INDIAN OVERSEAS BANK

Various Benefits, Terms & conditions and forms linked to the Government Salary Package (GSP)

I. Eligible Employees under Government Salary package (GSP):

1. The regular or Permanent Government employees, irrespective of the salary amount, who are regularly receiving their monthly salary from the State Government are eligible under this GSP.

2. Upon retirement, voluntary retirement, Compulsory retirement, dismissal / removal from the service or the closure of the bank account, the employees shall no longer be eligible for the benefits outlined in the memorandum.

3. If the Employee is already maintaining his / her account with the bank, he is readily flagged under Government Salary Package, and he/she can enjoy the benefits provided by the bank from 7th day on which MoU is signed between the Government and the Bank. If any employee newly joined in service or ported his/her salary bank account to empaneled bank, he/she shall be eligible for benefits provided by the banks under this GSP from 22nd of next month of / first salary credit into the said bank account.

In this juncture, the existing salary account of an employee held with the bank should be flagged and grouped as GSP account by the bank on receipt of the line data of the employees' from the Director of Accounts and Treasuries. Upon flagging under GSP, the bank should notify the employee through short messaging service (SMS) / email / letter, if service is available.

4. In case of new employee or existing employee is found not to have been categorized as 'salary package account', the concerned employee shall submit physical application for categorization as GSP Account to the home branch and the Bank shall make necessary / correction and categorization of the Account by the next working day of receiving the request. (Annexure I).

5. A refresh list of all eligible employees shall be shared by Director of Accounts and Treasuries, Government of Puducherry by 15th of every month as a reference document to facilitate the Bank to ensure addition of all new employees eligible for such coverage and removal of employees becoming ineligible for coverage on account of death/ retirement / shifting of salary account to other bank/ loss of employer-employee connection due to any reason with Government of Puducherry.

6. In this juncture, the banks should reciprocally provide the data pertaining to the employees those who are flagged/ categorized under GSP on 30th of every month or as and when required by the DAT.

7. Only primary Salary Package Account holders shall be eligible for coverage under the policy (i.e. account holder for whom salary is being credited). There should

be minimum one Salary credit within 180 days prior to the date of accident/ death for claims being eligible. In exceptional situations, banks may consider the insurance benefit to the employee even if there is no salary credit within 180 days based on the certificate issued by the Head of the office.

II. Term Life Insurance (TL) and Personal Accidental Insurance (PAI) in the event of Death of the employee:

1. The employees who are covered under GSP are eligible for Term Insurance and Personal Accidental Insurance coverage at free of cost. The cost towards the insurance shall be borne by the bank.

2. Since, the Government service is 24 X 7 and warranted under any circumstances, in case of death of an employee even on holiday or out of office hours or outside the headquarters of the employee, he/ she shall be considered for insurance claim.

3. The Term Insurance and Personal Accidental Insurance benefits shall be paid to the employee's nominee. In case of absence of nomination, the benefits have to be paid as per IRDAI guidelines.

4. The Banks should facilitate hassle free processes for settlement of / claims to nominee / legal heirs of the employee.

5. The Bank undertakes to provide the Term Insurance and Personal Accidental Insurance benefits as detailed below.

Applicability	**Minimum Insurance coverage**	**Amount (Rs)**
Government Employee	Term Insurance	Rs.10 Lakh
	Personal Accidental Insurance(PAI)**	Rs.120 Lakh

** Personal Accidental Insurance

PAI Cover	Rs.120 lakhs
PAI cover with total disability	Rs.120 Lakhs
PAI cover with Partial Disability- Upto	Rs.96 Lakhs
Air Accident Death	Rs.120 Lakhs
Air Accident PAI cover with total disability	Rs. 120 Lakhs
Air Accident PAI cover with partial Disability-upto	Rs.96 Lakhs

III. Disability arisen out of Personal Accident:

1. Permanent Total Disablement (PTO): In event of injury occurring solely and directly from accident caused by external, violent, and visible means resulting in total permanent disablement, the claim shall be settled as per terms and conditions on PTO of Insurance Company under the ambit of IRDAI guidelines.

2. Permanent Partial Disablement (PPD): Where a part of the body becomes permanently disabled (i.e. partial loss) due to an accident, / the claim shall be settled by insurance company as per the terms and conditions of IRDAI.

3. The cost towards the charges/ premium shall be borne by the / Bank.

4. Since, the Government service is 24 X 7 and warranted under any circumstances, in case of PTO/ PPD of an employee due to accident / even on holiday or out of office hours or outside the headquarters of the employee, he / she shall be considered for insurance claim.

