

CLAIM FORM EMPLOYMENT PRACTICES LIABILITY INSURANCE

Please note that the Insured shall, as a condition precedent to the Insurer's liability under the Policy for Loss on account of a Claim, give to the Insurer such information and co-operation as the Insurer may reasonably require, including but not limited to the indicative information requested in this form.

Each Insured agrees not to settle or offer to settle any Claim, incur any Defence Costs or Legal Representation Costs or otherwise assume any contractual obligation or admit any liability with respect to any Claim without the Insurer's prior written consent.

Please note that the intimation is without prejudice, and the Insurer's rights are reserved.

Policy Details

1	Type of Cover:	Cyber Liability
2	Insured	
3	Policy Number	
4	Policy Period	
	From	
	To	
5	Retroactive Date	
6	Limit Of Liability	
7	Retention	

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/Close relatives/Associates of PEP*?

☐ Yes ☐ No

If yes, please give details (Nature of relationship and position held by PEP): _____

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States / Government, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations and important political party officials;".

Claim Details

9	Description of the Claim	
10	Location of Claim	
11	The nature of the alleged Wrongful Act	
12	Date of Loss	
13	The nature of the alleged damage,	
14	The names of the claimants	
15	Defendants	
16	The manner in which the Insured first became aware of the Claim	

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
601 / 602, 6th Floor, Interface Building No. 16,
New Link Road, Malad (West),
Mumbai - 400 064.

CIN : L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhivinayak Temple, Prabhadevi,
Mumbai 400 025.

CLAIM FORM EMPLOYMENT PRACTICES LIABILITY INSURANCE
Toll free no : 1800 2666
Alternate no : 8655222666 (Chargeable)
E-mail : customersupport@icicilombard.com
Website : www.icicilombard.com

UIN: IRDAN115CP0070V01201920 (Commercial)

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CIN : L67200MH2000PLC129408

Yes ☐ No ☐

1.	Type of Cover:	
2.	Insurer	
3.	Insured	
4.	Policy Period	
	From	
	To	
	Has the matter been notified to the Insurer? Yes ☐ No ☐	

Authorised Signatory