


Cyber+ Insurance Policy (Commercial) CLAIMS FORM



Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | Cyber+ Insurance Policy (Commercial) | Product UIN: IRDAN149CP0017V01201819 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say “Hi” on WhatsApp No. 7208976789 (CF.C+.ver27.11.25)

CLAIMS FORM

CYBER+ INSURANCE POLICY (COMMERCIAL)

Policy No. _____

Claim No. _____

The issuance of this form is not to be taken as an admission of liability.

The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given. They may be forwarded to the Company afterwards as soon as possible.

1.
 - (a) Name of Insured:
 - (b) Address :
 - (c) Contact Person :
 - (d) Contact Number:
 - (e) Period of the Policy:
 - (f) Limits of Indemnity under the Policy:

2. Particulars of incident:
 - (a) Detailed note on incident:
 - (b) Date of occurrence: Time: _____ A.M./P/M.
 - (c) Place of incident:
 - (d) When did you first come to know of the incident?
 - (e) When was the incident reported to you?
 - (f) When was the claim first

notified to the Insurer?

3. Particulars of consequences of the incident:

- (a) Has any Claim been made upon You by any person? If so, state by whom and give full particulars (if the Claim has been made in writing, attach a copy of the notification received and of the bill, if submitted)
- (b) Was there a contract between the Insured and the claimant who has lodged the complaint?
If Yes, please provide a copy of the contract or details of contract.

4. Estimated amount of Claim separately under

- (i) Own Financial Loss
(ii) Financial Loss claimed by third party

5. (a) Has the incident been reported to any authority? If so, state to whom and attach a copy of the report submitted.
- (b) What action, if any, has been taken by the authority?
- (c) Give particulars of any other insurance, if any, in respect of the same risk.

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Insured's Signature : _____

Date : _____