5. The percentage of PTO/ PPD shall be calculated as per the prevailing IRDAI guidelines.

6. Based on the disability percentage, the benefit shall be disbursed to the claimant's account.

7. The degree of disability prevailing at the time signing MoU is annexed. (Annexure II). If there is any changes in the IRDAI guidelines, the same shall be final. Any modification or alteration made by IRDAI in this regard shall apply as such.

IV. General Conditions:

Since the banks are offering the above insurance coverages under group insurance under Government Salary Package to employees of Government of Puducherry, the claims should not be rejected on the following grounds.

1. Non-updation of the Nominee

2. Further, detailed process such as Terms & Conditions, Policy Coverage, scope of cover, standard exclusion under the policy, claims administration, IRDAI Permanent / Partial Disablement Guidelines, claim intimation, Document checklist, Claim settlement, escalation matrix are mentioned in the Annexure III

V. Miscellaneous

1. As regards "**Know Your Customer norms**" as per RBI guidelines, PAN, ADHAAR, Form-16 (mandatory) and one Officially Valid Documents (OVDs) to be provided for opening of Bank accounts. These instructions shall be governed by directions issued by RBI/ Bank from time to time. Along with PAN & OVD a certificate/ letter issued/ countersigned by the authorized signatory from the individual's office, certifying his identity and present address along with certified copy of salary slip/certificate shall be acceptable to the Bank.

2. This MoU shall be governed by the Laws of India and shall be subject to the jurisdiction of the Courts in Puducherry.

3. The Salary Package is being offered to the employees of Government of Puducherry by the Bank as a comprehensive solution for the purpose of providing

various banking services and associated features are not intended for mobilization of deposits from them.

4. All new accounts opened, or existing accounts converted under this MoU should be mandatorily to be done under Bank's salary package, as per this MoU.

5. In case of accidental death, the deceased personnel shall be eligible for both Life Insurance and Personal Accident Insurance coverage. In the case of natural death, only Life Insurance coverage shall be applicable, with no entitlement to Personal Accident Insurance.

6. The definitions and conditions pertaining to accidental and natural deaths shall strictly adhere to the guidelines issued by the Insurance Regulatory and Development Authority of India (IRDAI).

7. The timeline for claim intimation and submission of documents are clearly outlined in the Annexure III. The nominee/claimant to ensure that they follow the timeframe defined else the claim would not be entertained by the Insurance company.

8. If a claim is denied due to non-payment or delay in payment of premium by the Bank, the responsibility for settlement shall rest with the Bank, and such claims must be settled from its own funds.

9. **Force Majeure**: Neither party shall be liable for any failure to perform, or delay in performance of, its obligations under this MoU if such failure or delay is caused by events beyond the reasonable control of the affected party. Such events shall include, but shall not be limited to, act of God, natural disasters, pandemics, epidemics, fire, flood, war, civil unrest, terrorists acts, cyber-attacks, system or technical failures, power outages, labour disputes, regulatory or policy changes, court orders, directives or actions of the Government or statutory authorities, or any other circumstances that could not reasonably have been foreseen or prevented.

10. The affected party shall promptly notify the other party in writing of the occurrence of a Force Majeure event and take reasonable steps to mitigate its impact. The obligations of the Parties shall be suspended for the duration of the Force majeure event, and both parties shall mutually discuss and agree upon revised timelines once normalcy is restored.

VI. Various Timelines:

Step 1: Inform the Bank

- The nominee/ claimant/ legal heir/ guardian / Government should inform the insurance company or the bank branch for facilitation within 90 days of / occurrence of incident. (Annexure II to be provided by bank)

Step 2: Submit Required Documents-

- The Claimant / nominee / legal heir must provide the following documents within 180 days of occurrence of the incident/death of the deceased (whichever is

later) to the insurance company or the bank branch for due facilitation.

VII. Regular / special benefits to GSP:

Any other special benefits be offered by the bank has to be mentioned in the Annexure IV.

VIII. Nodal officers at the Bank level:

The Bank should nominate one senior level official at the State Headquarters level, and they should coordinate with the government department and their branch managers where the claim has arisen. The names of the nodal officers shall be intimated to the Director of Accounts and Treasuries.

IX. Escalation matrix:

The details of escalation matrix to assist the claimant and servicing the claims of various types is annexed separately in the Annexure V.

