HDFC ERGO General Insurance Company Limited

Proposal Form

HDFC ERGO Cyber Sachet Insurance - Group

Application No. _____

1. Please fill the form in BLOCK LETTERS.
2. Please answer all the questions fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words while writing address.

Our liability does not commence until the acceptance of the proposal has been formally intimated to the **Insured Person** and full premium has been realized by **Us**.

For Office Use Only	
Imd Code	
Imd Name	
Mobile No.	

APPLICANT DETAILS

Name of Proposer:

Address:

Industry Type: ☐ Jewellery ☐ import-export ☐ mining ☐ shipping scrap dealing ☐ real estate ☐ agriculture ☐ stock broking ☐ BFSI ☐ manufacturing ☐ others, please specify _____

Organisation Type: ☐ Government ☐ Pvt Ltd. ☐ Public Ltd. ☐ Proprietor ☐ Partnership ☐ Trust ☐ HUF ☐ Section 25 Company ☐ Others, please specify _____

Income (Annual): ☐ 0-2.5 lakh ☐ 2.5 - 5 lakh ☐ 5 - 15 lakh ☐ 20-30 lakh ☐ 30 lakh and above

Income proof: _____

Group Type: ☐ Employer- Employee ☐ Non Employer-Employee

Type of Policy: ☐ Named ☐ Unnamed **Type of Cover**: ☐ All Members ☐ Voluntary

Contact No.:

Permanent Account Number (PAN No.) (Entity):

Email ID: **GST No.**

Existing CKYC Number, if any: _____

Are you a Political Exposed Person or related to Political Exposed Person: Yes/No (appropriate tick) If Yes, give details _____

Note: Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions domestically/in an international organisation/in a foreign country. This would include individuals who have or had positions of Heads of States or Government, Senior Politicians, Senior Government or Judicial or Military officers, Senior Executives of State-Owned Corporations and important Political Party Officials.

Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions

_____

DETAILS OF THE PROPOSED MEMBERS TO BE INSURED (APPLICABLE FOR NAMED POLICY)

Sr. No	Name	Age	Address	Email ID	Contact No.	Gender (M/F/TG)	Relationship with the Applicant	Nominee	GST No.
1									
2									

Please fill up the details of the Insured Members in the exact format provided above. Please attach an Annexure in this format for all members proposed to be insured under the policy.

POLICY DETAILS

Policy Period:	**From:** _____/_____/_____ (dd/mm/yyyy) **To:** _____/_____/_____ (dd/mm/yyyy)

Note: The policy period can be chosen for a tenure of up to 5 years.

Please provide the following details with respect to the proposed policy:

Total number of members to be insured		
What is the percentage of Insured members are using the following OS?	Android	
	Mac OS / iOS	
	Windows	
	Others	
	Total	**100%**
What is the percentage of Insured members having anti-virus/anti-malware installed on their phone	Installed	
	Not Installed	
	Total	**100%**

What is the average income for the group of members to be insured	
Exposure of transactions for the Cards proposed to be insured under the policy	☐ Only Domestic ☐ Domestic and International
Do you have a Cyber Security Score/Ratings from a Professional Agency (If yes, please provide details)	

COVERAGE

1. Summary of Opted Covers and Sum Insured

Sum Insured options (in INR) (Can be different for every section)							
For Up to 10,000 Sum Insured will be in multiples of 100							
For 10,000 & above, Please opt from below table:							
10,000	20,000	25,000	50,000	75,000	1,00,000	1,50,000	2,00,000
2,50,000	3,00,000	5,00,000	10,00,000	20,00,000	50,00,000	1,00,00,000	5,00,00,000

Section No.	Cover	Please tick to choose	Choose your Sum Insured – Per Section Basis (from above table)
1	Theft of Funds (Unauthorized Digital Transactions & Unauthorized Physical Transactions) Do you wish to exclude 'Unauthorized Physical Transactions' under Section 1?	☐ ☐	< INR _____ >

Section No.	Cover	Please tick to choose	Choose your Sum Insured – Per Section Basis (from above table)
2	Identity Theft	☐	< INR _____ >
3	Data Restoration / Malware Decontamination	☐	< INR _____ >
4	Replacement of Hardware	☐	< INR _____ >
5	Cyber Bullying, Cyber Stalking and Loss of Reputation	☐	< INR _____ >
6	Cyber Extortion	☐	< INR _____ >
7	Online Shopping	☐	< INR _____ >
8	Online Sales	☐	< INR _____ >
9	Social Media and Media Liability	☐	< INR _____ >
10	Network Security Liability	☐	< INR _____ >
11	Privacy Breach and Data Breach Liability	☐	< INR _____ >
12	Privacy Breach and Data Breach by Third Party	☐	< INR _____ >
13	Smart Home Cover	☐	< INR _____ >
14	Liability arising due to Underage Dependent Children	☐	< INR _____ >
15	Social Media Account – Daily cash allowance	☐	< INR _____ > / day

