

Issuing Office :

BAJAJ ALLIANZ INDIVIDUAL CYBER SAFE INSURANCE POLICY

CLAIM FORM

The issue of this form is not to be taken as an admission of liability by the Insurer nor does answering these questions imply that the insured person is making, or will make a claim.

Important information	
a.	Do not admit liability.
b.	Ensure all details regarding your Claim are provided to Bajaj Allianz General Insurance Co. Ltd. Attach a separate sheet if you have insufficient space on this form.
c.	In the event of a Claim, Bajaj Allianz General insurance Co. Ltd will: <ul style="list-style-type: none"> • Acknowledge receipt. • Advise whether further information is required to consider coverage within 10 business days following receipt of a Claim. • Following receipt of all requested information, we will advise you of our decision concerning indemnity. • If the Claim is covered, we will keep in contact with you to assist with the management of your defense.

All written communications should be forwarded to Bajaj Allianz General Insurance Co. Ltd.

Claim No. _____

Policy Details		
1.	Name of the Insured	
2.	Policy Number	
3.	Policy Period	
4.	Please select the Insuring Clause under which you want to register a Claim. (Any One)	<input type="checkbox"/> Identity Theft Cover <input type="checkbox"/> Social Media Cover <input type="checkbox"/> Cyber Stalking <input type="checkbox"/> IT Theft Loss Cover <input type="checkbox"/> Malware Cover <input type="checkbox"/> Phishing Cover <input type="checkbox"/> E-mail Spoofing <input type="checkbox"/> Media Liability Claims Cover <input type="checkbox"/> Cyber Extortion Cover <input type="checkbox"/> Privacy Breach and Data Breach by Third Party
For Claims Reported Under Insuring Clause (Identity Theft Cover; Social Media Cover)		
1.	Please mention the date and circumstances under which the Identity Theft by Cyber Attack was discovered by you.	
2.	Have you reported the discovery of your Identity Theft by Cyber Attack to the Police Authority/Cyber Cell? If Yes please provide a copy of FIR	<input type="checkbox"/> YES <input type="checkbox"/> No
3.	Has any Affected Person or Third Party lodged a claim against you for legal liability directly resulting from your Identity Theft? If Yes please provide details	<input type="checkbox"/> YES <input type="checkbox"/> No
4.	i. Have you received any court summons? If Yes please provide copy of court summons	<input type="checkbox"/> YES <input type="checkbox"/> No
	ii. Have you appointed any lawyer for your defense? If Yes please provide details	<input type="checkbox"/> YES <input type="checkbox"/> No
	iii. Have you attended any court hearings in response to the court summons? If Yes please provide the dates of court hearings and expenses incurred on transportation for attending court hearings	<input type="checkbox"/> YES <input type="checkbox"/> No
	iv. Have you incurred any expenses on photocopying of documents for submission to the court? If Yes please provide details	<input type="checkbox"/> YES <input type="checkbox"/> No
5.	Have you lodged a criminal case against Third Party for Identity Theft by Cyber Attack? If Yes please provide details of the case including the name of the lawyer appointed by you for prosecuting the criminal case	<input type="checkbox"/> YES <input type="checkbox"/> No
6.	What is the estimated claim amount?	
For Claims Reported Under Insuring Clause (Cyber Stalking Cover)		
1.	The date on which the Cyber Stalking incident first came to your knowledge?	
2.	Have you reported the incident to the Police Authority/ Cyber Cell? If Yes please provide a copy of FIR / details	<input type="checkbox"/> YES <input type="checkbox"/> No
3.	Have you lodged any criminal case against a Third Party for committing Cyber Stalking on you? If Yes please provide details of the case including the name of the lawyer appointed by you for prosecuting the criminal case	<input type="checkbox"/> YES <input type="checkbox"/> No
4.	What is the estimated claim amount?	
For Claims Reported Under Insuring Clause (IT Theft Loss Cover)		
1.	Please mention the date on which you discovered the IT Theft Loss.	

