\_\_  
Nominee's/ Legal Heir's Account number: \_\_\_\_\_  
Nominee's/ Legal Heir's Account IFSC code: \_\_\_\_\_

[Copy of Pass Book / Cancelled Cheque of Nominee/Legal Heir's A/c. to be attached]

[In case Nominee details are not available, Legal Procedure to be adopted as per bank's guidelines and Legal Heirs details to be provided.]



## Annexure E

**Major Terms & Conditions of RuPay Insurance Program for RuPay Premium Cardholders**

- All RuPay Premium (Platinum & Select) Card holders are eligible for the benefit under RuPay Insurance Program 2022-23.
- Benefits of Insurance will be available to RuPay Platinum Cardholders who have performed minimum one successful RuPay Card induced financial transaction at any PoS/E-com, both Intra and Inter-bank i.e. on-us (ATM / Micro ATM / POS / e-com / Business Correspondent of Bank) or off us (same bank channel – Bank customer / RuPay Card holder transactions at other bank channel) within 30 days prior to date of accident including accident date of RuPay Cardholder.
- Under the RuPay Insurance Program 2022-23 RuPay cardholders will be eligible for the compensation on only 1 eligible RuPay card per card holder or per customer, even if multiple cards held by card holder of same / different bank are meeting the eligibility criteria. The choice of the card for the claim would rest with the customer.
- The personal Accident Insurance Death and Permanent Total Disability would be an open policy for any kind of accident related to death or permanent total disability.
- In the event, where the date of accident is **within 30 days** prior (including accident date) from the date of issuance of the RuPay Premium (Platinum & Select) Card, the policy would respond in favor of the cardholder, even if no transaction has been carried out using the card.
- Personal Accident Insurance is open to all RuPay Premium card holders above 5 years of age subject to fulfilment of the terms and conditions of the policy.
- Compensation of insurance claim will be made to the eligible beneficiary on submission of complete documentation set prescribed under "procedure for claim".
- While filing insurance claim at the request of beneficiary, branch should ensure that applicant is a bona fide beneficiary as per the law of the land.
- Branches are responsible to communicate the Insurance scheme, important terms and conditions and process of claim initiation to the customer facing channels and cardholders.

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C. Brief Description of Accident [to be narrated in English / Hindi only by Bank Official]

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D. Details of Bank's Official for follow up regarding the captioned claim.

Name and Address of Bank: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Official : \_\_\_\_\_  
 Contact Number : Mobile: \_\_\_\_\_  
 Landline: \_\_\_\_\_

Email ID of Bank **Branch** : \_\_\_\_\_  
 Email ID of Bank **RO/ZO** : \_\_\_\_\_

We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

We also confirm that the documents sent in support of the captioned claim are true copies and have been verified by us with the original documents.

AUTHORISED SIGNATORY  
WITH BANK SEAL.



**Details of RuPay Insurance Program 2022-23**

1. Following RuPay Debit card holders are eligible for the benefit under RuPay Insurance Program 2022-23.

Type of Card	Variant
PMJDY Cards	RuPay PMJDY
Premium Cards	RuPay Platinum & Select

2. **Type of Insurance Cover** – Accidental Death and Permanent Total Disability
3. **Insurance Coverage**

Type of Card	Particulars
PMJDY Cards	Sum insured of Rs 1 lakh for RuPay cardholders of Old PMJDY Cards and of Rs 2 lakhs for RuPay cardholders of New PMJDY Card accounts opened after 28 <sup>th</sup> August 2018.
Premium Cards	Sum insured of up to Rs 2 lakhs for RuPay Platinum Cardholders and up to Rs 10 lakh for RuPay Select cardholders.

4. Benefits of Insurance will be available to RuPay Cardholders who have performed minimum one successful financial or non-financial transactions from their RuPay Card at any channel both Intra and Intra-bank.
5. RuPay cardholders will be eligible for the compensation on only 1 eligible RuPay card per card holder or per customer, even if multiple cards held by card holder of same / different bank are meeting the eligibility criteria. The choice of the card for the claim would rest with the customer.
6. In the event, where the date of accident is **within 90 days** prior (including accident date) from the date of issuance of the RuPay PMJDY Card (including Bhamashah and Samagra) and **within 30 days** prior (including accident date) from the date of issuance of the RuPay Premium (Platinum & Select) Card, the policy would respond in favor of the cardholder, even if no transaction has been carried out using the card.
7. Personal Accidental death or Permanent Total Disablement Insurance is open to all RuPay card holders above 5 years of age subject to fulfilment of the terms and conditions of the policy.
8. Compensation of insurance claim will be made to the eligible beneficiary on submission of complete documentation advised by branch.
9. For more details, kindly contact your base branch.