X. Period of MOU:

a) This MOU shall be operative for a period of 3 years w.e.f. date of MoU. and shall be in force, unless terminated earlier or till the next MoU is signed, as mutually agreed by both parties. However, the MOU may be reviewed every year for any amendment/ addition/ deletion of features of the Salary package, time to time.

b) In case either of the party i.e. the Government of Puducherry or the bank does not come forward for any review or revision or extending it after 3 years, it shall be the sole discretion of the Bank to extend the benefits of the packages enumerated in the MoU to the employees of State Government of Puducherry as long as his/her salary account continues with bank.

XI. Dissemination and awareness creation:

- The MoU, once entered by both Parties, shall be widely disseminated to all personnel /employees of all ranks/staff by means of service letters/office memorandum/other modes, Data Network, Internet and any other means by Government of Puducherry and bank.

- Bank should commit to create awareness amongst the Government of Puducherry personnel/employees at various establishments/ locations about Banks' products, investment opportunities through engagement programmes. Such programmes shall be anchored by bank branches, Relationship Manager (CSRM) etc.

- Bank may publish/ market about its services extended to Government of Puducherry personnel/employees under this MOU and / or promote its business objectives from time to time.

XII. Termination:

This MOU may be terminated: (a) by mutual written agreement of the Parties at any time; (b) by either Party upon written notice to the other Party (3 months advance notice); or (c) immediately by either Party in the event of a material breach of this MOU by the other Party, provided such breach remains uncured for after written notice.

Upon termination, Term Insurance and personal accident insurance coverage shall end and the same shall not be available at free of cost under this scheme. All other concessions given under the scheme by the Bank shall be withdrawn immediately and employees are not entitled to claim any benefit under the scheme after termination of the scheme.

Upon termination, the Bank shall cease all use of the Government Department's data and, unless prohibited by law, securely return or destroy all Confidential Information as directed by the Government Department. Termination shall not affect obligations accrued prior to termination or surviving clauses (e.g., confidentiality, arbitration, or indemnity), which shall remain in full force.

In the event of termination of the MoU between the Government and the Bank, employees must be duly informed by the bank and the DAT that the benefits extended under the MoU shall cease to apply.

XIII. Amendments:

This MOU may be amended or modified at any time by mutual written agreement of the Parties. No provision of this MOU shall be amended, waived, or supplemented except by a written instrument executed and signed by authorized/ representatives of both Parties. Any such amendment shall form an integral part of this MOU and shall be binding upon the Parties.

XIV. 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, hand or official e-mail to the address or such other address and email ID as one party may inform the other in writing.

XV. Complaint Redressal and Review Mechanism:

A Complaint Redressal Mechanism has been structured for personnel / employees of Government of Puducherry and the Bank has appointed Nodal officer/Corporate Salary Relationship Manager (CSRM) to co-ordinate. The Nodal Officer/ CSRM shall act as a conduit between the Government of Puducherry Establishments and the Bank and ensure that complaints are passed on/ directed to the concerned Circle and shall monitor the same until resolution.

Apart from the above, bank also has a very well laid down policy on Customer Grievance Redressal. The policy details are available at Bank's website for public

information. The Salary Package account holders have the additional/ option to use such channels for redressal of their individual grievances/ complaints.

In the event of a dispute remaining unresolved, it may be referred to the Banking Ombudsman appointed by RBI under the Banking Ombudsman Scheme/IRDAI ombudsman, if the same can be entertained by the ombudsman as per the scheme

The mechanism for redressal of grievances must align strictly with the IRDAI rules and guidelines, without deviation, and both parties shall be required to adhere to the same.

XVI. Confidentiality & Data Protection:

The Parties agree that all employee data shared under this MoU (including personal, financial, and employment-related information) shall be treated as confidential and used exclusively for the purpose of GSP only.

The Bank shall implement industry-standard security measures to safeguard the data against unauthorized access, disclosure, or misuse, and shall not share it with third parties without the Government Department's prior written consent, except where legally compelled/ intended purpose of this MOU.

The Bank assumes liability for breaches of this clause and agrees to indemnify the Government of Puducherry against claims arising from its non-compliance with data protection laws.

XVII. Representation and Warranties by Parties

The Parties hereby undertake, affirm and agree that

a) They have full power and authority to enter into this MOU; to take any action and execute any documents required by the terms hereof.

b) This MOU entered into has been duly authorized by all necessary authorization proceedings, has been duly and validly executed and delivered and is legal, valid and binding on them.

c) The executants of this MOU are duly empowered and authorized to execute this MOU and to perform all its obligations in accordance with the terms herein.

