

## LIBERTY CYBER SAFE INSURANCE POLICY CLAIM FORM

*(The issue of this form is not to be considered as an Admission of Liability)*

### 1. Details of the Insured

(a) Name & Address of Insured	
(b) Contact Person	
(c) Contact Number	
(d) Email ID	
(e) Policy Number	
(f) Period of Policy	
(g) Limit of Indemnity under Policy	
(h) Do you have any other policies covering the same incident? If yes, please give details of insurer, policy no., etc.	
(h) Is the company GST registered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide GST registration Number	

### 2. Particulars of Claim

(a) Date and time of discovery of incident	
(b) Place of incident	
(c) Describe the events of the circumstance of Claim	
(d) On which date did you first become aware of the circumstance of the Claim and how?	
(e) Who discovered the incident?	
(f) What is the estimated amount of Claim and breakup?	
(g) The Name(s) of the person(s) involved in the discovery, their address and capacity in which he/she was related to the insured	
(h) Have you conducted any internal investigations / police / regulatory authorities' enquiries? If yes, please provide copies of relevant reports of enquiries along with correspondence exchanged	
(l) 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 give all details. Also attach the notices and correspondence	

(j) Has this claim been reported under any other Policy?	
(k) Brief description of claim	

**Declaration by Insured:**

I/We hereby agree, affirm and declare that:

- 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. Further more, 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 processor rejector require further / additional information and / or documentation in respect of the claim.

Place: \_\_\_\_\_

Date: 

d	d	m	m	y	y	y	y
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Signature of the Insured

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(Chief Financial Officer / Insurance risk manager / Managing Director)