



E@SECURE INSURANCE

CLAIM FORM

"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 Applicant.
- 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.

A. Details of the Policyholder

(a) Reported under Policy Number/ Certificate:

(b) Name & Address of the Policyholder:

(c) Phone:

Fax No.

(d) Email:

B. Details of Claim and Circumstances

(a) Date on which policyholder first become aware of facts or circumstances that might give rise to a loss.

(b) Actual date of loss: _____

(c) Date of intimation to the insurer: _____

(d) Event resulted into loss

- (i) Damage to e-reputation
- (ii) Identity theft
- (iii) Unauthorized online transactions
- (iv) E-extortion
- (v) Cyber bullying
- (vi) Email spoofing
- (vii) Phishing
- (viii) Protection of Digital Assets from malware (Optional Cover)

(e) Detailed description of the acts in chronological order which has resulted into the loss



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(f) Estimated quantum of loss: _____

(g) Provide the insurer with periodic and timely updates concurrent with activity taking place during the covered incident.

(h) Any additional details about which Policyholder wishes to advice, or which may be of interest to the insurer, so that the insurer will have a better understanding of this matter? If so, please provide details along with supporting documentation.

(i) Attach the copy of any internal or external survey/investigation and all such relevant reports, if any.

B. Bank details of the Policyholder for claim payment- Annexure- A

C. Preliminary documents required at the time of claim intimation

- a. Copy of FIR lodged with Police Authorities / Cyber cell
- b. Copies of legal notice received from any affected person/entity
- c. Copies of summon received from any court in respect of a suit filed by an affected party/entity
- d. Copies of invoices for expenses **You** incurred for the services of IT specialist
- e. Copies of invoices for expenses **You** incurred in amending / rectifying **Your Personal Information**
- f. Evidence of **Your** consultation with **Psychologist / Psychiatrist**
- g. Evidence of unpaid wages
- h. Copy of **Your** last drawn monthly salary.
- i. Evidence of expenses incurred by **You** in rectifying records regarding your identity
- j. Copies of correspondence with bank evidencing that bank is not reimbursing **You**

Based on the information submitted in the claim intimation letter, if required, we may procure more information from you depending on the facts mentioned therein up to the satisfaction of the insurer.

D. Declaration

I/We (print name in full) _____

(Position): _____

of the Policyholder and on behalf of the Policyholder declare the above answers to be true and correct AND acknowledge that the insurer may make its decision on indemnity having regard to these answers.

HDFC ERGO General Insurance Company Limited. (Formerly HDFC General Insurance Limited from Sept 14, 2016 and L&T General Insurance Company Limited upto Sept 13, 2016). CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165 - 166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Service Address: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West). MUMBAI – 400078.Tel.: +91 22 6638 3600 | Fax: 91 22 6638 3699 | care@hdfcergo.com | www.hdfcergo.com.IRDAI Reg No. 146.



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- We acknowledge: Nothing in this form amends, alters or waives any of the provisions of the policy. Acceptance of this form is not acceptance of any claim by HDFC ERGO.
- We agree that the settlement should be made in favour of and payable to the insured / beneficiary as per details mentioned in **Annexure-A**.

Signature

Date

Please attach a separate sheet wherever required for giving the details.

Note:

Send Notice of Claims To:

The Manager
Claims Department
HDFC ERGO General Insurance Company Limited
6th Floor Leela Business Park
Andheri Kurla Road, Andheri East
Mumbai-400059
India

Toll Free Helpline 1800 226 226 / 1800 2 700 700

Such notice shall be effective on the date of receipt by the Company at such address