ICICI Lombard

CLAIM FORM COMMERCIAL CYBER LIABILITY INSURANCE

ISSUANCE OF THIS FORM IS NOT A PROOF OF ADMISSIBILITY OF LIABILITY Important Notice

- Please read this claim form fully before answering the questions.
- The claim form is to be completed and signed by the Insured
- All questions must be answered as fully as possible. Please use additional sheets, if necessary and copies of relevant documentation should be attached.
- Please send the completed claim form as expressed under the policy wording to the Insurer.

CLAIMANT INFORMATION

Name of the policyholder

Address

City / Town / Village

State Pin Code

Phone No. Fax Number

E-Mail Address

Website

PAN Card Details

Represented by (if applicable)

Certificate Number Loss Amount

Brief explanation of loss * (If additional space is needed for explanation attach as a separate document):

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;".

DOCUMENTS TO BE ENCLOSED IN SUPPORT OF THE CLAIM

The claim shall be accepted using the following proof of loss

1. **Lost Wages** - The basis of calculations for **Lost Wages** will be the daily rate of **Your** last drawn monthly salary. **You will** be required to provide the latest salary slip verified by the entity issuing such slip.

   For Self-employed person - The basis of calculations for **Lost Wages** will be the **Your** tax returns in the prior financial year.

   You will be required to provide the latest tax returns.
2. Direct financial loss caused by an Unauthorized Transaction -
   a. Proof of reporting to bank or credit organization;
   b. Proof that the bank or credit organization is not indemnifying such loss to You;
   c. Complaint letter acknowledged by Police;
   d. Copy of Bank Statement

3)Any other document or other information as necessary to evaluate liability under the policy

Please submit KYC documents for claim settlement amount is above INR 11akh

DETAILS OF BANK ACCOUNT

Name of Bank Account Holder

Bank Account No.

Name of Bank Branch

MICR Code (9 digit) IFSC Code (11 digit)

Saving Account ☐ Saving

I wish any payment due on the claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, it's mandatory that all payments are made to the insured only through electronic mode.

CONDONATION OF DELAY

The Company may condone delay in claim intimation/ document submission on merit, where it is proved that delay in reporting of claim or submission of claim documents, is due to reasons beyond the control of the insured.

Notwithstanding the above, delay in claim intimation or submission of claim documents due to reasons beyond the control of the insured shall not be condoned where such claims would have otherwise been rejected even if reported in time.

DECLARATION

I/We hereby agree, affirm and declare that:

a. The statements/information given/stated by me/us in this claim form are true, correct and complete.

b. The details of all persons having an interest in the property in respect of which the claim is being made are provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.

c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

d. If I/We have given/made any false or fraudulent statement / information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any right to recover there under in respect of any or all claims, past, present or future.

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

f. The above statements are in all respects true and complete and are made without any kind of reservation.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

4 DECLARATION

In case of claim or generally, the Company may be contacted at the following address:

The Manager,

Claims Department,

ICICI Lombard General Insurance Company Limited

ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025. Such notice shall be effective on the date of receipt by the Company at such address