



Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

Mumbai Regional Office 1, 2nd Floor, Oriental House, 7 J. Tata Road, Churchgate, Mumbai-400020.

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT /DISABILITY CLAIM INTIMATION FORM
(SALARY PACKAGE/PENSION A/Cs)

To be submitted for claiming Personal Accident Insurance (PAI) (death only) /Air Accident Insurance cover (AAI) (death only) within 90 days after date of death of Salary Package Account holder of SBI (Intimation may be advised through Email, Post, Telephone/ Fax) Issuance of this format for intimation of a claim is not to be taken as an admission of liability. Death/Disability due to accident only is covered under the Policy and account should be under Salary Package as on date of accident/death/disability)

#Do not leave any fields Blank, mark NA where not applicable.

Policy No. (A/c State Bank of India)	580000/48/2026/72	Address: SBI GPA Claims Cell Mumbai Regional Office No. 1, 3 rd Floor, Oriental House,7 J. Tata Road, Churchgate, Mumbai-400020. Phone :022-22821746 / 22821459 / 228281365 Toll Free No.: 1800-11-8485 Fax No. 022-22821648 Email Id: sbigpa.claims@orientalinsurance.co.in Cc. pote.ninad@orientalinsurance.co.in paihelpdesk@rathi.com
Policy Period	04 .04.2025 to 03.04.2026	

1	Name of Salary/Pension Account holder	
2	Address in full	
3	a) Date of Accident	
	b) Time of Accident	
	c) Place of Accident	
	d) Brief Details of Accident	
	e) Date of Death	
4	Salary Package/Pension Account No.	
5	Xpress Credit (PL) Outstanding (if any), Ac for DSP/CAPSP/ICGSP/PSP (Death in action against Anti National Activities, Terrorist, Naxalite foreign enemy only	
	No O/s	
6	Type of Salary Package/Pension Account (Tick the appropriate one)	CSP/DSP/CAPSP/ICGSP/SGSP/CGSP/PSP/RSP/SUSP/ Pensioner (DSP/CAPSP/ICGSP)

7	Salary Package Account Variant: (Please mention as applicable Silver/Gold/Diamond/Platinum/Rhodium)	
8	Name of Organization for DSP/CAPSP/ICGSP	Army / Air Force / Navy / Indian Coast Guard/ Assam Rifle / Rashtriya Rifle / BRO (GREF) / BSF / CRPF / CISF / ITBP / SSB / NSG/RPF/ NDRF/SPG
		Unit Address:
		Contact Detail Landline: Mobile No:
9	Name of the organization for others i.e. PSP/CGSP/SGSP/RSP/SUSP/CSP	Name of Employer/ Department Name:
		Contact Detail :Phone/Email
10	Personnel/Force/Batch No./ Employee ID number	
11	Details of SBI Branch where Salary Account was maintained	Branch Name:
		Branch Code:
		Place:
		State:
12	Name of Nominee/Joint Account holder in the salary package account [as per Bank's record]	
13	Relationship of Nominee with Account Holder	
14	Address of the Nominee	
15	E Mail ID of Nominee (if available)	
16	Contact Number of Nominee (if available)	

[#Corporate Salary Package (CSP), Defence Salary Package (DSP), Central Armed Police Salary Package (CAPSP), Indian Coast Guard Salary Package (ICGSP), State Government Salary Package (SGSP), Central Government Salary Package (CGSP), Police Salary Package (PSP) and Railway Salary Package (RSP), Start-up Salary Package (SUSP)]
 (@ Please tick on the appropriate organization)

Above information are true to the best of my / our knowledge and belief.

Signature of person Intimating Claim

Full Name of person Intimating Claim

Relationship with Deceased Account Holder

Contact details of Person Intimating Claim

Landline No

Mobile No

Email ID