LETTER OF UNDERTAKING

| I/We | residing | | | |
|-----------------------------------|-----------------------|-------------------------------|------------------------|--|
| at | | | | |
| | having re | eceived the sum of | | |
| Rs | having re | | | |
| (Rupees | |) fro | om The New India | |
| Assurance Company Limited, Office | | towards | towards full and final | |
| | | MyCyber Insurance Policy | | |
| • | | ke to intimate the receipt of | f any such amount | |
| | • | /full, as and when the same | • | |
| and/or received by | | , | | |
| • | | | | |
| I also hereby agree | and undertake to repa | y, in full the amount of | | |
| Rs(Ru | pees | <u> </u> | | |
| | • | | | |
| |) received by | me as the value of the claim | and restrict my | |
| claim if any, to the | amount not recovered | and/or received. | | |
| Dated at | this | day of | 20 | |
| | | · | | |
| | | | | |
| | | | | |

SIGNATURE OF THE INSURED