

CYBER INSURANCE POLICY – RETAIL CLAIM FORM

1: DETAILS OF THE INSURED

Name of the insured	
Address of insured with Pincode	
Nature of Occupation	
Contact person	
Contact Number	
Email ID	
FAX No	

2: POLICY DETAILS

Policy Number		
Policy Period		
Any other insurance policy applicable to said notification	Yes	No
Policy holder name		
Period of insurance		
Type of policy		
Insurer's Name		

3. Description of loss

Date	
Time	
Place	

4. Circumstances of the cyber-attack:

5. When was loss discovered?

6. What is the supposed cause of Cyber-attack? What measures were taken to control the situation

7. Coverage particulars triggered		Whether directly paid by 1st party	Incurred by insured
1	Theft of Funds		
2	Identity Theft		
3	Data Restoration / Malware Decontamination		
4	Cyber Bullying, Cyber Stalking and Loss of Reputation		
5	Cyber Extortion		
6	Online Shopping		
7	Online Sales		
8	Social Media and Media Liability		
9	Network Security Liability		
10	Privacy Breach and Data Breach Liability		
11	Privacy Breach and Data Breach by Third Party		
12	Smart Home Cover		

8. Was the said matter reported to Police	
Yes	
Details of FIR (First Information Report)	
No, if no then why	

9. Details of the projected loss? Estimated claim?

10. Whether any payment has been made by you to the claimant/plaintiff, if so please share details and return deductible amount

11. List of documents attached

1	
2	
3	
4	
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12. Declaration

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.

. I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.

3. I/We have read and understood the privacy policy of the Company at www.universalsompo.com and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.

4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.

5. I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.

6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place: _____

Date: _____

Authorised Signatory

Grievances

If You have any grievance about any matter relating to the policy, or Our decision on any matter, or Our decision about Your claim, You can pursue Your grievance with

1. Our Grievance Redressal Officer

You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address:

Grievance cell,

Universal Sompo General Insurance Co.Ltd, Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut no 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai – 400708

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Emails – grievance@universalsompo.com
- Designated Grievance Officer in each branch.
- Company Website – www.universalsompo.com

2. The Consumer Affairs Department of IRDAI—You can register Your grievance on IRDAI's Integrated Grievance Management System (IGMS),
3. The Insurance Ombudsman, depending on the nature of grievance and the financial implication, if any, or
4. The Consumer Protection Forum or the Court.
5. You can find more details about Insurance Ombudsmen at www.ecoi.co.in or www.irdai.gov.in.

Contact Details

- **Website:** www.universalsampo.com
- **Toll Free Numbers:** 1800-22-4030, 1800-200-4030
- **Landline Numbers:** (022)-39635200 (Chargeable)
- **E-mail :** contactus@universalsampo.com
- **Courier:** Universal Sampo General Insurance Co. Ltd. Unit No.601 & 602, 6th floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai - 400708