CLAIM FORM CYBER 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	Prior and Pending Litigation	
7	Date Limit Of Liability	
8	Deductible	

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	

Estimated amount of claim

Chronology of Events

Please attach separate pages if required

Status of proceedings as on date

Other Insurance

Is there any other insurance that may be applicable to this notification? 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 ☐	

Please attach along with this Claim Intimation Form

1. Copy of the legal notice/written intimation received by the Insured
2. Any legal opinion considered by the Insured
3. Copy of the complete correspondence till date.

Declaration by the Insured

I hereby declare and warrant that to the best of my knowledge and belief the information furnished in this Claim Intimation Form is true, correct and complete and that I have not withheld any information material to this Claim Intimation Form. If I have made any untrue and/or false statement, suppressed or concealed any material fact with respect to the questions/ information sought by the Insurer in the Claim Intimation Form, my right to claim any loss under the Policy shall be forfeited. I also consent and authorize the Insurer to seek necessary information/documents from any third party who has made the claim against the Insured.

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.

For and on Behalf of

Date: D D / M M / Y Y Y Y

Place:

Authorised Signatory