Annexure-I

Application-cum-Undertaking letter for opening/conversion of Savings A/C into GSP-GoPy

From
Name:
Account No:
IFHRMS/Employee ID:
Designation:
Department Name:
Address:

To
The Branch Manager,
Indian Overseas Bank,
……Branch

Subject: Request to Convert Existing SB Account (……)/Opening of Account under Government Salary Package Account

Dear Sir/Madam,

I, ……., am an existing holder of your esteemed bank under Savings Bank Account No……., IFSC ……. Branch……../**Intend to open Account with your bank**. I am currently employed as ……(designation) in the ……..(Department) under the Government of Puducherry.

I have gone through the benefits offered by your bank of the GSP Account. Hence, I hereby request you to kindly **covert my existing SB Account/open account under Government Salary Package Account** to avail the benefits associated with the salary Account.

Further, I hereby give my consent to your bank to share my personal data with the companies/entities offering the complimentary benefits/special features related to the salary package Account for the purpose of availing such benefits/features. I agree and hereby give my consent to your bank that same nominee given in the SB Account opening shall be a nominee for **Government Salary Package Account** for receiving of insurance benefits.

I hereby agree to maintain this Account for a minimum period of 12 months with your bank.

Thanking you.

Yours faithfully,

(Signature)

Date:
Place:

Name:
Mob. No.:

Documents enclosed: Copy of SB PB, ID card, Appointment Letter, Latest Salary Slip, KYC, any other doc.

Annexure –II

Disability percentage sheet (IRDA Guidelines)

Sr. No.	Table of Benefits	% of Capital Sum Insured
1	Accidental Death	100%
2	Permanent Total Disability	
	1. Loss of sight (both eyes)	100%
	2. Loss of two limbs	100%
	3. Loss on one limb and one eye	100%
	4. 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	15
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 phalanx	25
M	Loss of thumb-one phalanx	10
N	Loss of index finger	
	i) Three phalanges	10
	ii) Two phalanges	8
	iii) One phalanges	4
O	Loss of Middle finger	
	i) Three phalanges	6
	ii) Two phalanges	4

	iii) One phalanges	2
P	Loss of Ring Finger	
	i) Three phalanges	5
	ii) Two phalanges	4
	iii) One phalanges	2
Q	Loss of little finger	
	i) Three phalanges	4
	ii) Two phalanges	3
	iii) One phalanges	2
R	Any other permanent partial disablement	% as assessed by Medical Praactitioner appointed by insurance company
S	Loss of Metacarpals	
	i) First or Second (Additional)	3
	ii) Third, Fourth or Fifth (Additional)	3

ANNEXURE – III

Personal Accident Claim Intimation Process & Documentation
For Indian Overseas Bank – Group Personal Accidental Policy for Puducherry State Government Employees.

In the event of claim arising due to accident, please intimate immediately within seven (7) days of occurrence of event.

1) Our nearest office through letter
2) On our call center number or on toll free number 1-800-22-4030, 1800-200-4030 or
3) Write to us on contactus@universalsompo.com

Our claims officials shall soon get in touch with you and shall be happy to help you with the claim procedures. Details of our officers can be found in the USGICL Office Locator in our Website www.universalsompo.com

Following information needs to be furnished by you while intimating a claim:

- Policy Number,
- Name of Insured Person,
- Indian Overseas Bank Salary Account number of Insured Person,
- Nature of Loss,
- Date & Time of Accident,
- Place of Accident,
- Brief description on incident,
- Place & contact details of Insured / Claimant,
- Email ID of Insured / Claimant.

Document Check List Personal Accident Claims:

a) Generic Documents for all claims (Accidental Death, Permanent Total Disability, Permanent Partial Disability), duly attested by Indian Overseas Bank authority.

1. Duly filled original Claim Form along with duly filled Bank Mandate Form & CKYC Form.
2. Policy copy,
3. Claim Intimation Letter,
4. FIR – Attested or Original.
5. Final Police Report / Original Panchnams.
6. Valid Driving License copy of Insured, if insured was driving the vehicle at the time of accident.
7. Hospital documents, if insured was hospitalized after the accident.
8. KYC Documents of Insured & Payee (Photo Identity Proof – Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar Card, or any other proof accepted by the KYC norms as approved by us and which is admissible in court of law).
9. NEFT Documents of Payee/Nominee (Printed copy of Passbook Copy / Cancelled cheque copy).

b) Loss wise list of documents required (in addition to the above-mentioned documents), duly attested by Indian Overseas Bank authority.:

I. List of Documents for Accident Death Claim:

1. Death Certificate.

2. Post-mortem report, with Viscera Report (if Viscera is preserved).
3. Inquest/Coroner's Report.
4. If Nominee is not declared at the time of police issuance, then required Legal Heir certificate, with NOC from other legal heirs, if any.
5. Any other document pertaining to the claim as requested by claim settling authority.