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**ANNEXURE IV -Vikram Credit Card**  
**Most important Terms and Condition for PAI offerings**

- i. BFSL may take various insurance covers from time to time for the benefit of the Cardholders. The cover amount shall be decided at the sole discretion of BFSL and BFSL reserves the right to continue/withdraw the facility without notice.
- ii. Insurance facility is available from day of card issuance to primary cardholders only.
- iii. Insurance Feature not available for Easy, IRCTC, HPCL, Snapdeal, NSDL payments bank & Unnati Cobrand Credit Cards
- iv. Insurance covers only to the extent of Accidental Death of the primary cardholder. Natural death is not covered in the claim.
- v. No separate policy document or copy will be provided to the Cardholder.
- vi. The amount of the cover may vary from year to year depending upon the type of cover taken for the particular year at the sole discretion of BFSL. (For details of existing policy, please refer to our website [www.bobfinancial.com](http://www.bobfinancial.com))
- vii. In case of cards having no usage, the facility of insurance coverage would be discontinued from the 2nd year onwards.
- viii. No insurance is payable for blocked/ cancelled/ irregular & NPA card account.
- ix. In the event of settlement of claim by the insurer, the claim amount shall be first adjusted against the outstanding credit card dues, if any and the administrative charges as under:
- | Administrative charge amount | Particulars                              |
|------------------------------|--|
| Rs. 1000                     | If usage in the card is observed         |
| Rs. 2000                     | If no/less usage in the card is observed |
- x. The adjusted claim sum as referred above shall be released to the person, as may be nominated by the Cardholder from time to time, excluding other family members.
- xi. In other case the amount may be released to the legal heirs of the deceased Cardholder, subject to receipt of satisfactory proof of their inheritance and other documents, as may be required by the insurer from time to time.
- xii. The Cardholder shall take utmost care to nominate one of his/her family members for getting the settled claim, if any. BFSL shall not take any responsibility for the delay caused, if any, in releasing the claim amount, for want of proper documents/ nominee.
- xiii. BFSL is taking insurance from various insurers for the benefits of its Cardholders. In the event of rejection of claim by the insurer, BFSL shall not be liable to settle the claim on behalf of the insurer. BFSL shall not be responsible for any dispute arising due to claim settlement.



xiv. It is clarified that for matter relating to settlement of insurance claims, BFSL is acting as a facilitator only and in any case, the same shall be decided between the insurer and the Cardholders themselves.

xv. The liability to clear outstanding dues shall not be affected merely by existence of a pending claim or a dispute between the Cardholder and the insurer.

xvi. In the event of non-clearance of outstanding dues by the cardholder/nominee, as the case may be, BFSL reserves its right to not to entertain any request/ correspondence towards insurance settlement.

xvii. BFSL may charge a nominal fee (subject to one month prior notice) for extending the insurance cover to the cardholders who opt to avail the facility.

xviii. All Insurance Related queries / claims can be sent to [insurance@bobfinancial.com](mailto:insurance@bobfinancial.com)

### **Escalation Matrix**

Please visit the link for Grievance & Redressal Mechanism – CREDIT CARD

- Register the request at [CRM@bobfinancial.com](mailto:CRM@bobfinancial.com)
- All Insurance Related queries / claims can be sent to [insurance@bobfinancial.com](mailto:insurance@bobfinancial.com)
- <https://www.bobfinancial.com/grievance-redressal-mechanism.jsp>

**Exceptions Related with defence cards as requested by Defence Banking Unit:**

**What are the defence related exclusions as these below card is defence specific card.**

Below are the Exception (as per Policy)

#### **EXCEPTIONS**

The Company shall not be liable under this Policy for :



1. Payment of compensation in respect of Death, injury of Disablement of the Insured person

- (a) From intentional self-injury, suicide or attempted suicide,
- (b) Whilst under the influence of intoxicating liquor or drugs
- (c) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world,
- (d) Directly or indirectly caused by venereal diseases, aids or insanity,
- (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.

\*Air accident cover is applicable only if the ticket is purchased through the covered card.

2. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to : War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.

3. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person -

- (a) Directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
- (b) Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.

