

PERSONAL CYBER RISKS POLICY CLAIM FORM

PLEASE DO NOT ADMIT LIABILITY TO THE INJURED PARTY

Important information

a. Ensure all details regarding your Claim are provided to **Generali Central Insurance Company Limited**.

b. Attach a separate sheet if you have insufficient space on this form.

c. In the event of a Claim, **Generali Central Insurance Company Limited** will:

- Acknowledge receipt.
- Advise whether further information is required to consider coverage within 10 business days following receipt of a Claim.
- Following receipt of all requested information, we will advise you of our decision concerning indemnity.
- If the Claim is covered, we will keep in contact with you to assist with the management of your defense

1. Full name and address of the insured:

2. Policy Number:

3. Policy Inception Date:

4. Policy Expiry

Date:

5. Telephone/Mobile:

6. Email:

7. Please specify under which insuring clause you want to register claim:

Basic Information applicable under all insuring clauses.

Please mention the date and circumstances loss was discovered by you?

Have you reported the discovery of your loss to the Policy Authority/Cyber Cell, please provide a copy of FIR

Has any affected Person or third Party lodged a claim against you for legal liability directly resulting from you



In case of above, please attached following:

1. Copy of court summons
2. Information on appointment of lawyer for your defense.
3. Confirmation of your attendance on any court hearing
4. Copies of document towards expenses incurred.

In case of theft Loss under any of the insuring clause, please provide proof informing service providers or proof of informing banks/Financial Institutions.

Have you incurred any expenses on Restoration Cost to technically restore, retrieve or reinstall data or computer programs damaged by entry of Malware? If Yes please provide details

Have you incurred any expense on purchasing a software license necessary to restore, retrieve or reinstall the Data or Computer Program/Mobile App?

Have you appointed any IT Consultant to prove the amount and extent of the covered loss? If Yes please provide details.

Due to Cyber Attack have you consulted any psychiatrist, psychologist or counselor for treatment of stress, anxiety or such similar medical conditions? If Yes please provide details and amount of fees paid

Please indicate the estimated expenses incurred

DECLARATION

By sending this form to **Generali Central Insurance Company Limited**, I/we declare that all the particulars stated above, and statements made in support thereof are true and correct to the best of my/our knowledge and belief, that no information relevant to this Claim has been withheld and that all conditions and stipulations of the policy have been complied with.

Date:

Place:

Signature of applicant

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800