



PROPOSALFORM(GROUP)

HDFC ERGO CYBER SACHET INSURANCE

Application No _____

1. Please fill the form in BLOCK LETTERS.
2. Please answer all the questions fully and correctly. If a particular question is not applicable to you please mark that question as not applicable "N/A". Please leave one box blank between two words while writing address.

Our liability does not commence until the acceptance of the proposal has been formally intimated to the Insured Person and full premium has been realized by Us.

For Office Use Only		
Intermediary Code	Intermediary Name	Intermediary Number

APPLICANT DETAILS

Name of the Proposer:

Address:

Nature of Business:

Group Type: Employer- Employee Non Employer-Employee

Type of Cover: All Members Voluntary

Contact No Permanent Account number (PAN No.)(Entity):

Email ID:

GST NO.

DETAILS OF THE PERSONS PROPOSED TO BE INSURED

S. No	Name	Age	Address	Email ID	Contact No	Gender (M/F/TG)	Relationship with the Applicant	Nominee	ABHA ID (if available)
1									
2									
3									
4									
5									
6									

Please fill up the details of the Insured Members in the exact format provided above. Please attach an Annexure in this format for all persons proposed to be insured under the policy.

POLICY DETAILS

Policy Period	From: __/__/____ (dd/mm/yyyy)	To: __/__/____ (dd/mm/yyyy)
---------------	-------------------------------	-----------------------------

Please provide the following details with respect to the proposed policy:

TOTAL NUMBER OF PERSONS TO BE INSURED

_____ Persons

WHAT IS THE PERCENTAGE OF INSURED PERSONS ARE USING THE FOLLOWING OS?

Android	
Mac OS / iOS	
Windows	
Others	
Total	100%

WHAT IS THE PERCENTAGE OF INSURED PERSONS HAVING ANTI-VIRUS/ANTI-MALWARE INSTALLED ON THEIR PHONE

Installed	
Not Installed	
Total	100%

WHAT IS THE AVERAGE INCOME FOR THE GROUP OF PERSONS TO BE INSURED

--

Type of Card proposed to be insured under the policy	<input type="checkbox"/> Debit Cards/Netbanking <input type="checkbox"/> Credit Cards <input type="checkbox"/> Digital Wallets
Exposure of transactions for the Cards proposed to be insured under the policy	<input type="checkbox"/> Only Domestic <input type="checkbox"/> Domestic and International
Do you have a Cyber Security Score/Ratings from a Professional Agency (If yes, please provide details)	

COVERAGE

1. Summary of Opted Covers and Sum Insured

Section No.	Cover	Please tick to choose	Choose your Sum Insured – Per Section Basis (₹ 10,000 – ₹ 5,00,00,000)
1	Theft of Funds (Unauthorized Digital Transactions & Unauthorized Physical Transactions) Do you wish to exclude 'Unauthorized Physical Transactions' under Section 1?	<input type="checkbox"/> <input type="checkbox"/>	< ₹ _____ >
2	Identity Theft	<input type="checkbox"/>	< ₹ _____ >
3	Data Restoration / Malware Decontamination	<input type="checkbox"/>	< ₹ _____ >
4	Replacement of Hardware	<input type="checkbox"/>	< ₹ _____ >
5	Cyber Bullying, Cyber Stalking and Loss of Reputation	<input type="checkbox"/>	< ₹ _____ >
6	Cyber Extortion	<input type="checkbox"/>	< ₹ _____ >
7	Online Shopping	<input type="checkbox"/>	< ₹ _____ >
8	Online Sales	<input type="checkbox"/>	< ₹ _____ >
9	Social Media and Media Liability	<input type="checkbox"/>	< ₹ _____ >
10	Network Security Liability	<input type="checkbox"/>	< ₹ _____ >
11	Privacy Breach and Data Breach Liability	<input type="checkbox"/>	< ₹ _____ >
12	Privacy Breach and Data Breach by Third Party	<input type="checkbox"/>	< ₹ _____ >
13	Smart Home Cover	<input type="checkbox"/>	< ₹ _____ >
14	Liability arising due to Underage Dependent Children	<input type="checkbox"/>	< ₹ _____ >

2. Do you want Sum Insured on Floater Basis for the covers selected? Yes No

a. If Yes, please mention the single Sum Insured: ₹ _____

OPTIONAL COVERS

3. Do you wish to extend the coverage opted above to the Insured's Family? Yes No
 (Family will include up to 4 members (including the Insured) residing in the same household)

If Yes, please provide the details of the family members for every Insured Member in the Annexure.

