

REGD & HEAD OFFICE: NO. 24, WHITES ROAD, CHENNAI - 600 014

UNITED CYBER KAVACH INSURANCE POLICY PROPOSAL FORM

Important: This proposal for insurance will be the basis of any subsequent insurance policy that United India Insurance Company Ltd ["Company"] issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us. The insurance cover does not commence until the proposal is accepted and premium paid.

			PROPOSER DETAILS	
1.	Name of t	the Proposer (in full):		
2. 5.		Male Female Others 3. I	Date of Birth:	4. Marital Status:
	Mobile Education Period of D. Family E		vered	
	Sr. No.	Name	Age	Relationship with Proposer
12	a) Leve	answers the following questions el of Authentications used a. Multi-factor Authentication b. Single factor Authentication c. No Authentication d. Other Details / Remarks		
	·	virus Availability a. Paid Antivirus b. Free Antivirus c. No Antivirus d. Other Details / Remarks		



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13.	Plea	Please select from the following plan:					
	a.	PLAN A					
	b.	PLAN B					
	C.	PLAN C					
14.	Hav	ive you been a victim of any of the proposed covers in the past?	es 🗌	No 🗌			
	a.	If answer to above question is yes, please give details	_				
	b)) Did you report the occurrence of the incident to the Police Authorities	5?				
15.		e you aware at the time of proposal of any prior act, event or circumsta e above insuring clauses? Yes No	nces whi	ch is likely to give rise to a claim under any of			
		e you presently insured against cyber risk? Yes No No swer to above question is yes, give details of existing policy/policies if a	nny				
17.	Has	s any company/Insurer in respect of Insurance					
		Declined your Proposal?	Yes				
		Cancelled or refused to renew your policy?		No			
		Accepted your proposal on special terms and conditions?	Yes	No			
18.		Are you frequently backing up your computer data to either the cloud	or an ex	ternal hard drive?			
19. INR		Have you established a call-back procedure or alternative method to a 2000 with your financial service provider and other relevant representati		· · ·			
20. evei		Do you use distinct and robust passwords (with a minimum of eight challing financial account you utilize?	naracters	, including numbers and special characters) for			
21. activ		Do you regularly examine your bank, credit card, and other financial a or are you subscribed to an identity theft monitoring service?	ccount st	catements each month for signs of fraudulent			
22. puri		Have you experienced identity theft in the past year, defined as some es such as opening credit accounts? (Note: Fraudulent credit card charge	_				
23. frau		Have you fallen victim to online fraud in the past year, involving the thent online methods such as wire or bank account transfers?	neft of mo	oney or valuable property through deceptive or			
24. part		Within the last 12 months, has any of your computing devices been su or fully locked with an extortion demand?	bject to	a ransomware attack, where your system was			



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	within the past year, has any of your computing devices been affected by a virus, nacking incident, or other cyberattack ing in damage or destruction of data, software, or operating systems, including desktops, laptops, phones, printers, or connected devices?
26.	Additional Information (If Any)

Declaration:

- 1. I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.
- 2. I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
- 3. I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
- 4. I/We hereby give voluntary consent to UIIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.
- 5. I/We agree for AML (Anti Money Laundering) Declaration applicable as selected from below:

1. AML DECLARATION FOR RETAIL POLICIES/INDIVIDUAL CUSTOMERS:

Yes / No

Please Select

	1.0000 00.000
1.	Declaration for Politically Exposed Person (PEP) to be added in proposal form:
	Are you or any of the proposal applicants a PEP* or a close relative of PEP*?
	If yes, please share the details

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc."

2. Consent/Declaration to be added in proposal and claim for CKYC no.:

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

3. Consent/Declaration to be added in proposal for Premium paid from own funds:

I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

2. AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER:



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4	Declaration for PEP to be add		
1.	Declaration for PEP to be added in proposal form: Are you or any of the proposal applicants a PEP* or a close relative of PEP*?		
	If yes, please share the detail		
	in a foreign country, e.g., F	' (PEPs) are individuals who are or have been entrusted with prominent public function leads of States/Governments, senior politicians, senior government/juridical /militar state-owned corporations, important political party officials, etc."	
2.	I/we hereby give my/our con	dded in proposal and claim for CKYC no.: sent to the Company to verify and obtain my/our identity/address proof through Centra ervice Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depositor se of undertaking KYC.	
3.	I/we hereby declare and con	dded in proposal for Premium paid from own funds: Ifirm that the premium has been paid out of legally acquired sources of income and the will continue to be paid out of legally declared and assessed source of income.	
Date: Place:		Signature of Proposer Name:	
No person sha an insurance i payable or an	in respect of any kind of risk rel y rebate of the premium showr	TION OF REBATES r directly or indirectly, as an inducement to any person to take out or renew or continue lating to lives or property in India, any rebate of the whole or part of the commission in on the policy, nor shall any person taking out or renewing a policy accept any rebate, ordance with the published prospectus or tables of the insurer.	
	MAKING FAULT IN COMPLYING EN LAKHS RUPEES.	WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MA	
ANY PERSON I	MAKING FAULT IN COMPLYING		