

Insured's Claim Ref No:

Claim Form: Cyber Security Insurance Policy

(Notification of claim or circumstance out of which a claim may arise)

The issuance of this form is not to be taken as an admission of liability. As soon as any incident is known, the incident must be notified to the Insurance Company immediately. The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given, they may be forwarded to the Company afterwards as soon as possible.

Important Notice

- Please read the Claim form fully before answering the questions.
- The Claim Form is to be signed by a Partner, Director or Principal of the Insured.
- All questions must be answered as fully as possible.
- Please use additional sheets if necessary and attach copies of relevant documentation. Relevant documentation includes but is not limited to copies of your retainer, any written demands, court documents.

If you believe your business suffered a cyber-attack:

- Isolate / disconnect from the network the machine(s) that are suspected to be compromised
- Inform Security Head of your organization (directly or by phone as hacker could have access to your email)
- Inform your local CERT (Computer Emergency Response Team)
- Do a physical copy of your infected drive(s) (IT forensics and data analysis could affect data integrity that will be needed for legal proceeding / claim handling)
- Look for intrusion signs
- Call IFFCO TOKIO GIC

SECTION 1: DETAILS OF THE INSURED

Full Name of the Insured :
Address of the Insured: Postcode :
Contact person :
Telephone No :
Fax No :
Email :
Occupation/Business :

SECTION 2: POLICY DETAILS

1. Policy Number :
Policy Period :

Toll Free: 1-800-103-5499; SMS "claim" to 56161
GSTIN: 06AAACI7573H1ZG; SAC Code: 9971
Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017
Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106
Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi

2. 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 :

3. Has the matter been notified to that insurer? Yes [___] No [____]

SECTION 3: DETAILS OF THE CLAIM OR CIRCUMSTANCE

CYBER BREACH

Date: _____ Time: _____ Place: _____

1. Describe fully the nature of Cyber Attack

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 _____

DETAILS OF FIRST PARTY LOSS (OWN DAMAGE)

Describe fully your own loss or damage

Estimated cost of repair/loss

At what date and time was the last pre-breach back up made by you

Was your business partially or fully interrupted by the cyber breach? If yes, provide:

Detailed nature of the interruption _____

Estimated percentage of business impacted _____

Estimated date & time the interruption started _____

Estimated date & time the business can fully resumed _____

THIRD PARTY LOSS OR DAMAGE

Describe fully the third party loss or damage

Details of the third parties most probably impacted by the cyber breach

Estimated cost of loss/damage

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Did you already receive notice of claim? If yes please provide:

- name & address of the third party: _____
 - relationship between you and the third party: _____
 - details on loss / damage claimed: _____
 - your opinion on whether you are liable and reasons: _____
 - if in writing, please attach a copy of this notice: _____
-

SECTION 6: LIST OF DOCUMENTS ATTACHED

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

- All enquiries by the press must be handled by one representative
- Copies must be maintained of all documents being handed over to the agencies

SECTION 7: 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.

Authorized Signatory (Name) _____

Signature & Stamp _____