NOMINEE/ASSIGNEE DETAILS

Name of Insured	Name of Nominee/ Assignee	Date of Birth	Relationship	Address of the Nominee/Assignee

Where Nominee is a minor, please give the details of Appointee

Name of the Appointee	Relationship	Address of the Appointee

EXISTING/PREVIOUS INSURANCE POLICY DETAILS

Please provide details of your existing Cyber Insurance policies (if any):

Policy No. / Application No.	Insurer Name	Period of Insurance	Sum Insured	Claims lodged during the preceding years
		From: DD/MM/YYYY To: DD/MM/YYYY		

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount ₹.		
Premium Payment Options - Cash / Cheque / DD / Card / Net-banking/ Payment Wallet		
Reference/Cheque No: _____	Date: DD/MM/YYYY	Bank Name _____
Amount: ₹ _____		
Credit Card/ Debit Card No _____	Expiry Date _____	
Relationship with Applicant _____		
Source of Funds Salary: <input type="checkbox"/>	Business: <input type="checkbox"/>	Others (Mention): <input type="checkbox"/>

WOULD YOU LIKE YOUR REFUND (EXCESS PREMIUM/PPC REIMBURSEMENT) BY CHEQUE# OR CREDITED DIRECTLY INTO YOUR BANK ACCOUNT?

Cheque will be issued in the name of the Proposer only.

In case of payment made through credit card there fund amount would be reversed in Credit Card account directly or through cheque. Please provide the following bank details and a copy of a Cancelled Cheque if you opt for direct credit into your bank account: (Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly)

Cheque No		Name as in Bank Account	
Bank Name		Bank Account No	
Branch Name		IFSC Code	
Cheque Date		MICR Code	
Cheque Amount for ₹			

#Note: The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.

If ECS is selected, please submit the standing instruction form available at our branches.

Go Green and Make a difference!!By choosing this option, only soft copy of Policy shall be delivered to your registered mail. The soft copy is valid for lodging claims or any other service needs. (If you require physical copy of your policy in future, please visit "Help" section on www.hdfcergo.com or contact our customer care).

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

I/We, the undersigned, declare and acknowledge:

- that I/We understand that I/We am/are required to disclose in this form, fully and faithfully, all the facts that I/We know or ought to know, otherwise the policy issued hereunder shall become voidable at the option of the Insurer.
- I/We agree that this proposal and declaration shall be promissory and shall be the basis of the contract between me/us and the Company, and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company.
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a contract of insurance is entered into, I /We am/are obliged to inform Company of any changes to any information supplied or of any new information that is relevant.
- that I/We understand that it is a condition precedent not to use any illegal software that undermine the security of the Insured's system.
- that I/We understand Company relies on the accuracy of the information and documentation supplied proposing for this insurance.
- that if a contract is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form part of such contract of insurance.
- that I/We have read and understood the important notices which form part of this proposal.
- that I/We have understood, no insurance is in force until a contract of insurance is entered into which is conditional upon acceptance of my proposal for insurance by the Company.
- that signing of this application does not bind the undersigned to purchase the insurance, but it is agreed that this proposal shall be the basis of insurance should a policy be issued and will be attached to form part of this insurance policy.
- that I/We will abide by the provisions of IRDAI Guidelines on Group Insurance Policies dated July 14, 2005 and subsequent amendment made to it and/ or any other regulations/ guidelines issued by the IRDAI for Group Insurance Policies.
- that I/We hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc
- Ayushman Bharat Health Account (ABHA) Declaration : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of HDFC ERGO and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.
- I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal

DECLARATION & WARRANTY ON BEHALF OF INSURANCE COMPANY

Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated by the Insured and full premium has been realized by the Company.

We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment).

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the Insurance Company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the Insurance Company and result in a denial of insurance benefits.

Anti-Money Laundering: The Company believes in adherence to Anti Money Laundering (AML) guidelines/rules as it aids in ensuring that financial institution like ours are not used as vehicle for money laundering. The policyholder/ nominee are thus bound to provide such information as may be required by the Company for ensuring the adherence of AML guidelines/rules.

Sharing of Information Clause: The information sought from the Insured is strictly for the purpose of policy issuance and policy servicing. This information sought and the details of policy are kept confidential and will not be shared with any external party in any circumstances whatsoever. However, in instances when such information/ details is sought by any governmental bodies / regulatory authorities or when the Company is directed to share such information in accordance with any law/ regulations or direction from any such governmental bodies / regulatory authorities, the Company will be bound to abide to such directions.

Data Protection Requirement (Below Declaration should be mentioned in Insured Declaration): "I/We hereby understand, declare, consent and authorize the Company that all details of the policy and financial information, as provided to the Company may be utilized for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance"

Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy in respect to any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹ 10 Lakhs.

Place: _____ Date: _____ Signature of the Proposer: _____

INTERMEDIARY'S DECLARATION

I, _____ (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, Including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought here in will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form/ including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the Company.

License No. (Intermediary) _____

Place: _____ Date: _____ Signature of Intermediary: _____

FOR OFFICE USE ONLY

Channel Partner Code: _____ Branch Location: _____

Signature of Channel Partner: _____



ACKNOWLEDGEMENT CUSTOMER COPY

Received from Mr. / Ms. / Mrs. _____ Reference/Cheque No: _____

Dated _____ Drawn on _____ Bank for a sum of ₹ _____

towards payment of premium on behalf of HDFC ERGO General Insurance Company Ltd.

Signature & Seal: _____

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and in time, or is not realized. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 30 days.