

# SBI General Insurance Company Limited



Call (Toll Free)  
1800 22 1111/ 1800 102 1111  
[www.sbigeneral.in](http://www.sbigeneral.in)

Corporate Office: Fulcrum Building, 9<sup>th</sup> Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099.

## **CYBER DEFENSE INSURANCE CLAIM FORM**

### **ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

#### **Important Notice**

- o Please read this claim form fully before answering the questions.
- o All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- o Please send the completed claim form, as soon as possible to us
- o Appointment of legal representatives should not occur without our prior consent.

Policy Number \_\_\_\_\_ Period of Insurance \_\_\_\_\_ to \_\_\_\_\_

Claim Number \_\_\_\_\_ Retroactive date, if any: \_\_\_\_\_

Policy		
1.	Name of the Insured	
2.	Policy Number	
3.	Policy Period	
4.	Please select the COVER under which you want to register a Claim. (Any One)	<ul style="list-style-type: none"><li>o Privacy Breach</li><li>o System Damage</li><li>o Business Interruption</li><li>o Computer Virus Transmission and Hacking</li><li>o Multimedia Liability</li><li>o Breach of Statutory Duties Relating to E-Commerce</li><li>o Cyber Extortion Cover</li></ul>
<b>Please Answer the Following</b>		
1.	Please mention the date and circumstances under said loss due to Cyber Event was discovered by you.	
2.	Have you reported the Cyber Event to the Police Authority/Cyber Cell? If Yes, please provide a copy of FIR	<input type="checkbox"/> YES <input type="checkbox"/> No
3.	Has any Affected Person or Third Party lodged a claim against you for legal liability directly resulting from Cyber Event If Yes, please provide details	<input type="checkbox"/> YES <input type="checkbox"/> No
4.	i. Have you received any court summons? If Yes, please provide copy of court summons	<input type="checkbox"/> YES <input type="checkbox"/> No
	ii. Have you appointed any lawyer for your defense? If Yes, please provide details	<input type="checkbox"/> YES <input type="checkbox"/> No

	iii. Have you attended any court hearings in response to the court summons? If Yes, please provide the dates of court hearings and expenses incurred on transportation for attending court hearings	<input type="checkbox"/> YES <input type="checkbox"/> No
	iv. Have you incurred any expenses on photocopying of documents for submission to the court? If Yes, please provide details	<input type="checkbox"/> YES <input type="checkbox"/> No
5.	Have you lodged a criminal case against Third Party for Cyber Event? If Yes, please provide details of the case including the name of the lawyer appointed by you for prosecuting the criminal case	<input type="checkbox"/> YES <input type="checkbox"/> No
6.	What is the estimated claim amount?	

**Please explain the circumstances of the Cyber Event:**

**A. DETAILS OF OTHER INSURANCE/INTEREST**

Is the loss/damage covered under any other Insurance  (Yes)  (No), If 'Yes', specify details and attach a copy of the policy

Name of Insurer: \_\_\_\_\_

Address \_\_\_\_\_

Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_\_ to \_\_\_\_\_

Sum Insured (Rs.) \_\_\_\_\_

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 make in any further declaration, the Company may require in respect of the said accident, 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, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

I/We have received a list of documents with this Claim form and have understood the entire requirement to be fulfilled for administration of this claim and the Company shall not be held responsible for any delay in settlement of claim due to non- fulfilment of requirements including the documents as mentioned in the claim form.

Place:

Insured's Signature with Company Seal:

Date:

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