

## **CUSTOMER INFORMATION SHEET**

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

| Sl.<br>No | Title                                                 | <b>Description</b> (Please refer to applicable Policy Clause Number in next column)                                                                  |                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Policy /<br>Clause<br>Number |  |
|-----------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--|
| 1         | Product<br>Name                                       | Per                                                                                                                                                  | Personal Cyber Risks Policy |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
| 2         | Unique Identificatio n Number (UIN) allotted by IRDAI | IRDAN132RP0001V01202021                                                                                                                              |                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
| 3         | Structure                                             | Ind                                                                                                                                                  | emnity                      |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NA                           |  |
| 4         | Interests<br>Insured                                  | Coverage under various insuring clause under Policy -Defense Cost, Direct and Pure Financial Loss, IT Consultation Services and Counselling Services |                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
| 5         | / Motor<br>Insured<br>Declared<br>Value Scope         | <<<                                                                                                                                                  | <<< INR XXXX >>>            |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
| 6         | Policy<br>Coverage                                    | -                                                                                                                                                    | 2                           | Privacy Breach and Data Breach by Third Party  Personal Social Media Cover | all Costs including legal fees incurred by the Insured for a Claim for Damages lodged by the Insured against a Third party for Privacy Breach and or Data Breach provided the Third Party has communicated in writing to the Insured or has acknowledged publicly by electronic or print media the occurrence of a Privacy Breach or a Data Breach of the Insured all Defense Costs incurred as a result of any Claim by an Affected Person or an entity for Legal liability that directly results from the Identity Theft of the Insured from a legitimate Social Media account of the Insured by Cyber Attack  Costs incurred by the Insured for prosecution | Insuring<br>Clause           |  |
|           |                                                       |                                                                                                                                                      | J                           | Personal Cyber<br>Stalking                                                 | of a criminal case against Third Party under the IT Act, and or any other applicable law prevalent in India including the relevant provisions of Indian Penal code for Cyber Stalking the Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |  |
|           |                                                       |                                                                                                                                                      | 4                           | Personal Information Technology Theft Loss Cover                           | IT Theft Loss as a direct result of an IT Theft                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |  |
|           |                                                       |                                                                                                                                                      | 5                           | Personal Malware<br>Cover                                                  | The Restoration Cost incurred due to damage caused by Malware received through SMS,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |  |



