

पुलिस कर्मियों के परिवारजन के कल्याण के संबंध में।

Content

Time: 90 min

1. पुलिस सैलेरी पैकेज के संबंध में, क्रमांक 53 दिनांक 01.06.2018
2. परिपत्र, क्रमांक 1966 दिनांक 29.03.2019
3. परिपत्र, क्रमांक 6673 दिनांक 18.12.2017

॥कार्यालय महानिदेशक पुलिस राजस्थान, पुलिस मुख्यालय, जयपुर॥

क्रमांक:-V-15(25)PTC-ICT/PSP/2018/ 53

दिनांक:- 01-06-2018

- 1.समस्त अतिरिक्त महानिदेशक पुलिस, राजस्थान ।
2. निदेशक , आर.पी.ए./एस.सी.आर.बी./आई.टी.ए./
3. पुलिस आयुक्त जयपुर/जोधपुर
4. समस्त महानिरीक्षक पुलिस रेंज, राजस्थान
5. समस्त पुलिस अधीक्षक, राजस्थान
6. पुलिस उपायुक्त, जयपुर/जोधपुर
7. उपायुक्त पुलिस मुख्यालय, पुलिस आयुक्तालय, जयपुर/जोधपुर
8. प्रधानाचार्य, राजस्थान पुलिस प्रशिक्षण केन्द्र जोधपुर/किशनगढ़
9. समस्त कमाण्डेन्ट, आर.ए.सी. मय आई.आर./एम.बी.सी./हाडीरानी बटा./राज्य आपदा प्रतिसाद बल, राजस्थान
10. समस्त कमाण्डेन्ट पुलिस प्रशिक्षण स्कूल/पी.एम.डी.एस./सी.टी.सी., राजस्थान

विषय:- पुलिस सैलरी पैकेज के संबंध में।

सन्दर्भ:- इस कार्यालय के पत्रांक 13 दिनांक 18.01.2018।

उपरोक्त विषयान्तर्गत एवं सन्दर्भित पत्र के क्रम में निवेदन है कि पुलिस विभाग द्वारा पुलिस कार्मिकों के कल्याण हेतु स्टेट बैंक ऑफ इंडिया के साथ हस्ताक्षरित MOU के अनुसार पुलिस अधिकारी/कर्मचारी की सामान्य मृत्यु/ दुर्घटना में मृत्यु/ दुर्घटना में पूर्ण विकलांगता/आंशिक विकलांगता की स्थिति में प्राप्त परिलाभ के विषय में आवश्यक दिशा-निर्देश एवं परिपत्र सलंगन है।

आपसे अनुरोध है कि उपरोक्त दिशा-निर्देश एवं परिपत्र से आपके जिला/यूनिट के समस्त पुलिस अधिकारियों/कर्मचारियों को रोल-काल/ सूचना पट्ट/सम्पर्क सभा के माध्यम से अवगत करावें।

सलंगन-उपरोक्तानुसार

सवेदीय
(सुनील दत्त) 1/6/2018

अति० महानिदेशक पुलिस एवं
निदेशक पुलिस दूरसंचार
राजस्थान, जयपुर।

पुलिस सैलेरी पैकेज के तहत समूह बीमा दावा प्राप्त करने हेतु

आवश्यक दिशा-निर्देश

राजस्थान पुलिस व स्टेट बैंक ऑफ इण्डिया के मध्य दिनांक 04.01.2018 को एम. ओ.यू. हस्ताक्षरित किया गया है। इसके तहत समस्त पुलिस कर्मियों के लिए सामूहिक बीमा की सुविधा भी प्रदान की गई है। सामान्य मृत्यु होने पर सामान्य जीवन बीमा (03 लाख रुपये) के लिए **Max Life Insurance Company** को दावा प्रस्तुत किया जायेगा तथा दुर्घटना में मृत्यु होने या पूर्ण विकलांग/आंशिक विकलांग होने पर **नेशनल इंश्योरेंस कम्पनी** को (30 लाख रुपये) दावा प्रस्तुत किया जायेगा। उपरोक्त दोनों बीमा कंपनी को दावा प्रस्तुत करने का तरीका निम्नानुसार है:-