II. List of Documents for Permanent Total Disability (PTD) Claim:

1. Certificate from Government hospital doctor confirming the nature and degree of disability.
2. Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
3. Diagnostic reports.
4. Photograph of the injured with reflecting disablement.
5. Any other document pertaining to the claim as requested by claim settling authority.

III. List of Documents for Permanent Partial Disability (PPD) Claim:

1. Certificate from Government hospital doctor confirming the nature and degree of disability.
2. Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
3. Diagnostic reports.
4. Photograph of the injured with reflecting disablement.
5. Any other document pertaining to the claim as requested by claim settling authority.

Documents to be shared through scan copies only, hard copies are not required.

Personal Accident Claim – Escalation Matrix			
Level	**Name**	**e-mail ID**	**Contact No.**
1st Level	Ms. Srilatha Baiju	srilatha.baiju@universalsompo.com	8939809062
	Mr. Harshad Bagwe	barshad.bagwe@universalsompo.com	8097482700
2nd Level	Mr. Yogendra Mohite	yogendra.mohite@universalsompo.com	9321962977

Universal Sompo General Insurance Co. Ltd.

(A joint venture between Indian Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: Office No.103,First Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai – 400093.

PERSONAL ACCIDENT CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

a) Claim form is to be filled in capital letter & signed by the insured/claimant.
b) Please do not leave any column unanswered.
c) Please read carefully the attached list of documents required to speed up processing of your claim.
d) If there is insufficient space, kindly use a separate sheet which can be attached to this form.

Claim No.

A. DETAILS OF INSURED

Name of the Insured — First Name | Middle Name | Last Name

Name of the Claimant — First Name | Middle Name | Last Name

Relationship with Insured | Designation (If applicable)

Date of Birth | Sex ☐ Male ☐ Female | Email ID

Communication

Address

City/Taluka | District | State

Pin Code | STD code | Phone No. | Mobile No.

B. DETAILS OF POLICY

Policy No. / / /

Period of insurance from to | Sum Insured

C. DETAILS OF OTHER POLICIES

Have you been insured under any Personal Accident Policy of any other insurance companies? ☐ Yes ☐ No
If "Yes", please enclose photocopies of all previous policies.

Date of commencement of very first insurance for the Beneficiary with continuous insurance coverage? from to

D. DETAILS OF INCIDENCE

Description of accident

Cause of accident

Date of accident Time of accident : AM/PM.

Place of accident

Accident Reported to

Are there any witness to accident ☐ Yes ☐ No

Names and Address of witnesses

E. DETAILS OF HOSPITAL

Was the insured person moved to hospital immediately after the incidence ☐ Yes ☐ No

If "Yes", please fill in the following

Date of admission ☐☐☐☐☐☐ Time of admission ☐☐ : ☐☐ AM/PM.

Date of discharge ☐☐☐☐☐☐ Time of discharge ☐☐ : ☐☐ AM/PM.

Name of the Hospital

Address

City/Taluka District State

Pin Code STD code Phone No. Mobile No.

Particulars of treatment

Was the deceased under influence of drugs or alcohol at the time of accident? ☐ Yes ☐ No

Has the accident resulted into;

Loss of hand	☐ Yes ☐ No	Loss of hands	☐ Yes ☐ No
Loss of foot	☐ Yes ☐ No	Loss of feet	☐ Yes ☐ No
Loss of eye	☐ Yes ☐ No	Loss of eyes	☐ Yes ☐ No

Disability of any other type which may prevent the insured from engaging in or being occupied with or giving attention to any employment or occupation whatsoever

F. DOCTOR'S DECLARTION

I hereby certify that was treated by me on

for which first

inc

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

The ailment was caused by / in any way associated with the below mentioned conditions;

