

HDFC ERGO Cyber Sachet Insurance (Retail) Proposal Form

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	
Imd code	
Imd Name	
Mobile No	

DETAILS OF THE PROPOSER

Name of the Proposer:		
Address:		
Aadhar No.:		
Email Id:		
Contact No.		Permanent Account number (PAN No.)
GST No.		
Occupation:	<input type="checkbox"/> Salaried <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Retired Other (Please specify) _____	
Income (Annual):	<input type="checkbox"/> 0-2.5 lakh <input type="checkbox"/> 2.5 - 5 lakh <input type="checkbox"/> 5 - 15 lakh <input type="checkbox"/> 20-30 lakh <input type="checkbox"/> 30 lakh and above	
Income proof:		

DETAILS OF INSURED PERSON (IF DIFFERENT FROM PROPOSER)

Name of the Insured Person:		
Address:		
Aadhar No.:		
Email Id:		
Contact No.		Permanent Account number (PAN No.)
I have eIA No:	<input type="checkbox"/> I would like to apply for eIA with Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	

POLICY DETAILS

Policy Period From: DDMMYYYY To: DDMMYYYY

Please provide the following details with respect to your 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 : _____)
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

1. Summary of Opted Covers and Sum Insured

Sum Insured options (in INR) (Can be different for every section)*							
For Up to 10,000 Sum Insured will be in multiples of 100							
For 10,000 & above, Please opt from below table:							
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

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"/>	< INR _____ >
2	Identity Theft	<input type="checkbox"/>	< INR _____ >
3	Data Restoration / Malware Decontamination	<input type="checkbox"/>	< INR _____ >
4	Replacement of Hardware	<input type="checkbox"/>	< INR _____ >
5	Cyber Bullying, Cyber Stalking and Loss of Reputation	<input type="checkbox"/>	< INR _____ >
6	Cyber Extortion	<input type="checkbox"/>	< INR _____ >
7	Online Shopping	<input type="checkbox"/>	< INR _____ >
8	Online Sales	<input type="checkbox"/>	< INR _____ >
9	Social Media and Media Liability	<input type="checkbox"/>	< INR _____ >
10	Network Security Liability	<input type="checkbox"/>	< INR _____ >
11	Privacy Breach and Data Breach Liability	<input type="checkbox"/>	< INR _____ >
12	Privacy Breach and Data Breach by Third Party	<input type="checkbox"/>	< INR _____ >
13	Smart Home Cover	<input type="checkbox"/>	< INR _____ >
14	Liability arising due to Underage Dependent Children	<input type="checkbox"/>	< INR _____ > / day
15	Social Media Account – Daily cash allowance (provide per day benefit, we pay maximum up to 30 days)	<input type="checkbox"/>	< INR _____ > / day

1. Do you want Sum Insured on Floater Basis for the covers selected (Not applicable on social media account)? Yes ☐ No ☐
- a. If Yes, please mention the single Sum Insured: INR _____
2. Please chose the financial instrument you wish to have for Theft of Fund Cover:

Section No.	Covered Instruments	Please tick to choose
1	Net Banking	Bank Name _____ / All banks _____
2	Mobile Banking	Bank Name _____ / All banks _____
3	Credit Card	Issuer Name _____ / All Cards _____
4	Debit Card	Issuer Name _____ / All Cards _____
5	UPI	Issuer Name _____ / All Cards _____
6	Digital Wallet	Wallet name _____ /All Wallets _____
7	Prepaid Cards	Issuer Name _____ / All Cards _____
8	SMS Banking	Bank Name _____ / All banks _____
9	Whatsapp Banking	Bank Name _____ / All banks _____
10	All payment instrument (Sr. no 1 to 7)	Issuer Name _____ / Unnamed _____

OPTIONAL COVERAGE (FOR INDIVIDUALS ONLY)

3. Do you wish to extend the coverage opted above to your Family? (except social media account) 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

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.

NOMINEE DETAILS

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

Where Nominee is a minor, 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: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

PAYMENT & BANK ACCOUNT DETAILS

Premium Details: Amount Rs.

Premium Payment Options - Cash ☐ Cheque ☐ DD ☐ Card ☐ Net-banking ☐ Payment Wallet ☐

Reference/Cheque No:

Date:

Bank Name

Amount: Rs.

Credit Card/ Debit Card No

Expiry Date

Relationship with Proposer

Source of Funds Salary: ☐ Business: ☐ Other (Mention): ☐

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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name as in Bank Account	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bank Account No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Branch Name	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IFSC Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cheque Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MICR Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cheque Amount for ₹	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

*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.

Nationality:	Non – Indian If Non-Indian, please specify Country: <input type="text"/>
Are you a Political Exposed Person or related to Political Exposed Person: Yes/No (appropriate tick) If Yes, give details <input type="text"/>	
I have eIA No:	
I would like to apply for eIA with	Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL <input type="checkbox"/>

☐ 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

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:

D	D	M	M	Y	Y	Y	Y
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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 Rs.10 Lakhs.

Place: _____

Signature of the Proposer: _____

Date:

D	D	M	M	Y	Y	Y	Y
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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: _____

Signature of Intermediary: _____

Date:

D	D	M	M	Y	Y	Y	Y
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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

D	D	M	M	Y	Y	Y	Y
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Drawn on _____ **Bank for a sum of ₹** _____

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

Date 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.