



UNITED INDIA INSURANCE COMPANY LIMITED

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

UNITED CYBER SECURE POLICY 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

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

Date of intimation to the insurer

Actual Date of Loss

Event resulted into loss

- Damage to e-reputation
 Identity theft
 Unauthorized online transactions
 E-extortion
 Cyber bullying Email
 spoofing Phishing
 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 advise, or which may be of interest to the insurer will be a better understanding of this matter. If provide details along with supporting documentation.

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

B. BANK DETAILS OF THE POLICYHOLDER FOR CLAIM PAYMENT

Annexure- A

PAN NO

ACCOUNT NO.:

BANK NAME AND BRANCH

CHEQUE / DD PAYABLE DETAILS

IFSC CODE:

C. PRELIMINARY DOCUMENTS REQUIRED AT THE TIME OF CLAIM INTIMATION

- a. Copy of FIR lodged with Police Authorities / Cyber cell
- b. Copies of legal notice received from any affected person/entity
- c. Copies of summon received from any court in respect of a suit filed by an affected party/entity
- d. Copies of invoices for expenses **You** incurred for the services of IT specialist
- e. Copies of invoices for expenses **You** incurred in amending / rectifying **Your Personal Information**
- f. Evidence of **Your** consultation with **Psychologist / Psychiatrist**
- g. Evidence of unpaid wages
- h. Copy of **Your** last drawn monthly salary.
- i. Evidence of expenses incurred by **You** in rectifying records regarding your identity
- j. Copies of correspondence with bank evidencing that bank is not reimbursing **You**

Based on the information submitted in the claim intimation letter, if required, we may procure more information from you depending on the facts mentioned therein up to the satisfaction of the insurer.

D. DECLARATION

I/We (print name in full) _____

(Position): _____

of the Policyholder and on behalf of the Policyholder declare the above answers to be true and correct AND acknowledge that the insurer may make its decision on indemnity having regard to these answers.

- We acknowledge: Nothing in this form amends, alters or waives any of the provisions of the policy. Acceptance of this form is not acceptance of any claim by UNITED INDIA INSURANCE CO. LTD.

DDMMYYYY

- We agree that the settlement should be made in favour of and payable to the insured / beneficiary as per details mentioned in **Annexure-A**.

Place

Date

Signature of the claimant and seal

Please attach a separate sheet wherever required for giving the details.

Note:
Send Notice of Claims To:

The Chief Manager
Claims Department
United India Insurance Company Limited
Head Office, No. 19, 6th Floor,
Nungambakkam High Road,
4th Lane, Uttamar Gandhi
Salai, CHENNAI – 600 034.

LL: +91 - 28575200

Such notice shall be effective on the date of receipt by the Company at such address