Pregnancy or childbirth	☐ Yes ☐ No	Intentional Self Injury	☐ Yes ☐ No
War and allied peril	☐ Yes ☐ No	Nuclear Perils	☐ Yes ☐ No
On duty with any armed forces	☐ Yes ☐ No	Mental disease	☐ Yes ☐ No
Intentional self-injury	☐ Yes ☐ No	Use of Intoxicating drugs and alcohol	☐ Yes ☐ No
HIV, AIDS	☐ Yes ☐ No	Venereal disease or sexually transmitted disease	☐ Yes ☐ No

He / She is suffering from

Permanent Total Disability	☐ Yes ☐ No	Temporary Total Disability	☐ Yes ☐ No
Permanent Partial Disability	☐ Yes ☐ No		

Details of the disability

Name of the treating Medical Practitioner First Name Middle Name Last Name

Registration No. Qualification

Date:

Place:

Stamp and Signature of the Medical practitioner

G. DETAILS OF CLAIMED AMOUNT

	Description	Amount (Rs.)
(A)	Death	
(B)	Permanent Total Disability	
(C)	Permanent Partial Disability	
(D)	Temporary Total Disability	
(E)	Transportation cost for carriage of dead body to Home including funeral charges.	
(F)	Ambulance charges for transportation of Insured person to Hospital following Accident	
(G)	Education Fund	
(H)	Medical Expenses Extension	
(I)	Hospital Confinement Allowance	
(J)	Any other	
TOTAL AMOUNT CLAIMED		

H. ENCLOSURES

- ☐ Claim form duly signed
- ☐ Policy Copy
- ☐ Claim intimation
- ☐ FIR/ MLC copy
- ☐ Death certificate
- ☐ Post-mortem report
- ☐ Inquest / Coroner's report
- ☐ Final police report
- ☐ Leave certificate
- ☐ Investigation reports
- ☐ Medical certificate
- ☐ Nominee certificate
- ☐ Disability Certificate
- ☐ KYC Documents
- ☐ Photograph of the injured with reflecting disablement
- ☐ Any other documents
- ☐ NEFT Documents
- ☐ Valid Driving License copy of Insured (if applicable)

If "Yes", please specify

Any other information You wish to state

I. EMPLOYER'S DECLARATION

This is to certify that Mr./Ms _____, working as _____, permanent Employee Id No. _____ covered under Personal Accident Policy No. _____ / _____ / _____ / _____ was on leave for the period _____ to _____ Sum Insured. _____ The total numbers of employees on permanent rolls as on the date of accident were _____ The above information is true to the best of my knowledge and we agree to provide any further information that may be required.

Date: _____ Signature of Authorized signatory:

Place: _____ Name of the Authorized signatory:

Company Seal

J. INSURED'S / CLAIMANT'S DECLARATION

I hereby warrant the truth of foregoing statement and sincerely declare that I have not suppressed or concealed any information that is material to this claim. I understand that false declaration/s may result in USGI being able to refuse to pay the claim.

The receipt of this claim form/ other supporting / related document does not constitute or be deemed to constitute an agreement by the USGI of the claim and the USGI reserves the right to process or reject or require further / additional information in respect of the claim.

Date: _____ Signature of Claimant:

Place: _____ Name of the Claimant:

K. TO BE COMPLETED BY NOMINEE IN THE EVENT OF INSURED'S DEATH

First Name | Middle Name | Last Name

Name of the Nominee

Relationship with Claimant

Date of Birth Sex ☐ Male ☐ Female Email ID

Communication

Address

City/Taluka District State

Pin Code STD code Phone No. Mobile No.

If nominee is minor, kindly provide the Legal Guardian details

First Name | Middle Name | Last Name

Name of the legal Guardian

Address

City/Taluk District State

Pin Code STD code Phone No. Mobile No.

Date of Birth Sex ☐ Male ☐ Female Email ID

I/We hereby declare and warrant the truth of the foregoing particulars in every respect. I /We agree that if I/We have made or shall make false or untrue statement, suppression or concealment, my/our right to compensation shall be forfeited.

I/We also hereby declare that I am/we are accepting the amount in full discharge of your obligations under the policy to the Insured Person and /or his/her legal heirs. I/we will hold you indemnified in the event of any claim under this policy being made against you by any other person or persons.

Date:

Place:

Signature of Nominee / Legal Guardian:

Name of Nominee / Legal Guardian:

Universal Sompo General Insurance Co. Ltd.

(A joint venture between Indian Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments)
Regd. Office : Office No.103, First Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai-400093.

Bank Account Mandate for Direct Credit

(This form to be used for one time Customer payment only)

For legibility, please use BLOCK LETTERS in blank ink.