### **Current Process & Requirement after intimation of Death for Personal Accidental Information is received and checked:**

- The below Communication is shared with eligible customers for documents requirement.



With reference to intimation received vide ticket no. 123456 from [crm@bobfinancial.com](mailto:crm@bobfinancial.com), for the death claim of Late. MR. XXXX, at the outset, BOB Financial Solutions Ltd., deeply mourns and prays almighty to give peace to the departed soul.

In the above context, we request you to provide the following documents duly attested by Notary Public order from the deceased legal heirs/nominee to proceed further in the matter.

1. Claim Form (Enclosed)
2. Certified Copy Of FIR
3. Certified Copy Of Police Panchnama
4. Certified Copy Of Inquest Panchnama
5. Certified Copy Of Post Mortem Report
6. Certified Copy Of Death Certificate
7. Legal Heir Certificate & NOC
8. Death Claim Annexures (as per the sheet attached)  
Annexure – I (On stamp paper of Rs. 600 /-), Annexure-II ( On the letter head of an advocate ), Annexure-III ( On stamp paper of Rs. 50 /- ), Annexure-IV on draft for undertaking , Annexure-V Authorization to deduct Credit card dues from the Insurance Claim payable.
9. KYC Documents of the Card Holder and the Nominee.
10. Driving Licence of the Card Holder
11. Credit Card front side copy to identify the Card Type to the Insurance Company.
12. Present Address & Contact Person of the Family & Mobile Number for Crime Investigation to the Insurance Company.
13. Reason for Delay in Intimation of Death Claim.

In case, the aforementioned documents are in regional language, Please submit English Translated copy with the copies of original documents duly attested by notary public. of Late. MR.ABC, as per Hindu Law.

Meanwhile, we request you to kindly inform the **Nominee to clear the dues (if any) immediately** so as to avoid further levy of service charges and taxes thereon. (In the event of settlement of claim by the insurer, the claim amount shall be first adjusted against the outstanding credit card dues, if any and the administrative charges)

**Kindly note that the entire process may take an approximate time of 45 to 60 working days from the date of submission of all documents to the Insurance Company.**

**The rejection / acceptance of the claim is solely depends on the discretion of the insurance company.**

Note :- Kindly provide the above requisite documents Soft Copies/Scan Image through e-mail & also hard copy through Post /Courier to the attention of **Undersigned Address for processing of the Insurance Claim.**

For more details please go through the link of MITC Booklet of Cards & Also provided FAQ Related to Personal Accidental Death Insurance Coverage.



Your early Cooperation shall help us to serve you better.

**Note:** Kindly ensure to communicate insurance related matters only at [insurance@bobfinancial.com](mailto:insurance@bobfinancial.com) as mentioned in MITC document and further more details regarding claims can be procured from writing to [insurance@bobfinancial.com](mailto:insurance@bobfinancial.com)

- If claimant/nominee/requestor fails to submit claim documents in 15 days from email communication sent, then insurance team will send 1st reminder after 15 days to submit claim documents, then 2nd reminder in 7 days & 3rd reminder in another 7 days. If claimant/nominee/requestor fails to submit requisite documents within 60 days from first email communication, then the risk of lapse of claim will be at claimant/nominee/requestor alone. The cover shall be decided at the sole discretion of BFSL and BFSL reserves the right to continue/withdraw the facility without notice as per current policy.
- After receipt of claim documents from claimant/nominee/requestor, Insurance Teams processes the claim documents for onward submission to Insurance Broker/Insurance Company.
- If the aforementioned documents are in regional language, nominee has to submit English Translated copy with the copies of original documents duly attested by notary public. It may be noted that the required document should be communicated by sole survived legal heir of deceased person, as per Hindu Law.
- Appointed Broker will send the documents to the insurance company (prevailing Insurance company) as per new policy; post scrutiny (they check if all documents required for the claim are submitted) – Broker has to submit all claims to insurance company within 2-3 days if there is no discrepancy in documents.
- Insurance Company reviews the claim, appoints a surveyor for investigating the case & concludes with the decision to BFSL/Marsh within 45-60 days from the date of receipt of the claim documents.
- In case of post the expiry of 45-60 days, the insurance company will send a status report of the claim; whether the claim has been settled or rejected.
- In case claim is accepted & settled, the insurance company credits the death claim proceeds amount to BFSL bank a/c. The BFSL teams checks customer account for outstanding charges or pending charges and provide settlement of the remaining claim amount either to the bank account of nominee or through issuance of cheque favoring nominee name. Further more details regarding claims can be procured from [insurance@bobfinancial.com](mailto:insurance@bobfinancial.com).