1) सामान्य मृत्यु होने पर दावा प्रस्तुत करने की प्रक्रिया -

सामान्य मृत्यु पर जीवन बीमा का क्लेम प्राप्त करने के लिए नामित व्यक्ति/क्लेम प्राप्तकर्ता द्वारा Max Life Insurance Company का संलग्न प्रपत्र भरकर एवं क्लेम प्राप्तकर्ता के बैंक खाते का Cancelled cheque संलग्न कर, स्टेट बैंक ऑफ इण्डिया की सम्बन्धित शाखा के जरिये Max Life Insurance Company को भिजवायें।

2) दुर्घटना मृत्यु/पूर्ण विकलांग/आंशिक विकलांग होने पर दावा प्रस्तुत करने की प्रक्रिया -

नामित व्यक्ति (Nominee) द्वारा दुर्घटना में मृत्यु की दिनांक से 90 दिन के भीतर नेशनल इंश्योरेंस कम्पनी को परिशिष्ट 4 - (Claim Intimation Form) के अनुसार सूचनाएं (PSP से जुड़े मृतक व्यक्ति का नाम, खाता नम्बर, शाखा का नाम, मृत्यु की दिनांक, दुर्घटना की दिनांक, दुर्घटना का कारण, दुर्घटना का स्थान) भरकर स्टेट बैंक ऑफ इण्डिया की संबंधित शाखा के जरिये इंश्योरेंस कम्पनी को दी जायेगी, इन सूचनाओं के आधार पर इंश्योरेंस कम्पनी द्वारा एक Claim Reference number दिया जायेगा। इस Reference number का उपयोग इंश्योरेंस कम्पनी के साथ भविष्य के पत्राचार/पूछताछ के लिए किया जा सकता है व मृत्यु के 180 दिन के भीतर क्लेम प्राप्तकर्ता/नामित व्यक्ति निम्न दस्तावेज एकत्रित कर स्टेट बैंक ऑफ इण्डिया की सम्बन्धित शाखा (जहां पर खाता है) के जरिये भिजवाये:-

- I. परिशिष्ट 5- (Group Personal Accident/A Claim Form) के अनुसार पूर्ण प्रपत्र भरकर।
- II. मृत्यु प्रमाण-पत्र की सत्यापित प्रतिलिपि।
- III. प्रथम सूचना रिपोर्ट की सत्यापित प्रतिलिपि।
- IV. पोस्टमार्टम रिपोर्ट की सत्यापित प्रतिलिपि।
- V. बैंक की सम्बन्धित शाखा द्वारा प्रदान प्रमाण पत्र (परिशिष्ट 6, SBI Bank के Letter Head पर)।
- VI. क्लेम के NEFT के माध्यम से भुगतान के लिए क्लेम प्राप्तकर्ता के खाते का विवरण (बैंक का नाम, खाता संख्या, शाखा का नाम, MICR Code, IFSC Code) के साथ बैंक का Cancelled cheque संलग्न कर।

(परिशिष्ट 7- NEFT Form for Personal Accident Insurance)

- VII. यदि क्लेम प्राप्तकर्ता (Claimant) का नाम बैंक रिकॉर्ड के अनुसार नामित व्यक्ति (Nominee)/संयुक्त खातेदार के रूप में उपलब्ध नहीं हैं, तो Nominee के प्रमाणिकरण के लिए आवश्यक दस्तावेज संलग्न करें।
- VIII. नेशनल इंश्योरेंस कम्पनी से सम्पर्क करने हेतु- फोन नं., ई-मेल, फैक्स एवं पत्राचार का पता निम्नानुसार है।

☞ फोन नं. — 2282146 — Ext — 4610

☞ ई मेल — 251100@nic.co.in

☞ फैक्स नं. — 022-22026496

☞ पत्ता — “National Insurance Co. Ltd., Mumbai
Corporate Regional Office, Royal Insurance
Building -2nd Floor 14, Jamshedji Tata Road,
Churchgate, Mumbai – 400020”