Universal Sompo Location: _____ **Claim no:** _____ **Date:** _____

Beneficiary Details (TO BE FILLED IN - BLOCK LETTERS ONLY) *all fields are mandatory*

Beneficiary Name : _____
(Should be same as in Bank) First Name Middle Name Last Name

Address : _____
(As per the policy)
: _____

City : _____ **Pin Code:** _____

PAN No : _____ **Date of Birth:** ____/____/_____ DD MM YYYY

Service Tax Reg No: _____ **E Mail:** _____

Phone No.(with STD code): _____ **Mobile Number :** _____

Bank Account Details (TO BE FILLED IN - BLOCK LETTERS ONLY) *all fields are andatory as per bank records*

Bank Account Number : _____ **Account Type:** _____ **(**Savings /Current/Other etc)

Name of the Bank : _____

Bank Branch Name : _____ **Bank Branch Code:** _____

IFSC Code : _____ **MICR Code:** _____

(The above details are available on the face of the cheque ***as per CTS-2010/06.2013***. If not, please speak to your branch and get the details / submit the copy of bank pass book where all the above details are available)

*** I /we DO NOT wish to receive direct credits, but wish to receive payment by cheque. (Please ✓)** ☐

I hereby understand and confirm that:

1) The details given above are true and I have no objection for directly credits in the bank account mentioned above.
2) If the electronic credit is not effected, delayed or credited to a wrong account on account of incorrect or incomplete information provided, USGIC shall not be held liable now or in future for such losses.
3) In the event the credit is not effected by your Banker for any reason, USGIC reserves the right to make the payment through cheque. USGIC shall not make any payout either partially or wholly in the form of cash.
4) Enclosed copy of PAN OR certificate of Service Tax registration (if applicable for institutions).
5) Enclosed cancelled cheque as per CTS-2010 of the bank account mentioned above.
6) If wise to receive payments by cheque instead of direct credit, have appropriately ticked the check–box provided for this purpose.

Place: _____
Date: D D M M Y Y Y Y

_____
Signature of Customer

Documents to be attached:

- Self attested copy of PAN Card **OR** Service Tax Regn certificate (if applicable for Institutions)

Inward stamp with date

Verified by Company :YES / NO
Signature of Verifying Person: _____

Date: D D M M Y Y Y

Life Insurance Corporation of India

Pension & Group Schemes Deaprtment, Chennai Division I

Claim form for PY Govt Employee-Salary Account holders Group Insurance Scheme
(To be completed by the claimant and Master Policy Holder)

1. Name of the Group Insurance Scheme : **IOB –PY Govt Employee-Salary Account Holders GI Scheme**

2. Master Policy No : _____

3. Full Name and address of the Master Policy Holder : **INDIAN OVERSEAS BANK**
   Marketing Dept, Corporate Office, Chennai

4. Full Name of the Deceased Member: _____LIC ID : _____

5. Aadhar Number of the Deceased member : _____

6. Salary Account Details of the Deceased person :

   IOB Bank Account No : _____
   IOB Bank Branch : _____
   IOB Bank City : _____
   IOB Bank IFSC Code : _____
   (Bank details of the deceased person given hereabove verified and attested by IOB to be attached herewith)

7. Date of Death of the Deceased :_____
   Time of Death : _____
   (Original /Certified Copy of Death Certificate with QR code verification should be enclosed)

8. Cause of Death : _____
   Place of Death : _____

9. Last salary credit received in the Bank account before Death : _____
   (Please mention the date of last salary credit)

10. Amount of Sum Assured (Rs.) : _____

11. If the claim is being intimated after 6 months from the date of death, please give reason for delay :
    _____

12. Last premium paid on _____For Renewal Date due : _____Mode: Yearly

13. Name of the nominee : _____
    Relationship of the nominee with Deceased : _____
    Age of the Nominee : _____
    If Nominee is a minor, Name of the Appointee appointed to receive the amount : _____
    Relationship of the appointee to the nominee : _____

14. Beneficiary details :

i. Bank A/c Type : Savings Bank Account / Current Account
ii. Name of the Bank : _____
iii. Bank Branch : _____
iv. IFSC Code number of the Bank-branch: _____
v. PAN NO : _____
vi. Aadhar No : _____
(Bank details of the nominee given hereabove verified and attested by IOB to be attached herewith)

15. Type of the PHOTO ID – KYC document of the Deceased Account holder attached : _____
(Aadhar Card / Voter ID/ Driving Licence/ PAN Card / Passport --- any one – verified and attested by IOB to be attached herewith)

16. Type of the PHOTO ID – KYC document of the NOMINEE of the Deceased attached : _____
(Aadhar Card / Voter ID/ Driving Licence/ PAN Card / Passport --- any one – verified and attested by IOB to be attached herewith)

17. Beneficiary Mobile Number : _____
Email ID of the Beneficiary : _____

I hereby declare that the answers to all the above questions are true in every aspect.

