



दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड The New India Assurance Company Limited

(भारत सरकार का उपक्रम / Government of India Undertaking)

पंजीकृत एवं प्रधान कार्यालय : न्यू इन्डिया एश्योरन्स बिल्डिंग, 87, महात्मा गांधी मार्ग, फोर्ट, मुंबई - 400 001.

Regd. & Head Office : New India Assurance Building, 87, M. G. Road, Fort, Mumbai - 400 001.

(GSTIN No. : 27AAACN4165C3ZP / IRDA Registration No. : 190 / CIN No. : L66000MH1919GOI000526)

जारीकर्ता कार्यालय / Issuing Office :

Claim Form for MyCyber Insurance Policy

(UIN No. IRDAN190RP0111V01202223)

Important Notice

- Please read the Claim form fully before answering the questions.
- The Claim Form is to be signed by the Insured.
- All questions must be answered as fully as possible.
- Please use additional sheets if necessary and attach copies of relevant documentation along with this claim form. Relevant documentation includes but is not limited to copies of :
 - a. Copy of complaint filed with the Police / Cyber Cell
 - b. Letter from the bank/ financial institution stating reason for non-admission of liability
 - c. Other relevant document, if any

If you believe you have been a victim of a cyber incident defined in the policy :

- Isolate / disconnect from the network the machine(s) that are suspected to be compromised.
- Immediately report to your Bank/Financial institution/relevant organisation.
- File an E compliant at National Cyber Crime Reporting Portal / Inform your local CERT (Computer Emergency Response Team).
- Report any incident which may lead to claim immediately to us and latest within 48 hours of occurrence of loss.
- For claim intimation, you may contact us at 1800 209 1415 or write to us at customercare.ho@newindia.co.in or contact nearest New India Assurance office

SECTION 1 : DETAILS OF THE INSURED

Full Name of the Insured : _____

Address of the Insured: _____

Contact person : _____

Telephone No : _____

Fax No : _____

Email : _____

Occupation/Business : _____

SECTION 2 : POLICY DETAILS

1. Policy Number : _____

2. Policy Period : _____

Is there any other insurance that may be applicable to this notification ? Yes [___] No [___]

If YES, please provide the following details :

Policy Holder : _____

Insurer : _____

Type of Insurance : _____

Period of Insurance : _____

Has the matter been notified to the other insurer ? Yes [___] No [___]

SECTION 3 : DETAILS OF THE CLAIM OR CIRCUMSTANCE CYBER INCIDENT

Date : _____ Time : _____ Place : _____

1. Describe fully the nature of Cyber Incident / Event

2. When and how did you first come to know the event / circumstances

3. In your opinion what is the main cause of breach

4. Have you taken any steps to prevent a similar breach

5. Was the breach reported to the police? Yes No If no, why?

6. Has the impact of the breach been assessed? If yes, by whom? Please share details

7 a. Name of the applicable/related Bank/Financial Institution

b. Loss incurred due to usage of Credit Card / Debit Card / Bank Account / Any Other (Pls specify)

_____ (Please strike off what is not applicable)

- c. Date on which the intimation regarding this loss was given to the Bank / Financial Institution _____
- d. Have you attached the letter/reply received from the Bank? Yes [___] No [___]
- e. Have you intimated this loss to any other organisation ? If Yes, please specify _____

SECTION 3 : LIST OF DOCUMENTS ATTACHED :-

1.	
2.	
3.	
4.	
5.	

SECTION 4 : DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Name of Insured : _____ Date : _____

Signature : _____ Place : _____