|   |                                        |                                                                                                     |                                                      |                                             |              | Internet or any oth<br>Insured's Computer<br>in information st                                                                                                     | nloaded programs from<br>her digital means by the<br>System which has resulted<br>ored in the Insured's<br>being damaged or altered or            |      |                           |
|---|----------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------|
|   |                                        |                                                                                                     | 6                                                    | Personal<br>Cover                           | Phishing     | Direct and Pure Fir                                                                                                                                                | nancial Loss sustained by g an innocent victim of an                                                                                              |      |                           |
|   |                                        |                                                                                                     | 7                                                    | Personal<br>Spoofing                        | E-mail       | Direct and Pure Fir                                                                                                                                                | nancial Loss sustained by g an innocent victim of an                                                                                              |      |                           |
|   |                                        |                                                                                                     | 8                                                    | Personal Media<br>Liability Claims<br>Cover |              | Defense Costs incurred by the Insured, arising from a Claim first made against the Insured during the Period of Insurance, if applicable, for a Media Wrongful Act |                                                                                                                                                   |      |                           |
|   |                                        |                                                                                                     | 9                                                    | Personal<br>Extortion                       |              | Cyber Extortion Loss that the Insured incurs solely and directly as a result of a Cyber Extortion Threat first occurred during the Period of Insurance.            |                                                                                                                                                   |      |                           |
|   |                                        |                                                                                                     | 10                                                   | Personal<br>Theft Co                        |              | Claim by an Affector<br>Legal liability that<br>Identity Theft of the                                                                                              | ncurred as a result of any<br>ed Person or an entity for<br>directly results from the<br>Insured other than from a<br>edia account of the Insured |      |                           |
|   |                                        |                                                                                                     |                                                      |                                             |              |                                                                                                                                                                    |                                                                                                                                                   |      |                           |
|   | Add-on<br>Cover /<br>Optional<br>Cover | Sl.<br>No.                                                                                          | ( )                                                  | over                                        |              | Coverage                                                                                                                                                           | Sum Insured                                                                                                                                       |      |                           |
| 7 |                                        | 1                                                                                                   | Personal Credit All costs in                         |                                             |              | curred by the a claim for loss of                                                                                                                                  | <<< INR XXXX >>>                                                                                                                                  |      | Optional<br>Extensio<br>n |
|   |                                        | >>><br><<<]                                                                                         | Disclaim                                             | er: Only                                    | If Opted the | en only it will refle                                                                                                                                              | ct here. >>>                                                                                                                                      |      | 11                        |
|   |                                        | << <i< td=""><td>NR XX&gt;</td><td>·&gt;&gt;</td><td></td><td></td><td></td><td></td><td></td></i<> | NR XX>                                               | ·>>                                         |              |                                                                                                                                                                    |                                                                                                                                                   |      |                           |
|   | Loss<br>Participation                  |                                                                                                     | Illustration                                         |                                             |              |                                                                                                                                                                    |                                                                                                                                                   |      |                           |
|   |                                        | _                                                                                                   | <b>Description</b> Policy SI                         |                                             |              | Amount<br>INR 1,00,00,000                                                                                                                                          |                                                                                                                                                   |      |                           |
| 8 |                                        |                                                                                                     | Claim Ar                                             |                                             |              | INR 57,00,000                                                                                                                                                      |                                                                                                                                                   | 1    | NA                        |
|   |                                        |                                                                                                     | Policy Deductible:                                   |                                             |              | 111127,00,000                                                                                                                                                      |                                                                                                                                                   | 1    |                           |
|   |                                        | 5 a                                                                                                 | 5% of the claim amount, applicable on each and every |                                             |              | INR 2,85,0                                                                                                                                                         | 00                                                                                                                                                |      |                           |
|   |                                        |                                                                                                     |                                                      |                                             |              | INK 2,83,000                                                                                                                                                       |                                                                                                                                                   |      |                           |
|   |                                        | l —                                                                                                 | Claim Net Payable amount INR 54,15,000               |                                             |              |                                                                                                                                                                    |                                                                                                                                                   | 1    |                           |
|   |                                        |                                                                                                     | •                                                    |                                             |              |                                                                                                                                                                    | respect to any Loss aris                                                                                                                          | sing |                           |
| 9 | Exclusions                             | out of, based upon or attributable to:                                                              |                                                      |                                             |              | Exclusio<br>n                                                                                                                                                      |                                                                                                                                                   |      |                           |
|   |                                        | •                                                                                                   | Disho                                                | nest or I                                   | mproper C    | onduct - Any:                                                                                                                                                      |                                                                                                                                                   |      | 11                        |



- a) Deliberate, criminal, fraudulent, dishonest or malicious act or omission; or
- b) Intentional or knowing violation of any duty, obligation, contract, law or regulation; by the Insured
- c) Any losses that are caused intentionally & against the law

Provided, however, the Insurer shall advance Defense Costs until there is

- a) Final decision of a court, arbitration panel or Regulator, or
- b) A written admission which establishes such behaviour. Following such finding the Insurer shall be entitled to repayment of any amount paid to or on behalf of the Insured under this Policy
- Bodily Injury Any actual or alleged bodily injury, sickness, mental anguish or emotional distress or disturbance, disease or death of any person howsoever caused, except as provided in the costs related to Counselling Services,
- Property Damage Any damage to or destruction of any tangible property, including loss of use thereof.
- Contractual Liability Any liability under any contract, agreement, guarantee or warranty assumed or accepted by an Insured except to the extent that such liability would have attached to an Insured in the absence of such contract, agreement, guarantee or warranty;
- Prior Acts Exclusion Any claim/loss arising out of or based upon or attributable to all insuring clauses, in which all or any part of such were committed, attempted, or allegedly committed or attempted, prior to the policy inception date mentioned in the schedule.
- Trade Secrets and Business related Intellectual Property Any actual or alleged plagiarism or infringement of any Trade Secrets, patents, trademarks, trade names, copyrights, licenses or any other form of business related intellectual property.
- War, Terrorism including Cyber Terrorism War, Terrorism, looting and Governmental Acts.
- Trading Any losses or liabilities connected with any types of purchase or sale transactions or other dealing in securities, commodities, derivatives, foreign or Federal Funds, currencies, foreign exchange, cryptocurrencies and the like.
- Pollution Any kind of Pollution.
- Celebrities Liability Coverage doesn't apply to any person/entity involved in any kind of Media/Political and Social Public Domain activities, this exclusion only applies under Personal Social Media & Media Liability Clauses.