Place : _____

Date : _____ (Signature of the Nominee / Beneficiary)

Certified that the replies to the above questions are correct in every aspect and have been verified with the records kept for this purpose and that the deceased member was covered by the scheme and eligible for the benefits there-under as on the date of his death.

We hereby give our consent and authorize LIC of India for crediting the claim proceeds to the Bank account of the beneficiary mentioned hereabove as per the account details mentioned of the beneficiary.

Place : _____

Date : _____ (Signature of Designated official of the Bank under his seal)
Name :
Emp Code:

Discharge Receipt

Master Policy No:_____

Received a sum of Rs_____(Rupees _____Only) from the Life Insurance Corporation of India in full and final settlement of claim and demand in respect of the above mentioned claim. Further we agree and declare that upon such a payment the corporation will be discharged of our entire claim in respect of the above insured member.

Affix Rs 1 revenue stamp and sign across

Place:
Date: (Signature of the Designated Bank official with seal and Emp. Code number)

Signature of witness:

Name and address of witness:

Enclosures:

a) Photo ID – KYC document of the Deseased Aadhar card/ration card/voters id/passport/etc.
b) Photo ID –KYC document of the beneficiary Aadhar card/ration card/voters id/passport/etc.
c) Copy of the Bank pass book/statement of the Deceased person (first page and last page)
d) Copy of the Bank pass book/statement of the beneficiary (first page and last page)
e) Attested copy of Death Certificate with QR Code
(All enclosures to be signed and attested by the designated official of IOB)

Annexure IV

OTHER SPECIAL BENEFITS OF IOB SALARY PACKAGE

S.NO	Features	Benefits to Py State Govt Employees
1	Free Debit Card	Free Issuance - Rupay Platinum Debit Card
		Free Annual Maintenance Charges- Rupay Platinum Card
2	Free ATM Usuage	Unlimited Free- Own Bank ATM
		Unlimited Free- Other Bank ATM
3	Free Lounge Access with Rupay Platinum Debit Card	One Domestic Airport Lounge access per Calendar Year & One International Airport Lounge access per Calendar Year
4	Fund transfer through NEFT	Unlimited Free
5	Fund transfer through RTGS	Unlimited Free
6	Fund transfer through IMPS	Unlimited Free
7	SMS Alert Charges	Unlimited Free
8	Demand Draft	Unlimited Free
9	Locker Operation	Unlimited Free
10	Concession on Locker Rent	15%
11	Minimum Balance	Nil
12	Stop Payment Instruction Charges	Free
13	Utility Bill Payment, online Tax payment	Free
14	Temporary Salary Overdraft	2 Months of Net Salary
15	Credit Card	Issuance Charges- Free
16	Family Savings Account with Spouse	Zero Balance Savings Account
17	Personalised Cheque Book	Free- 60 leaves per year
18	Waiver in Processing Charges	100% waiver in Housing Loans
		100% waiver in Vehicle Loans
		100% waiver in Education Loans
		100% waiver in Mortgage Loans
19	Rate of Interest Concession in Retail Loans	Will be on a case-to-case basis based on the CIBIL Score & other credentials
20	Other Facilities	IOB Mobile Banking & Internet Banking Facilities

Annexure V

Personal Accident Claim – Escalation Matrix			
Level	Name	e-mail ID	Contact No.
1st Level	Ms. Srilatha Baiju	srilatha.baiju@universalsompo.com	8939809062
	Mr. Harshad Bagwe	harshad.bagwe@universalsompo.com	8097482700
2nd Level	Mr. Yogendra Mohite	yogendra.mohite@universalsompo.com	9321962977

The details of escalation matrix to assist the claimant and servicing Term Insurance

1.	Sr Branch Manager (P&GS) LIC Of India, Chennai P&GS Unit, 153, Anna Salai, Chennai, Tamil Nadu, 044-28604030 r.arunachalam@licindia.com
2.	Life Insurance Corporation of India Pension & Group Schemes Department, Chennai Division I, 153, Anna Salai, Chennai, Tamil Nadu 044-28604197 crm.chennai-do1@licindia.com