

CyberShield Group Proposal Form

Proposal form No. :

Intermediary/Agent Code _____

Application No _____

This is an application for Insurance & will form the basis of the policy certificate that we may issue. All fields of this application is mandatory. Please read all questions and answer them carefully. You must provide complete and correct information. Incomplete/incorrect/partially correct information may lead to cancellation of proposal and policy certificate even if it is issued. We are under no obligation to accept any proposal for insurance. 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 under the Policy if proposal is not accepted by us or premium is not received by us in full and in time, or non-fulfillments of additional information requested by us, or if the proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us.

Please fill-up this form in **CAPITAL LETTERS**

PROPOSER'S DETAILS

1. Name of the Policyholder
2. Address of the registered office of the Policyholder or Applicant
3. Date of Incorporation of Policyholder
4. PAN No.
5. GSTIN
6. Contact No.:
7. Email id:
8. Please select the covers you would like to opt for:

Cover	Yes/No
Digital Theft of Funds Only	
Digital Theft of Funds, E Reputation and Extortion Threat, Data Recovery & Media Liability	

9. Limit of Liability Requested:
10. Policy Period: From _____ To midnight of _____
11. Does Policyholder/Insured require a physical copy of the policy document? YES / NO

PAYMENT DETAILS

Instrument type: Cash Cheque Debit Card Credit Card Others

Please make a Crossed Cheque/DD/Pay Order in favour of 'Tata AIG General Insurance Company Limited' only.

Sources of funds: Business Other _____

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower- A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013, Maharashtra, India

24*7 Customer Support No.: 022 6489 8282

E-mail: customersupport@tataaig.com | Website: www.tataaig.com

IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425 | UIN: IRDAN108RP0001V01202122

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AML guidelines:

1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in the Prevention of Money Laundering Act, 2002.
 2. I understand that the Company has the right to call for documents to establish sources of funds.
 3. The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.
- Nationality: Indian

If Non-Indian, please specify Country:.....

Type of Organization making the payment (Please tick)

- Limited company
- Government organization
- Non-Governmental Organization (NGO)
- Society
- Trust
- Partnership
- Cooperatives
- Section 25 Company

Signature on behalf of Proposer & Date:

BANK DETAILS (REQUIRED FOR REFUND/CLAIMS)

Please provide the following details of the Policyholder's bank account.

Name of the account holder	
Name of the bank	
Branch Bank	
Account no.	
Bank IFSC code	
Account Type	<input type="checkbox"/> SB Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (please specify)

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If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached.

I hereby agree that any refund due on the premium payment/any payment/claims will be directly credited to my aforesaid Bank account.

DECLARATION & WARRANTY ON BEHALF OF PROPOSED APPLICANT TO BE INSURED

- I hereby declare, on my behalf that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of the Insured persons.

D	D	M	M	Y	Y	Y	Y
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Signature on behalf of the Proposer with official seal: _____

DECLARATION

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: _____

Name & Signature of Agent/Intermediary

Code:

Declaration with respect to Digital Personal Data Protection Act

I/We authorize the company to share information/data/details provided by me/us to any other person in connection with the proposal for the sole purpose of underwriting, Policy servicing and/or claims servicing & settlement

Signature of the Proposer: _____

AGENT 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 herein 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

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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/Corporate Agent/Broker/Relationship Officer)

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Name of the specified Person and code

Place:

Date:

Signature of Agent/ Specified person:

Declaration:

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: _____

Name & Signature of agent/specified person: _____

Code:

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same. Signature/Thumb impression of the Proposer:

Name & Signature of agent/specified person: _____

CUSTOMER ACKNOWLEDGEMENT COPY (TO BE GIVEN TO CUSTOMER)

Application Number: _____ Date: _____

Name of the Proposer: _____

We acknowledge with thanks the receipt of your application for CyberShield Group and amount by cash/cheque/Demand Draft/others of Rs._____. Neither the submission to us of a completed proposal for insurance nor any payment towards this application 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 proposal is not accepted by us or premium is not received by us in full and in time and/or non-fulfillments of additional information requested by us. We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 15 days from the date of underwriting decision on the proposal.

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Section 64VB of the Insurance Act, 1938 - As amended by Insurance laws (Amendment) Act, 2015

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

(1) 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 in respect of 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 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.

(2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Disclaimer:

Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please read policy wordings carefully, before concluding a sale.

Signature of Proposer with official seal :

Date:

Place:

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