• पूर्ण विकलांगता/आंशिक विकलांगता होने पर निम्न दस्तावेज प्रस्तुत करें।

- I. चोट के संबंध में चिकित्सक प्रमाण-पत्र।
- II. एक्स रे, चिकित्सक जांच रिपोर्ट (Medical Investigation Report), चिकित्सक रिपोर्ट, दवाईयों संबंधित पर्चीया इत्यादि।
- III. सक्षम मेडिकल अधिकारी द्वारा प्रदान किया गया विकलांगता प्रमाण-पत्र जिसमें विकलांगता का प्रतिशत(%) अंकित हो।
- IV. बीमित व्यक्ति का फोटोग्राफ।

• क्लेम के संबंध में सामान्य दिशा निर्देश

- ☞ हवाई दुर्घटना में मृत्यु होने पर क्लेम (1 करोड रुपये) का लाभ तभी प्राप्त हो सकेगा जब हवाई टिकट स्टेट बैंक ऑफ इण्डिया के खाते से लिंक क्रेडिट कार्ड (Credit Card)/नेट बैंकिंग (Net Banking) के द्वारा क्रय किया गया हो।
- ☞ पुलिस सैलेरी पैकेज के बैंक स्टेटमेंट की सत्यापित प्रति जिससे यह प्रदर्शित हो कि हवाई टिकट एस.बी.आई. नेट बैंकिंग/क्रेडिट कार्ड से खरीदा गया है।
- ☞ बैंक द्वारा क्लेम सम्बन्धित समस्त दस्तावेज इंश्योरेंस कम्पनी को भेजने के साथ उसकी एक प्रति क्लेम प्राप्तकर्ता/नामित व्यक्ति को भी दी जायेगी।
- ☞ इंश्योरेंस कम्पनी समस्त दस्तावेजों के सैट की रसीद देने के बाद क्लेम की प्रक्रिया आरम्भ कर देगी और दस्तावेजों में किसी भी तरह की कमी होने या गलती होने पर क्लेम दस्तावेज प्राप्त करने के 10 दिवस के भीतर दुरुस्त करवा सकती है।
- ☞ इंश्योरेंस कम्पनी क्लेम सम्बन्धित समस्त दस्तावेज प्राप्त होने के दिन से 15 कार्य दिवस के भीतर क्लेम का निस्तारण करेगी।

संलग्न :- 1) परिशिष्ट अ – Max Life Insurance Form

2) परिशिष्ट 4 – Claim Intimation Form

3) परिशिष्ट 5 – Group Personal Accident/A Claim Form

4) परिशिष्ट 6 – On Bank's Letter Head

5) परिशिष्ट 7- NEFT Form for Personal Accident Insurance

6) परिशिष्ट 8 – Letter to be typed/Printed on Bank's Letter Head



National Insurance Company Ltd
Mumbai Corporate Regional Office, Royal Insurance
Building, 2nd Floor, 14, Jamshedji Tata
Road, Churchgate, Mumbai 400 020
Email : 251100@nic.co.in

Annexure 4

GROUP PERSONAL ACCIDENT INSURANCE/ AIR ACCIDENT INSURANCE

CLAIM INTIMATION FORM

TO BE SUBMITTED FOR CLAIMING PERSONAL ACCIDENT INSURANCE (DEATH) / AIR
ACCIDENT (DEATH) INSURANCE COVER ON SALARY PACKAGE ACCOUNT HOLDERS OF SBI

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

*(to be submitted to National Insurance Co Ltd. (NIC) within 90 days after date of death of Salary
Package Account holder)*

Fax:		Email :	
Policy no. 251100/42/17/8200000089 { Policy period 04/01/2018 to 03/01/2019 }			
1	Name of Salary Account holder	:	
2	Address in full	:	
3	Age	:	
4	a) Date of Accident	:	
	b) Time of Accident	:	
	c) Place of Accident	:	
	d) How did the accident occur?	:	
	e) Date of Death	:	
5	a) Name of the Bank Branch and Branch Code where the Salary Package Account is maintained	:	
	b) Postal address of Bank Branch to which correspondence can be exchanged by NICL	:	
6	Salary Package Account No	:	
7	Type of Salary Package Account	:	SGSP/PSP
8	Variant of Salary Package A/C :	:	A / B / C / D
11	Name of Nominee & relationship with account holder	:	
12	Address of the nominee with contact detail	:	