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2.	Have you reported the incident to the Police Authority/ Cyber Cell? If Yes please provide a copy of FIR / details.	<input type="checkbox"/> YES <input type="checkbox"/> No
3.	Have you lodged a claim for damages against the Financial Institution/Payment System Operator for IT Theft Loss? If Yes please provide details.	<input type="checkbox"/> YES <input type="checkbox"/> No
4.	Have you lodged a criminal case against any Third Party for your IT Theft Loss? If Yes please provide details.	<input type="checkbox"/> YES <input type="checkbox"/> No
5.	What is the estimated claim amount?	
For Claims Reported Under Insuring Clause (Malware Cover)		
1.	Please mention the date on which you discovered that the Computer System/ Digital Device was affected by entry of Malware.	
2.	Has any Affected Person or Third Party lodged a claim against you for legal liability directly resulting from entry of Malware in your Computer System? If Yes please provide details	<input type="checkbox"/> YES <input type="checkbox"/> No
3.	i. Have you received any court summons? If Yes please provide copy of court summons	<input type="checkbox"/> YES <input type="checkbox"/> No
	ii. Have you appointed any lawyer for your defense? If Yes please provide details	<input type="checkbox"/> YES <input type="checkbox"/> No
	iii. Have you attended any court hearings in response to the court summons? If Yes please provide the dates of court hearings and expenses incurred on transportation for attending court hearings	<input type="checkbox"/> YES <input type="checkbox"/> No
	iv. Have you incurred any expenses on photocopying of documents for submission to the court? If Yes please provide details	<input type="checkbox"/> YES <input type="checkbox"/> No
4.	i. Have you incurred any expenses on Restoration Cost to technically restore, retrieve or reinstall data or computer programs damaged by entry of Malware? If Yes please provide details	
	ii. Have you incurred any expense on purchasing a software license necessary to restore, retrieve or reinstall the Data or Computer Program?	
5.	Have you appointed any IT Consultant to prove the amount and extent of the covered loss? If Yes please provide details.	<input type="checkbox"/> YES <input type="checkbox"/> No
6.	What is the estimated claim amount?	
For Claims Reported Under Insuring Clause (Phishing Cover, E-Mail Spoofing Cover)		
1.	Please mention the date on which you discovered that you are a victim of Phishing and or E-Mail Spoofing.	
2.	Please describe the circumstances under which you became a victim of Phishing/E-Mail Spoofing.	
3.	Have you reported the incident to the Police Authority/ Cyber Cell? If Yes please provide details.	<input type="checkbox"/> YES <input type="checkbox"/> No
4.	Have you lodged a criminal case against Third Party for causing Direct and Pure Financial Loss to you by Phishing and or E-Mail Spoofing? If Yes Please provide details including the name of the lawyer appointed by you for prosecuting the criminal case.	<input type="checkbox"/> YES <input type="checkbox"/> No
5.	What is the estimated claim amount?	
For Claims Reported Under Insuring Clause (Media Liability Claims Cover)		
1.	Please mention the date on which you discovered that the Media Wrongful Act has occurred due to Cyber Attack.	
2.	Has any Affected Person or Third Party lodged a claim against you for legal liability directly resulting from Media Wrongful Act? If Yes Please provide details.	<input type="checkbox"/> YES <input type="checkbox"/> No
3.	i. Have you received any court summons? If Yes please provide copy of court summons	<input type="checkbox"/> YES <input type="checkbox"/> No
	ii. Have you appointed any lawyer for your defense? If Yes please provide details.	<input type="checkbox"/> YES <input type="checkbox"/> No
	iii. Have you attended any court hearings in response to the court summons? If Yes please provide the dates of court hearings and expenses incurred on transportation for attending court hearings	<input type="checkbox"/> YES <input type="checkbox"/> No

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	iv. Have you incurred any expenses on photocopying of documents for submission to the court? If Yes please provide details.	<input type="checkbox"/> YES <input type="checkbox"/> No
4.	Have you lodged a criminal case against a Third Party for causing a Media Wrongful Act by Cyber Attack? If Yes please provide details of the case including the name of the lawyer appointed by you for prosecuting the criminal case.	<input type="checkbox"/> YES <input type="checkbox"/> No
5.	What is the estimated claim amount?	
For Claims Reported Under Insuring Clause (Cyber Extortion Cover)		
1.	The date on which you received the Cyber Extortion Threat.	
2.	Have you reported the receipt of the Cyber Extortion threat to the Police Authority/ Cyber Cell? If Yes please provide a copy of FIR	<input type="checkbox"/> YES <input type="checkbox"/> No
3.	Have you lodged a criminal case against a Third Party for Cyber Extortion Threat? If Yes please provide details of the case including the name of the lawyer appointed by you for prosecuting the criminal case.	<input type="checkbox"/> YES <input type="checkbox"/> No
4.	What is the estimated claim amount?	
For Claims Reported Under Insuring Clause (Privacy Breach and Data Breach by Third Party)		
1.	Please mention the date on which you discovered that you are a victim of Privacy Breach and Data Breach?	
2.	Have you lodged a claim for damages against the Third Party for Privacy Breach and Data Breach? If Yes please provide details	<input type="checkbox"/> YES <input type="checkbox"/> No
3.	What is the estimated claim amount?	
For Claims Reported Under (Counselling Services)		
1.	Due to Cyber Attack have you consulted any psychiatrist, psychologist or counselor for treatment of stress, anxiety or such similar medical conditions? If Yes please provide details and amount of fees paid	<input type="checkbox"/> YES <input type="checkbox"/> N
	Is there any other insurance that may be applicable to the Claim notification?	<input type="checkbox"/> YES <input type="checkbox"/> N
	i. If 'Yes', please provide details	
	ii. Has this matter been notified to that insurer?	
	Is there any other information you would like to provide regarding the Claim?	

DECLARATION
By sending this form to Bajaj Allianz General Insurance Co. Ltd, I/we declare that all the particulars stated above and statements made in support thereof are true and correct to the best of my/our knowledge and belief, that no information relevant to this Claim has been withheld and that all conditions and stipulations of the policy have been complied with.

Name:
Date:

Signature of the Insured