

**SBI Salary Package Group Personal Accident Insurance Policy
(04.04.2025 To 03.04.2026) Package Wise Insurance Cover Details**

A: Personal Accident Insurance (Death) Cover (₹ in Lakh)					
Package	Silver	Gold	Diamond	Platinum	Rhodium
SGSP*, PSP (Home Guard), SUSP	1	5	15	20	20
PSP	5	5	15	20	20
CGSP, RSP	100*				
SBI Royale (CGSP, PSP)	130				
DSP, CAPSP, ICGSP	50*				
Pension Accounts of DSP, CAPSP, ICGSP*	30*				
SBI Rishtey	5 (except minors)				
CSP*	1	10	20	30	40
CSP Lite	1				

**Based on bank's MoU's signed with different organisations / departments / corporates, account level PAI cover may go upto ₹100 lakh. For DSP / CAPSP / ICGSP pension accounts the PAI cover may go upto ₹50 lakh. Operating functionaries are required to guide the account holders accordingly. Account holders to confirm MoU signing status from their respective employers.*

§Based on bank's MoUs signed with different police organisations the PAI cover may go upto ₹100 lakh. Account holders to confirm MoU signing status from their respective employers.

Note: DSP - Pension account holders are allowed to maintain 2nd account in any other salary package product under same CIF, for such customers maximum cumulative PAI cover for both the accounts will be limited to ₹100 lakh only

B: Air Accident Insurance (Death) Cover (₹ in Lakh)					
Package	Silver	Gold	Diamond	Platinum	Rhodium
SGSP, PSP (Home Guard), SUSP	Nil	5	20	30	30
PSP	Nil	5	20	30	30
CGSP, RSP	160				
SBI Royale (CGSP, PSP)	190				
DSP, CAPSP, ICGSP	100				
Pension Accounts of DSP, CAPSP, ICGSP	Nil				
SBI Rishtey	Nil				
CSP	Nil	10	30	60	100
CSP Lite	Nil				

***Based on bank's MoU's signed with different organisations / departments / corporates, account level PAI cover may go upto ₹100 lakh. For DSP / CAPSP / ICGSP pension accounts the PAI cover may go upto ₹50 lakh. Account holders to confirm MoU signing status and applicable PAI cover from their employers.*

§Based on bank's MoUs signed with different police organisations the PAI cover may go upto ₹100 lakh. Account holders to confirm MoU signing status and applicable AAI cover from their employers.

Mandatory condition for eligibility to AAI claim:
AAI cover claim will be treated as a valid claim only in event of death occurring while undertaking journey by Airline / Aircraft and the related air ticket having been purchased by debit to Salary Package Account using Cheque / State Bank Debit Card / Internet Banking or where ticket is not required to be purchased by the account holder (e.g., service / combat / chartered aircrafts of Defence / Paramilitary / Police forces) or is provided by the department for official duty.

*Under Start-Up Salary Package AAI cover is available to Platinum & above variant only

C: Permanent Total / Permanent Partial Disability Cover (₹ in lakh)					
Package	Silver	Gold	Diamond	Platinum	Rhodium
SGSP\$, CSP, PSP (Home Guard), SUSP, CSP Lite				Nil	
PSP\$				Nil	
CGSP, RSP				100 / 80	
SBI Royale (CGSP, PSP)				130 / 110	
DSP, CAPSP, ICGSP				50* / 50*	
DSP, CAPSP, ICGSP Pension accounts				Nil	
SBI Rishtey				Nil	

***Based on bank's MoU's signed with different organisations / departments / corporates, account level PTD / PPD cover may go upto ₹100 lakh. Account holders to confirm MoU signing status and applicable PAI cover from their employers.*

**Based on bank's MoUs signed with different police / state govt. organisations the PTD / PPD cover may go upto ₹100 lakh / ₹ 80 Lakh respectively. Account holders to confirm MoU signing status and applicable AAI cover from their employers.*

Permanent Total / Permanent Partial Disablement (PTD/PPD):

Claims will be settled as per IRDA guidelines only in event of injury occurring to insured Salary Package Account holder, solely and directly from accident caused by external, violent, and visible means within 12 calendar months of its occurrence resulting in total permanent disablement, the claim will be settled as per IRDA guidelines on PTD / PPD).

Note: Corporate / Department / Organization specific improved Insurance Covers approved by the bank will continue to be available, account holders to confirm status from their employers

D: Add-on covers included in PAI (applicable in case of PAI claims on accidental death are found payable)		
i.	Cost of Plastic Surgery/Burn	Up to 10
ii.	Transportation of Imported Medicine	Up to 5
iii.	Death after Coma after accident (more than 48 hrs)	5
iv.	Air Ambulance Cover	Up to 10
v.	Child Higher Education Cover (for Graduation) age between 18-25 Year –25% of entitled PAI cover. (If PAI claim is found admissible).	Up to 8 (For Girl child 10) Only one Girl 5 under Veteran Protection
vi.	Girl Child Cover for Marriage (Age 18-25 Years) – 20 % of entitled PAI Cover. (If PAI claim is found admissible) Maximum 10 Lakh for two girl children (5 lakh each) or ₹ 5 lakh for 1 Girl Child.	Up to 10 Max. One Child and 5 for Veteran Protection
vii.	Family Transportation- (cost of travel incurred by immediate 2 family members to reach the place of accident)	Up to 0.50
viii.	Repatriation of mortal remains	Up to 0.50
ix.	Ambulance Charges	Up to 0.50
x.	Personal Loan (Xpress Credit Loan) insurance cover for SBI loan accounts (Defence/Police Personnel Covered under DSP/ CAPSP/ICGSP/PSP only) death in action against Anti National Activities/Terrorist /Naxalite/ Foreign enemy/Ambush.	Up to 10
xi.	Additional PAI cover for DSP/CAPSP/ICGSP/PSP, death in action against Anti National Activities/Terrorist /Naxalite/ Ambush/Foreign enemy.	10
xii.	Additional Cover for all Salary Packages, death while performing duties on foreign soil. (Covers at Serial No (xi) or (xii) are exclusive to each other and both will not be available together)	10