(#State Government Salary Package (SGSP), Police Salary Package (PSP)(@ STRIKE OUT WHAT IS NOT APPLICABLE)

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

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



Annexure 5

National Insurance Co. Ltd.,

Mumbai Corporate Regional Office, Royal Insurance Building, 2nd Floor, 14, Jamshedji Tata Road, Churchgate, Mumbai 400 020

Fax No : 022 22026496 email : 251100@nic.co.in

GROUP PERSONAL ACCIDENT/ AIR ACCIDENT - CLAIM FORM

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

Policy	State Bank of India -	Claim No.:	
	Salary Account Holders	Date of Claim registration:	
	Policy no.251100/42/17/8200000089. policy period 04/01/2018 to 03/01/2019		

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

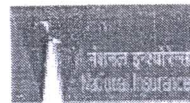
I/We hereby declare that the foregoing statements made by me/us are true in all respects, that I/We have not attempted to conceal from the Company anything with which it ought to be made acquainted and that if I/We have made or in any further declaration the Company may require shall make any false or fraudulent statement or untrue averment whatever, the Claim shall be void and my/our right to compensation forfeited. I am/ We are willing if required, to make and provide to the Company a statutory Declaration of the whole of the foregoing statement or of any other statement made in connection with this claim.

Name of Claimant.#.....
should be of the same person

Signature of claimant #

Mobile no.

NATIONAL INSURANCE COMPANY LIMITED
Pre Receipted Loss Voucher Discharge
 (Not to be construed as admission of Liability by Insurer)



a) Attested copy of FIR Report <input type="checkbox"/> b) Attested copy of Final Post Mortem Report with Final Opinion <input type="checkbox"/> c) Death Certificate- Original <input type="checkbox"/> d) Bank's Branch Manager certificate (Annexure 6) <input type="checkbox"/> e) PAN card copy and Adhar Card Copy of the Claimant, if not available, then form 60) <input type="checkbox"/> f) Original Cancelled cheque of Bank account in the name of the Claimant/ or Photo copy of the first page of the bank Pass Book containing the name of account holder, bank account number, IFS code. <input type="checkbox"/>	g) NEFT form of claimant <input type="checkbox"/> h) Other suitable document to prove legal heirship in case claimant is not a nominee/joint account holder as per Bank's record <input type="checkbox"/> i) * For Armed Forces : Defense Authority report in case FIR is not available. <input type="checkbox"/> j) For air Accident : Bank statement indicating purchase of Air ticket using SBI Debit card linked to salary account <input type="checkbox"/> Additional Requirement: Viscera Report / chemical analysis report in case where post mortem report shows the cause of death due to poisoning or alcohol or any substance abuse. <input type="checkbox"/>
For Accidental PTSD & PPD a) Medical certificate regarding the injury suffered. b) X-ray, medical investigation reports, Doctor Reports , Prescriptions etc c) Disability certificate issued by competent medical authority for % of disability. d) Photograph of the Insured For Child Education a) Proof of Birth (Birth Certificate) b) Certificate of Admission c) Proof of Pursuing full time course in recognized education institution. d) Course Details e) Fee Receipts	

Claim Discharge

Received from National Insurance Company Limited the sum of Rupees (INR) as per Salary Package Account

Entitlement under respective Account variant in full and final Settlement of claim in respect of death of SBI Salary

Account holder Shri/Smt. _____ due to accident on _____

We agree that this payment absolves the company from all further liability whether now or hereafter become manifest in respect of this accident under their personal accident

Policy No: 251100/42/15/8200000090.

Claimant Name: _____

Signature: _____

Dated: _____

Place: _____

Relation to deceased: _____

Address- _____

Please affix
 Revenue Stamp
 of Rs. 1/-

Witness By:		
Name	Address	Signature
1.		
2.		