1. Do you want Sum Insured on Floater Basis for the covers selected (except social media account)? ☐ Yes ☐ No

   a. If Yes, please mention the single Sum Insured: INR _____

2. Please provide the financial instrument & Financial Entity you wish to have for Theft of Fund Cover:

Sr. No.	Covered Instruments	Please tick to choose
1	Net Banking	Bank Name _____ / All banks _____
2	Mobile Banking	Bank Name _____ / All banks _____
3	Credit Card	Issuer Name _____ / All Cards _____
4	Debit Card	Issuer Name _____ / All Cards _____
5	UPI	Issuer Name _____ / All Cards _____
6	Digital Wallet	Wallet name _____ /All Wallets _____
7	Prepaid Cards	Issuer Name _____ / All Cards _____
8	SMS Banking	Bank Name _____ / All banks _____
9	Whatsapp Banking	Bank Name _____ / All banks _____
10	All payment instrument (Sr. no 1 to 7)	Issuer Name _____ / Unnamed _____

OPTIONAL COVERS (FOR INDIVIDUALS ONLY)

3. Do you wish to extend the coverage opted above to the Insured's Family (except social media account)? (Family will include up to 4 members (including the Insured) residing in the same household) ☐ Yes ☐ No

If Yes, please provide the details of the family members for every Insured Member in the Annexure.

NOMINEE DETAILS

Name of Insured	Name of Nominee	Date of Birth	Relationship	Address of the Nominee

Where Nominee is a minor, give the details of Appointee:

Name of the Appointee	Relationship	Address of the Appointee

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing Cyber Insurance policies (if any):

Policy No. / Application No.	Insurer Name	Period of Insurance		Sum Insured	Claims lodged during the preceding years
		From: D D M M Y Y Y Y	To: D D M M Y Y Y Y		

PAYMENT DETAILS

Amount (INR) _____

GST (INR) _____

Premium including tax (INR) _____

Rupees in words _____

Cheque NEFT

Instrument No. _____ Instrument Date: _____

Bank Account No. _____

Account Type: ☐ Savings ☐ Current ☐ Other. If others, please specify _____

Branch Name & Address: _____

IFSC Code _____ MICR Code _____

Bank details for refund of premium in case of cancellation to be considered as above ☐ Yes ☐ No

If No, please provide additional bank details in below provided space:

Bank Account No. _____

Account Type: ☐ Savings ☐ Current ☐ Other. If others, please specify _____

Branch Name & Address: _____

_____

IFSC Code _____ MICR Code _____

Sources of Fund:

Salary _____ Business _____ Other _____

I wish: ☐ Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*

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

Note:

1. Please provide a cancelled copy of cheque of your bank account.
2. The Company will not be responsible in case of non-credit or delay in processing of payout due to incomplete/ incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

VERNACULAR DECLARATION / ASSISTANCE DECLARATION

Declaration in case the proposal is filled other than the Proposer/ the proposer sign in vernacular language/ proposer is illiterate or having disability and requires assistance in completing the proposal form (to be certified by someone other than agent/employee of the company)

(The content of this form and its particulars have been explained by me in vernacular to the Proposer who has understood and confirmed the same.)

Name of the Translator: _____

Place: _____ _____

Date: _____ Signature of the Translator/ Reprensetative

Name of the Translator: _____

Place: _____ _____

Date: _____ Signature of the Proposer

DECLARATION & WARRANTY ON BEHALF OF INSURANCE COMPANY

ANTI-FRAUD WARNING:

This policy shall be voidable at the option of the Company in the event of mis- representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

ANTI- MONEY LAUNDERING:

The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

SHARING OF INFORMATION CLAUSE:

The information sought from the insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

ANTI REBATING WARNING:

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees.

DATA PROTECTION REQUIREMENT (BELOW DECLARATION SHOULD BE MENTIONED IN INSURED DECLARATION):

"I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Proposer and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Applicant agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Applicant by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this Policy (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment.

If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care.

DECLARATION, CONSENT& WARRANTY BY INSURED/PROPOSER/ REPRESENTATIVE (IN CASE THE PROPOSER IS DISABLED)

- I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and HDFC ERGO General Insurance Company Limited.
- We hereby authorise the Company to share/ verify the information provided by me/us pertaining to my proposal with third party, rating agencies or service provider for the purpose of underwriting the proposal, issuance of a policy or settling of a claim under the policy.
- I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.
- I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void.
- I/We undertake to exercise all reasonable and ordinary precaution for the safety as desired and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.
- I/We hereby understand, declare, consent and authorize HDFC ERGO General Insurance Company Ltd. that financial information, as provided to the Company may be utilized for processing the claim made under the Policy.
- I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance
- I/We hereby also give my/our consent voluntarily to use my PAN for the purpose of evaluating the credit score on my behalf.
- I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.
- I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds.

- I/We will abide by the provisions of IRDAI Guidelines on Group Insurance Policies dated July 14, 2005 and subsequent amendment made to it and/ or any other regulations/ guidelines issued by the IRDAI for Group Insurance Policies.
- I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- I/ We authorize the Company to process my/ our Personal as well as Sensitive information for profiling purposes and to contact me/ us for renewal of my/our policy. I/We also authorise the Company to contact me/us (including overriding my/our registration on NDNC under the extant TRAI Regulations) and to promote products to notify me/us about the services being rendered by the Company

Place: _____

Date: _____ Signature of Proposer

INTERMEDIARY DECLARATION

I,_____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Intermediary/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, Including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

Signature of Intermediary _____ Date_____

Time _____ Place _____

FOR OFFICE USE ONLY

Channel Partner Code: _____ Branch Location: _____

Signature of Channel Partner: _____

INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.