Abbreviations used above:

(**CGSP:** Central Government Salary Package; **RSP:** Railway Salary Package **SGSP:** State Government Salary Package; **CSP:** Corporate Salary Package; **CSP Lite:** Corporate Salary Package Lite; **PSP:** Police Salary Package; **SUSP:** Start-up Salary Package **DSP:** Defence Salary Package; **CAPSP:** Central Armed Police Salary Package (erstwhile **PMSP**); **ICGSP:** Indian Coast Guard Salary Package).

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: _____
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



Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

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

PERMANENT TOTAL/ PERMANENT PARTIAL, DISABILITY CLAIM FORM

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

(To be filled in by the Salary account Holder)

Policy No. (A/c State Bank of India)	580000/48/2026/72	Address: SBI GPA Claims Cell Mumbai Regional Office 1, 2nd 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. milindpmb@orientalinsurance.co.in paihelpdesk@rathi.com
Policy Period	04 .04.2025 to 03.04.2026	

1. Name of the Salary Account Holder	
2. Occupation	
3. Name of the organization in case of DSP / CAPSP / ICGSP/PSP	
4. Designation and Force No	
5. Salary Account No. with SBI	
6. Type of Salary Package Account	
7. Name & Code of SBI Branch	
8. Address of the Claimant	
9. Contact No & Email ID of Salary Account Holder	
10. Details of the Accident	
a. Date of accident:	
b. Time of accident:	
c. Place of accident:	

d. Particulars of accident:		
e. Details of injury/Loss/ (Tick the box)		
<input type="checkbox"/> Sight of both eyes	<input type="checkbox"/> separation of the two entire hands	
<input type="checkbox"/> separation of the two entire feet	<input type="checkbox"/> one entire hand and one entire foot	
<input type="checkbox"/> Sight of one eye and such a loss of one entire hand or one entire foot		
f. Permanent Partial Injury as below:		
Loss of toes	a. all b. both phalanges c. one phalanx d. Other than great, of more than one toe lost each	
Loss of hearing	a. both ears	b. one Ear
Loss of Fingers	a. fingers and thumb of one hand b. loss of 4 fingers	
Loss of thumb	a. both phalanges	b. one phalanx
Loss of index finger	a. 3 phalanges c. one phalanx	b. 2 phalanges
Loss of middle finger	a. 3 phalanges c. one phalanx	b. 2 phalanges
Loss of ring finger	a. 3 phalanges c. one phalanx	b. 2 phalanges
Loss of little finger	a. 3 phalanges c. one phalanx	b. 2 phalanges
Loss of metacarpals	a. first or second (additional) b. third, fourth or fifth (additional)	
Any other permanent partial disablement	as assessed by the Doctor	

I hereby declare that the foregoing statements made by me are true in all respects, that I have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I 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 right to compensation forfeited. I am willing if required, to make and provide to the Company a statutory Declaration of the whole of the foregoing statement or of any other statement made in connection with this claim.

Name:

Signature of claimant

Date:



Oriental Insurance Co. Ltd.

SBI GPA Claims Cell

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

MEDICAL CERTIFICATE

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

Details of Claimant (Salary Account Holder)		
1	a) Salary Account Number	
	b) Name	
	c) Sex	Male: Female:
	d) Age	
2	Details of Accident	
	a) Nature of Accident	
	b) Cause of Accident	
	c) Whether the appearance of the injuries is consistent with account given of the accident	
3	Details of Injury/ loss	
4	Date on which you first attended claimant for this injury	
5	Is claimant suffering from any diseases or illness apart from his injury and is there any illness by circumstances which may tend to retard recovery? If So, give particulars?	
6	Present Condition	
7	How Long from the happening of the accident do you consider total disablement will last?	
8	Name of Existing Doctor (if treatment is changed)	

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

Date:

Address:

Name:

Registration No.

Stamp

Qualification:

**(On State Bank's Letter Head)
State Bank of India**

This is to certify that Shri/Smt./Ms.----- who has got disabled on --
----- due to accident (as per the documents enclosed), is a holder of Salary
Package Account, details thereof are as under:

1.	Name of the Salary Package Account holder	
2.	Salary Package Account No.	
3.	Address in full (as per Bank records)	
4.	Date of Accidental	
5.	Details of Injury/Loss as per Medical Certificate	
6.	Name of SBI Bank Branch where the Salary Package Account is maintained	
7.	Type of Salary Package account	
8.	Claim amount under Personal Accident/	
9.	Phone No.	
10.	Email ID	

The Bank or its Officers will not be held responsible for the genuineness / authenticity of documents like FIR, Death Certificate, Postmortem report, etc. being submitted by the claimant to the Insurance Company. It shall be the responsibility of the Insurance Company to ascertain their authenticity. All further correspondence should be made directly between the claimant and the Insurance Company. The claim disposal will be the responsibility of Insurance Company. All settlements/disputes will be between the claimant and the Insurance Company, and the Bank will not be a party to such disputes.

For State Bank of India,

Name / Signature of Branch Manager

P.F. No.:

Branch Name:

Branch Code:

Branch Stamp