(On Bank's Letter Head)

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

No :

Date :

Policy No	251100/42/17/8200000089	Policy Period	04/01/2018 to 03/01/2019
-----------	-------------------------	---------------	--------------------------

CERTIFICATE

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

1	Name of the Salary Package Account holder	:																																	
2	Address in full (as per Bank records)	:																																	
3	Date of Accidental Death (as per death certificate)	:																																	
4	Name of the Bank Branch where the Salary Package Account is maintained	:																																	
5	Type of Salary Package account	:																																	
6	Salary Package Account details :	:																																	
	<table border="1"> <thead> <tr> <th>Details of Benefits</th> <th>A</th> <th>B</th> <th>C</th> <th>D</th> </tr> </thead> <tbody> <tr> <td>Accidental Death</td> <td>30 lacs</td> <td>25 lacs</td> <td>20 lacs</td> <td>15 lacs</td> </tr> <tr> <td>PTD</td> <td>30 lacs</td> <td>25 lacs</td> <td>20 lacs</td> <td>15 lacs</td> </tr> <tr> <td>PPD</td> <td>5 lacs</td> <td>5 lacs</td> <td>5 lacs</td> <td>5 lacs</td> </tr> </tbody> </table>	Details of Benefits	A	B	C	D	Accidental Death	30 lacs	25 lacs	20 lacs	15 lacs	PTD	30 lacs	25 lacs	20 lacs	15 lacs	PPD	5 lacs	5 lacs	5 lacs	5 lacs	:	<table border="1"> <tr> <td>A/c No</td> <td></td> </tr> <tr> <td>Date of Opening</td> <td></td> </tr> <tr> <td>Variant</td> <td># A / B / C / D</td> </tr> <tr> <td>Sum Insured (Please mention)</td> <td></td> </tr> <tr> <td>PAI</td> <td>Rs.</td> </tr> <tr> <td>AAI</td> <td>Rs.</td> </tr> </table>	A/c No		Date of Opening		Variant	# A / B / C / D	Sum Insured (Please mention)		PAI	Rs.	AAI	Rs.
Details of Benefits	A	B	C	D																															
Accidental Death	30 lacs	25 lacs	20 lacs	15 lacs																															
PTD	30 lacs	25 lacs	20 lacs	15 lacs																															
PPD	5 lacs	5 lacs	5 lacs	5 lacs																															
A/c No																																			
Date of Opening																																			
Variant	# A / B / C / D																																		
Sum Insured (Please mention)																																			
PAI	Rs.																																		
AAI	Rs.																																		
7	Claim amount under Personal Accident/ Air Accident Insurance (Where Applicable)	:																																	
8	Details of Nominee registered with the Bank on above mentioned Salary Package Account. (if any)	:																																	
	Address	:	(Mention full Name ↑)																																
	Phone No.	:																																	
9	Full name of Joint Account Holder(s) of the above mentioned Salary Package Account (for Joint Accounts)	:																																	
	Full Address of Joint Account Holder	:																																	
	Phone No.	:																																	

(# Strike out what is not applicable)

For State Bank of India,
 (..... Branch)

Branch Manager
 (SS No.)

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

The claim settlement will be entirely the responsibility of Insurance Company. All settlements/disputes will be between the claimant and the Insurance Company and the Bank will not be a party to such disputes.

*For State Bank of India,
(..... Branch)*

*Branch Manager
(SS No.)*

NEFT FORM FOR PERSONAL ACCIDENT INSURANCE
(To be submitted by the claimant only)

National Insurance Co. Ltd.,
Mumbai Corporate Regional Office,
Royal Insurance Building, 2nd Floor, 14, Jamshedji Tata Road,
Churchgate, Mumbai 400 020

Sir,

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

1.	Registration for NEFT/RTGS payments	
	Name of the Claimant (Account Holder)	
	Category	Personal Accident Insurance (Death) claim / Air Accident Insurance claim SBI Salary Package Account Holders
	Policy Number	251100/42/17/8200000089
	Policy Period	04/01/2018 to 03/01/2019
	Claim number , if any , provided (policyholders only)	
	Permanent Address	Address for Communication
2.	Bank Account Details for NEFT/RTGS	
	Name of account Holder/Claimant	
	Bank Name	
	Bank Branch Name	
	Bank Branch Address	
	MICR Code	
	Full Bank Account No. (for NEFT)	
	IFSC Code	

Please attach a copy of a cancelled cheque leaf or Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFS code. Please verify the details with your bank before submitting.

