



## PROPOSALFORM

### HDFC ERGO CYBER SACHET INSURANCE

Application No \_\_\_\_\_

- Please fill the form in BLOCK LETTERS.
  - 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

#### DETAILS OF THE PROPOSER

Name of the Proposer:

Address:

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

Email ID:

#### DETAILS OF INSURED PERSON (IF DIFFERENT FROM PROPOSER)

Name of the Insured Person:

Address:

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

Email ID:

I have eIA (Y/N):  Yes  No I would like to apply for eIA: Karvy  CAMS  NSDL  CDSL

#### POLICY DETAILS

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

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

Please state the devices you commonly use	<input type="checkbox"/> Mobile Phone <input type="checkbox"/> Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Smart-watch <input type="checkbox"/> Others (Please mention : _____)
Please select your Occupation?	<input type="checkbox"/> Salaried <input type="checkbox"/> Business <input type="checkbox"/> Others (Please mention : _____)
Please select your Annual Income (₹)	<input type="checkbox"/> Less than 5,00,000 <input type="checkbox"/> 5,00,000 to 10,00,000 <input type="checkbox"/> 10,00,000 to 20,00,000 <input type="checkbox"/> 20,00,000 to 50,00,000 <input type="checkbox"/> Greater than 50,00,000
Do you have anti-virus software installed on your commonly used devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please confirm if you maintain confidentiality and regularly change your passwords	<input type="checkbox"/> Yes <input type="checkbox"/> No

**COVERAGE & SUM INSURED DETAILS**

Section No.	Cover	Please tick to choose	Choose your Sum Insured – Per Section Basis (Select from the table below)
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"/>	< ₹ _____ >

**SUM INSURED OPTIONS (IN ₹) (CAN BE DIFFERENT FOR EVERY SECTION)**

10,000	20,000	25,000	50,000	75,000	1,00,000	1,50,000	2,00,000
2,50,000	3,00,000	5,00,000	10,00,000	20,00,000	50,00,000	1,00,00,000	5,00,00,000

1. Do you want Sum Insured on Floater Basis for the covers selected? Yes  No   
 If Yes, please mention the single Sum Insured: (From the table above) ₹: \_\_\_\_\_

**OPTIONAL COVERAGE**

2. Do you wish to extend the coverage opted above to your Family? Yes  No   
 (Family will include up to 4 members (including you) residing in the same household)  
 If yes, please mention the relationships of the eligible family members you wish to include:  
 (Eligible family members are: Spouse, children, siblings, parents or parents-in-law, residing in the same household)  
 i. \_\_\_\_\_  
 ii. \_\_\_\_\_  
 iii. \_\_\_\_\_

**SECURITY INCIDENT AND LOSS HISTORY**

1. Are you or your family (if applicable) aware of any incidents or circumstances (currently or in the recent past) which is likely to lead to you suffering a loss or a claim being made against you which would be covered under any of the sections of this policy you applying for? Yes  No   
 If yes, please provide details of the incidents.

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**NOMINEE DETAILS**

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

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: Rs _____		
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](http://www.hdfcergo.com) or contact our customer care).

**DECLARATION & WARRANTY**

I, the undersigned, declare and acknowledge:

- that I agree to receive "Policy Schedule" only and shall access the policy terms, conditions and exclusions on the Company's website.
- that I understand that I am required to disclose in this form, fully and faithfully, all the facts that I know or ought to know, otherwise the policy issued hereunder shall become voidable at the option of the Insurer.
- that I undertake not to use any illegal software that undermine the security of my system.
- 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 am obliged to inform the Company of any changes to any information supplied or of any new information that is relevant.
- that I understand Company relies on the accuracy of the information and documentation supplied proposing this insurance.
- that if a contract is entered into, all information and documentation supplied for proposing this insurance shall be incorporated into and form part of such contract of insurance.
- that I have read and understood the important notices which form part of this proposal.
- that I 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 proposal 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 the insurance policy.
- that I 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..
- 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

Name:

Signature:

Date:

**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 HDFC ERGO 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.