**NODAL OFFICERS OF BOB FOR DISTRICT AND REGIONS FOR UP**

S. NO.	NAME OF REGION	DISTRICT NAME	DISTRICT WISE NODAL OFFICER	CONTACT NUMBER	REGIONAL NODAL OFFICER	CONTACT NUMBER	DESIGNATION
1	AGRA	AGRA	MR. DEVASHISH DAGAR	9369913880	MR. KULDEEP DWIVEDI	8477000272	CASA OFFICER
2		ETAWA	MR. S P YADAV	9889256069			
3		FARUKHABAD	MR. SACHIN KUMAR	9918224356			
4		FIROJABAD	MR. ANSHUL VISHAL	8130316116			
5		MAINPURI	MR. DEEPAK CHOUHAN	9407824522			
6	ALIGARH	KASHGANJ (KANSHIRAM NAGAR)	MR. VIKRAM SINGH	8477009374	MR. RAJESH KUMAR SINHA & MR. SHANKARANAND	8477000661 & 8859100778	RBDM & CASA OFFICER
7		ALIGARH	MR. GAURAV DOGRA	8477009355			
8		BULANDSHAHR	MR. NITIN PIPLANI	8477000350			
			MR. MR.PARIMAL KISHOR	8477009362			
9		ETA	MR. NITIN CHATURVEDI	8477009371			
10		HATHRASH	MR. KAPIL KUMAR	8477009382			
			MR. SHOBHIT KUMAR	8477000883			
11		MATHURA	MR. S K AGRAWAL	8477009395			
	MR. SANJAY AGRWAL		8477009394				
12	SHAMBHAL (BHIM NAGAR)	MR. ASHOK KUMAR	8477009421				
13	AMBEDKAR NAGAR	AMBEDKAR NAGAR	MR. VIKAS SRIVASTAVA	9554968201	MR. SANTOSH KR GUPTA	6389147002	RBDM
14		AZAMGARH	MR. SANDEEP SRIVASTAVA	9554968291			
15		GHAZIPUR	MR. ABHISHEK PANDEY	9554959054			
16	AYODHYA	AYODHYA	MR. AMAN SRIVASTAVA	9554968324	MR. ANIL KUMAR	9554968302	RBDM
17		BALRAMPUR	MR. SK MISHRA	9554968290			
18		BASTI	MR. JITENDRA KUMAR	9554968266			
19		GONDA	MR. UTKARSH JAISWAL	9554968269			
20		SIDDHARTNAGAR	MR. BHUPENDRA PRATAP SINGH	9554968271			
21	BAREILLY CITY	BAREILLY	MR. PRADEEP SINGH	8477009246	MR. TRINESHWAR KULASHRI	8477009242	CHIEF MANAGER
22	BAREILLY DIST	PILIBHIT	MR. GAURAV SINGH	7017803317	MR. RITURAJ	7617588337	SR. MANAGER
23	FATEHPUR	HAMIRPUR	MR. SHAILENDRA KATIYAR	7318332222	MR. ANURAG SINGH	7275433870	RBDM
24		BANDA	MR. BALBIR SINGH	8400516623			
25		CHITRAKOOT	MR. SAURABH CHANDRA	9022876735			
28		FATEHPUR	MR. DINESH JI	8128779245			
29		MAHOBA	MR. AJEET ARYA	9501274919			
30	GORAKHPUR	BALLIA	MR. RAJNISH KUMAR SINGH	9472239830	MR. ARVIND KUMAR UPADHYAY	7318094737	CASA OFFICER
31		DEORIA	MR. ASHUTOSH KUMAR KHATRI	9140549845			
32		GORAKHPUR	MR. KANTI CHANDRA SANT	8755593227			
33		MAHARAJGANJ	MR. MANISH KUMAR SINGH	9839787675			
34		MAUNATH	MR. PARTHA SARTHI PATRA	9938459490			
35		KUSHINAGAR	MR. MOHAN SHARMA	7380492619			
36	SANT KABIR NAGAR	MR. YASHWANT YADAV	8588942377				