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, National Insurance Co. Ltd. reserves the right to issue a cheque/credit the account in the mode that may seem fit. I/We would not hold National Insurance Co. Ltd. responsible if the transaction is delayed or not effected at all or credited to an incorrect account for the reasons of incomplete/incorrect information.

Signature of the Applicant (Claimant)

Place:

Date:

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

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

(This letter to be typed/ printed on Bank's Letter Head)

State Bank of India,

Branch Name _____: Code No _____

Address: _____

Telephone No _____

email: _____@sbi.co.in

National Insurance Co. Ltd.,

Mumbai Corporate Regional
Office, Royal Insurance Building,
2nd Floor, 14, Jamshedji Tata Road,
Churchgate, Mumbai 400 020

Fax No : 022 22026496 email : 251100@nic.co.in

No.

Dated:

Dear Sir/ Madam

**CLAIM UNDER PERSONAL ACCIDENT INSURANCE (DEATH)/ PTD/ PPD/AIR ACCIDENT
(DEATH) COVER FOR SALARY PACKAGE ACCOUNT**

NO:

POLICY NO:251100/42/17/8200000089. Policy period 04/01/2018 to 03/01/2019

SALARY ACCOUNT HOLDER:

CLAIMANT: SHRI/SMT/Ms

We forward herewith an application for claim under Personal Accident Insurance (Death)/ Air Accident Insurance received from Shri/Smt/ Ms _____
Son/ Wife/Spouse of Shri/Smt/Ms _____ a Salary Package
account holder with our branch under PSP/SGSP along with the following enclosures:

- a) Death Certificate in original
- b) Attested copy of police report and FIR For armed forces, Defence authority report in case FIR is not available
- c) Attested copy of Post Mortem Report
- d) Certificate from the Bank together with the name of the nominee/ joint account holder, duly certified by the Bank officer with full address
- e) Pan Card copy /Form 60 of the claimant.
- f) Attested copy of Aadhar Card
- g) Original cancelled cheque of the Bank account on the name of the claimant/ Photo copy of the first page of the Bank Pass Book containing the name of account holder, Bank account number, IFS code.",
- h) NEFT Form of the claimant
- i) Claim form duly filled up
- j) Copy of claim intimation (if available)
- k) For Air Accident (Death) Insurance claim : Certified copy of Bank statement of Salary Package account indicating State Bank Debit card used for purchase of Air ticket/ payment to travel agent for purchase of Air ticket

The application and above documents are being forwarded to you, without any responsibility of the Bank or its officers regarding their genuineness/ authenticity except item (d) above and it shall be the responsibility of the Insurance company to ascertain the authenticity of the relevant documents. However for any clarification in this regard please correspond directly with the claimant at the address mentioned in the claim form.

Yours faithfully,

Asst. General Manager/ Chief Manager/Branch Manager

Copy for information to: (Name and address of nominee/ claimant).

The captioned claim with related annexure as mentioned above submitted by you have been forwarded to National Insurance Company Limited at the above mentioned address. However please note that all future correspondence in this regards should be taken up directly with the insurance Company without involving the Bank. The Personal Accident (Death) Cover/PTD/PPD/ Air Accident Insurance cover, for Salary Package Account holders will be defined by the company as per the standard accidental death policies. The claim settlement will be entirely the responsibility of Insurance Company. All the settlement / disputes will be between the claimant and the Insurance Company and the Bank will not be a party to such disputes.

**Asst. General Manager/ Chief Manager/Branch Manager
(with stamp & seal of branch)**

