

HDFC ERGO General Insurance Company Limited

@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

Reported under Policy Number/ Certificate:

Name

Address

City State

Pin Code Phone Mobile

Email ID

A.DETAILS OF CLAIMS AND CIRCUMSTANCES

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

Actual Date of Loss Date of intimation to the insurer

- Event resulted into loss
- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Damage to e-reputation | <input type="checkbox"/> Identity theft | <input type="checkbox"/> Unauthorized online transactions | <input type="checkbox"/> E-extortion |
| <input type="checkbox"/> Cyber bullying | <input type="checkbox"/> Email spoofing | <input type="checkbox"/> Phishing | <input type="checkbox"/> Protection of Digital Assets from malware (Optional Cover) |

Detailed description of the acts in chronological order which has resulted into the loss _____

Estimated quantum of loss _____

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

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.

Attach the copy of any internal or external survey/investigation and all such relevant reports, if any _____