37	KANPUR DEHAT	AURAIYA	MR. KAMLESH KUMAR BHASKAR	8477009360, 9428028219	MR. SHAILENDRA KUMAR	7007199657	CASA OFFICER
38		JALAUN	MR. SHAILENDRA KUMAR SHARMA	8601875724, 9630257265			
39		JHANSI	MR. NEERAJ KUMAR DWIVEDI	8477009425, 9140403630			
40		KANNAUJ	MR. ANKUR SRIVASTAVA	8477009387, 9824757217			
41		KANPUR DEHAT	MR. AJAY KUMAR TRIPATHI	8601875710, 9956267595			
42		LALITPUR	MR. BHASKER DWIVEDI	9935344322, 9453399992			
43		UNNAO	MR. DILEEP CHANDRA VERMA	8601804333, 9935416883			
44	KANPUR METRO	KANPUR NAGAR	MR. DIVAKAR UMESH KUMAR	8601875621	MR. DIVAKAR UMESH KUMAR	8601875621	RBDM
45	LUCKNOW DISTRICT	BAHRAICH	MR. ABHISHEK	9670524699	MR. VAIBHAV GANGWAR	9335946613	SR. MANAGER
46		BARABANKI	MR. PRAGYESH PANDEY	9455243586			
47		HARDOI	MR. BUNTY KUMAR	7309790560			
48		LAKHIMPUR KHERI	MR. JAVED AHMED	7060848078			
49		SHRAVASTI	MR. MAHEEP MAURYA	9058984599			
50		SITAPUR	MR. SARVESH KUMAR RATHOR	8353901009			
51	LUCKNOW METRO	LUCKNOW	MR. ABHINAV KUMAR SAINI	7565009942	MR. ABHINAV KR SAINI	7565009942	OFFICER
52	MEERUT	MUZAFFARNAGAR	MR. RAVINDRA KUMAR	8477009482	MR. PANKAJ KUMAR	9411942640	CASA OFFICER
53		SAHARANPUR	MR. MOHAMMAD SHADAB	8477009458			
54		BAGHPAT	MR. LOKESH DUTT	8477009480			
55		BIJNOUR	MR. VISHNU KUMAR	8477009463			
56		MEERUT	MR. PANKAJ KUMAR	9411942640			
57		SHAMALI	MR. UDHAV SHARMA	8477009485			
58	MORADABAD	RAMPUR	MR. ARVIND KUMAR	8477009203	MR. VIMAL GOEL	7055511007	SR. MANAGER
59		AMROHA	MR. SUNIL VERMA	8477009385			
60		BADAUN	MR. SACHIN SAURABH	8477009234			
61		MORADABAD	MR. NITIN RAHAL	9837407199			
62	NOIDA	GHAZIABAD	MS. KEERTI SHARMA	7011385470	MR. APOORV GUPTA	8700470172	OFFICER
63		NOIDA	MR. VIPIN AGGARWAL	9917473703			
64		HAPUR	MR. RAVI BHALLA	9148669317			
65	PRAYAGRAJ	PRAYAGRAJ	MR. ROUNAK GUPTA	7007920881	MR. VIKAS SRIVASTAVA	8923929262	RBDM
66	PRAYAGRAJ II	KAUSHAMBI	MR. NISHANT RANJAN	9554950190	MR. JEETENDRA PATEL	9554950081	SR. MANAGER
67	RAEBARELI	RAEBARELI	MR. MUKESH SINHA	9005952221	MR. MOHIT ARYA	8604054056	RBDM
68	SHAHJAHANPUR	SHAHJAHANPUR	MR. ABHISHEK KUMAR	8477000484	MR. ABHISHEK KUMAR	8477000484	SR. MANAGER
69	SULTANPUR	AMETHI	MR. VIMAL KUMAR GUPTA, LDM AMET	7752883822	MR. ANKIT KUMAR	9125985777	RBDM
70		SULTANPUR	MR. ANURAG SHANKHWAR, LDM SULT.	9455286664			
71	VARANASI	CHANDAULI	MR. NAVEEN KUMAR	9925738520	MR. SANJEEV K BHASKAR	9973661966	RBDM
72		MIRZAPUR	MR. ANURAG YADAV	9453074034			
73		SONBHADRA	MR. SHASHI K SINHA	8737042542			
74		VARANASI	MR. SANJEEV K BHASKAR	9973661966			
75	VARANASI II	JAUNPUR	MR. ABHISHEK KUMAR	8840623393	MR. JK SINGH	7275954826	RBDM
76		BHADOHI	MR. ARUN KUMAR	8604310372			
77		KUNDA	MR. NARENDRA KUMAR	8002216967			
78		PRATAPGARH	MR. SHAHBAZ NAWAZ	7275954825			