Bajaj General Insurance Limited

(formerly known as Bajaj Allianz General Insurance Co. Ltd.)

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office & Head Office: GE Plaza, Airport Road, Yerwada, Pune - 411 006

UIN: IRDAN113RP0003V02201718

For Office Use only:

Scrutiny No	Receipt No	Policy No

For Agent Use Only:

IMD Code	Sub IMD Code	Mobile No.

Emp/ LG Code

BAJAJ GENERAL INDIVIDUAL CYBER SAFE INSURANCE POLICY : PROPOSAL FORM

Important: This proposal for insurance will be the basis of any subsequent insurance policy that Bajaj General Insurance Limited ["Company"] issue to you. It is essential that you answer fully and accurately all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us. The insurance cover does not commence until the proposal is accepted and premium paid.

PROPOSER DETAILS

1. Name of the Proposer (in full)

2. Gender: Male ☐ Female ☐ 3. Date of Birth: ☐☐☐☐☐☐☐☐ 4. Marital Status: Married ☐ Single ☐

5. Address for Communication

State	Pin Code
E mail ID	
Mobile Number	

6. Education Qualification:

Post Graduate & Doctorate	☐
Graduate and Graduate Students	☐
Non-Graduates	☐

7. Period of Insurance: From: ☐☐☐☐☐☐☐☐ To: ☐☐☐☐☐☐☐☐

8. Family Floater: Yes/ No

9. If 9 is opted, Details of family Members to be covered

Sr. No.	Name	Age	Relationship with Proposer

DARPAN DETAILS

Constitution Details

Proprietorship Firm ☐ Yes ☐ No Partnership Firm ☐ Yes ☐ No Limited Liability/Partnership Firm ☐ Yes ☐ No Company ☐ Yes ☐ No

NGO/NPO- ☐ Yes ☐ No

If Yes Specify Constitution Trust ☐ Yes ☐ No Society ☐ Yes ☐ No Section 8 Company ☐ Yes ☐ No

Provide DARPAN Portal Registration, if applicable _____ Others (Please specify) _____

10. Please answers the following questions

Questions	Select the applicable		Other Details (If Any)
a) Level of Authentications used	Multi-factor Authentication	☐	
	Single factor Authentication	☐	
	No Authentication	☐	
b) Antivirus Availability	Paid Antivirus	☐	
	Free Antivirus	☐	
	No Antivirus	☐	

11. Please select Basis of Limit for the opted covers :
    a. Independent Sum Insured for each Cover Option ☐
    b. Aggregate Policy Limit with Sub Limit for each opted Cover ☐
    If "b" is opted, Kindly specify Aggregate Policy Limit You want to opt _____

12. Please select from the following plan

Cover Options	Opt for Insured Event	Sum Insured (in ₹)	Deductible (in ₹)	Sub Limits of Aggregate Policy Limit (in %)	Territorial Limit
1. Theft of Funds		-	-	-	-
(I) Digital Theft of Funds	Yes / No	_____	_____	_____	_____
(II) Physical Theft of Funds	Yes / No	_____	_____	_____	_____
2. Identity Theft	Yes / No	_____	_____	_____	_____
3. Data Restoration / Malware Decontamination/ Hardware Replacement	Yes / No	_____	_____	_____	_____
4. Cyber Bullying, Cyber Stalking and Loss of Reputation	Yes / No	_____	_____	_____	_____
5. Cyber Extortion	Yes / No	_____	_____	_____	_____
6. Online Shopping	Yes / No	_____	_____	_____	_____
7. Online Sales	Yes / No	_____	_____	_____	_____
8. Social Media and Media Liability	Yes / No	_____	_____	_____	_____
9. Network Security Liability	Yes / No	_____	_____	_____	_____
10. Privacy Breach and Data Breach Liability	Yes / No	_____	_____	_____	_____
11. Privacy Breach and Data Breach by Third Party	Yes / No	_____	_____	_____	_____
12. Smart Home Cover	Yes / No	_____	_____	_____	_____

Extensions		
1. Loss of Professional Income	Yes / No	Rs. __ per Day up to a Maximum of ____ Days
2. Connected Vehicle Cover	Yes / No	
3. Liability Arising out of Underage Children	Yes / No	INR. _____

13. Have you been a victim of any of the proposed covers in the past? Yes ☐ No ☐

a) If answer to above question is yes, please give details _____

_____

b) Did you report the occurrence of the incident to the Police Authorities? Yes ☐ No ☐

14. Are you aware at the time of proposal of any prior act, event or circumstances which is likely to give rise to a claim under any of the above insuring clauses? Yes ☐ No ☐

15. Are you presently insured against cyber risk? Yes ☐ No ☐
If answer to above question is yes, give details of existing policy/policies if any_____

_____

16. Additional Information (If Any) _____

_____

17. Has any company/Insurer in respect of Insurance

Declined your Proposal?	Yes ☐	No ☐
Cancelled or refused to renew your policy?	Yes ☐	No ☐
Accepted your proposal on special terms and conditions?	Yes ☐	No ☐

Declaration:

1. I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.
2. I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
3. I/We agree that the issuance of Policy shall be subject to realisation of premium cheque.
4. I/We hereby give voluntary consent to Bajaj General/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.
5. I/We agree for AML (Anti Money Laundering) Declaration applicable as selected from below:

1. <u>AML DECLARATION FOR RETAIL POLICIES/INDIVIDUAL CUSTOMERS:</u>

☐ Please Select

1. Declaration for Politically Exposed Person (PEP) to be added in proposal form:
Are you or any of the proposal applicants a PEP* or a close relative of PEP*?

If yes, please share the details _____

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc."

2. Consent/Declaration to be added in proposal and claim for CKYC no.:
I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.

3. **Consent/Declaration to be added in proposal for Premium paid from own funds:**
I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

2. <u>AML DECLARATION FOR JURIDICAL PERSON/NON-INDIVIDUAL CUSTOMER:</u>

☐ Please Select

1. **Declaration for PEP to be added in proposal form:**
Are you or any of the proposal applicants a PEP* or a close relative of PEP*?

If yes, please share the details _____

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc."

2. **Consent/Declaration to be added in proposal and claim for CKYC no.:**
I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

3. **Consent/Declaration to be added in proposal for Premium paid from own funds:**
I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

Date: ☐☐☐☐☐☐☐☐ Signature of Proposer
Place: Name:

Date: ☐☐☐☐☐☐☐☐ *Signature (on behalf of the Proposer)

Place: Name:

* This is required only where, for any reason, the proposal and other connected papers are not filled by the Proposer.
***** Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.

INSURANCE ACT 1938 SECTION 41- PROHIBITION OF REBATES
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 the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.