

**LIBERTY CYBER RESOLUTION INSURANCE POLICY CLAIM FORM**

INSURED DETAILS	
Insured name	
Contact Name / Position	
Contact number & email id	
Policy details (Policy #)	

INCIDENT DETAILS	
Is this an actual or suspected cyber incident?	
Brief description of the incident Type of incident (i.e., ransomware? business email compromise? social engineering fraud?)	
Did the Insured receive a ransom note? (if so, please provide a copy.)	
Did the Insured suffer the incident or was it another entity? (e.g., a third-party vendor)	
Cause of the incident (if known)	
Identity of the threat actor (if known)	
Have you conducted any internal investigations / police / regulatory authorities' enquiries? If yes, please provide copies of relevant reports of enquiries along with correspondence exchanged	
Has there been any demand, suit or legal proceeding related to this incident that has been made against the Insured by any third party? If yes, please share all details. Also attach the notices and correspondence	
Has this claim been reported under any other Policy? If yes, please share details	
What steps (if any) have been taken to contain and mitigate the incident or prevent similar incidents re-occurring?	
What impacts has the incident had or is it expected to have on third parties? (i.e., clients, staff, suppliers etc.)?	

Bank Details

BANK DETAILS	
Instrument Type	Cheque <input type="checkbox"/> NEFT <input type="checkbox"/>
Enclose Canel Cheque/ Banker's	
Name of the Account holder	
Bank Name	
Bank Account No:	
Branch:	
IFSC Code:	

INCIDENT TIMING	
When did the incident first occur? (if known)	
When did the Insured first become aware of the incident?	
If there is a delay between the Insured discovering the incident and reporting it to Liberty, what is the reason for the delay?	

VENDORS	
<p>Who is currently assisting the Insured to respond to the incident? Is it internal or external IT support?</p> <p>(if external IT support, please provide their name and contact details)</p>	
<p>Has the Insured engaged lawyers?</p> <p>(if so, please provide their name and contact details)</p>	
<p>Has the Insured already involved any third parties/experts? (e.g. forensics, PR)</p> <p>(if so, please provide their name and contact details)</p>	
<p>Have these vendors provided any scope of work/estimates/invoices to date?</p> <p>(if so, please provide copies)</p>	
<p>Have these vendors provided any reports (interim or final) regarding the incident?</p> <p>(if so, please request a copy)</p>	

Declaration by Insured:

I/We hereby agree, affirm and declare that:
 Liberty Cyber Resolution Insurance Policy

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. 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. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be null and void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future and my / our claim shall be absolutely forfeited.
- e. The receipt of this claim form/other supporting /related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information and / or documentation in respect of the claim.

Place:

Date:

Signature of the Insured