|    |                                                        | <ul> <li>Natural Perils - Any: electromagnetic fields or radiations; including AOG (Act of God) Perils</li> <li>Unsolicited Communication - Any distribution of unsolicited correspondence or communications (whether in physical or electronic form), wiretapping, audio or video recordings or telephone marketing.</li> <li>Unauthorised Collection of Data - Any unlawful or unauthorized collection of personal Data or Client Information.</li> <li>Licensing Fees - Any actual or alleged licensing fee or royalty payment including, but not limited to, any obligation to pay such fees or royalty payments.</li> <li>Outage/Disturbance Loss - Losses due to the outage/disturbance of external networks (e.g. power, internet, cable &amp; telecommunications)</li> <li>Commercial, Political, Union or Religious Activities - Any kind of losses in connection to commercial, political or union activities, the exercise of a religious function/office and/or the membership in any club/association that is salaried and/or not for leisure.</li> <li>Immoral/Obscene Services - Any losses in connection with racist, extremist, pornographic or other immoral/obscene services, statements or representations provided made or committed by the insured</li> </ul> |  |  |  |  |  |  |
|----|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
|    |                                                        | <ul> <li>representations provided made or committed by the insured.</li> <li>Infrastructure/Mechanical Failure – arising out of, based upon or attributable to, equipment mechanical failure, telecommunication or satellite failure.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |
| 10 | Special<br>Conditions<br>and<br>warranties (if<br>any) | Satelite latitue. <<< To be fetched from policy schedule >>>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |
| 11 | Admissibilit<br>y of Claim                             | <ul> <li>Broad principle of Admissibility or Denial of claim         <ul> <li>Insurance is a contract between 2 entities &amp; loss governing contracts as well as tort shall be underlying guideline for admission or denial of claim.</li> <li>Further specific terms and conditions as well as warranties incorporated in the contract shall also play a major role</li> <li>Insured is expected to exhibit reasonable duty of due care and diligence failing with a claim may get rejected.</li> <li>Insurance is a contract of utmost good faith and any mis-declaration or omission to state material facts can prejudice a claim.</li> <li>Sample Claim Calculation</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |
|    |                                                        | Particulars Amount (in INR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |



|    |                                                          | Gross loss                                                                                                                                            |                                                              |                                        |    |  |  |  |
|----|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------|----|--|--|--|
|    |                                                          | assessed                                                                                                                                              | 100,000                                                      |                                        |    |  |  |  |
|    |                                                          | Less: excess                                                                                                                                          | 25,000                                                       |                                        |    |  |  |  |
|    |                                                          | Net assessed loss                                                                                                                                     | 75,000                                                       |                                        |    |  |  |  |
|    |                                                          |                                                                                                                                                       | ,                                                            | 233 / 1860-500-3333 / 022-             |    |  |  |  |
|    |                                                          | • Toll free / I 67837800                                                                                                                              | V RS number: 1800 220                                        | 233 / 1800-300-3333 / 022-             |    |  |  |  |
|    |                                                          | Website: https://general.futuregenerali.in/                                                                                                           |                                                              |                                        |    |  |  |  |
|    |                                                          | Email: fgclaims@futuregenerali.in                                                                                                                     |                                                              |                                        |    |  |  |  |
|    |                                                          | Details of designated company officials to be contacted in time of claim                                                                              |                                                              |                                        |    |  |  |  |
|    |                                                          | – Details of d                                                                                                                                        | esignated company offi                                       | class to be contacted in time of claim |    |  |  |  |
|    |                                                          | <<< Branch                                                                                                                                            | n Policy - Branch Mana                                       | ger & Policy Servicing Office address  |    |  |  |  |
|    |                                                          | and contact                                                                                                                                           | •                                                            | ger ee r enrej zer vienig e mier eer   |    |  |  |  |
|    |                                                          | For exampl                                                                                                                                            | e –                                                          |                                        |    |  |  |  |
|    |                                                          | -                                                                                                                                                     | nch Manager                                                  |                                        |    |  |  |  |
|    |                                                          | Ada                                                                                                                                                   | lress - Off Code- 3N, 3r                                     | d Floor, No. 310, Radhe Arcade, Near   |    |  |  |  |
|    |                                                          |                                                                                                                                                       |                                                              | ool, Maninagar, Maninagar, Gujarat     |    |  |  |  |
|    |                                                          |                                                                                                                                                       | code:380008.                                                 |                                        |    |  |  |  |
|    |                                                          | Pho                                                                                                                                                   | one: +91 079-25464166                                        | >>>                                    |    |  |  |  |
|    |                                                          | << Direct                                                                                                                                             | Policy                                                       |                                        |    |  |  |  |
| •  |                                                          | <pre>&lt;&lt;<direct grievance="" officer,<="" policy="" pre="" redressal="" –=""></direct></pre>                                                     |                                                              |                                        |    |  |  |  |
|    | Policy<br>Servicing –                                    | Ph: +91-79001 97777                                                                                                                                   |                                                              |                                        |    |  |  |  |
|    |                                                          | Email: fgcare@futuregenerali.in & fggro@futuregenerali.in,                                                                                            |                                                              |                                        |    |  |  |  |
| 10 | Claim                                                    | Address: Future Generali India Insurance Co Ltd. Unit 801 and                                                                                         |                                                              |                                        |    |  |  |  |
| 12 | Intimation 802, 8th floor, Tower C, Embassy 247 Park, L. |                                                                                                                                                       |                                                              |                                        | NA |  |  |  |
|    | and                                                      | Vikhroli (W), Mumbai - 400 083>>>                                                                                                                     |                                                              |                                        |    |  |  |  |
|    | Processing                                               |                                                                                                                                                       |                                                              |                                        |    |  |  |  |
|    |                                                          | <ul> <li>Details of procedure to be followed for reimbursement of claim</li> <li>Intimate claims immediately upon occurrence of any event.</li> </ul> |                                                              |                                        |    |  |  |  |
|    |                                                          |                                                                                                                                                       | claims@futuregenerali.in or call at our                      |                                        |    |  |  |  |
|    |                                                          |                                                                                                                                                       | nber 1800-220-233/1860                                       |                                        |    |  |  |  |
|    |                                                          |                                                                                                                                                       |                                                              | mber for all communications.           |    |  |  |  |
|    |                                                          |                                                                                                                                                       | ppointment as per regula                                     |                                        |    |  |  |  |
|    |                                                          |                                                                                                                                                       |                                                              | rchases invoices, reinstatement        |    |  |  |  |
|    |                                                          |                                                                                                                                                       |                                                              | authorities concerned, photographs &   |    |  |  |  |
|    |                                                          |                                                                                                                                                       | ocuments may be called t                                     |                                        |    |  |  |  |
|    |                                                          |                                                                                                                                                       | e any actions that may continuous anity to assess the claim. | ompromise your claim as well as deny   |    |  |  |  |
|    |                                                          | * * *                                                                                                                                                 | •                                                            | Insurance company shall confirm        |    |  |  |  |
|    |                                                          |                                                                                                                                                       | acceptance of liability.                                     | insurance company shan commin          |    |  |  |  |
|    |                                                          |                                                                                                                                                       |                                                              | AL documents are already available     |    |  |  |  |
|    |                                                          | with Insurer                                                                                                                                          | ; claims payment shall b                                     | e processed by NEFT mode of            |    |  |  |  |
|    |                                                          | payment.                                                                                                                                              |                                                              |                                        |    |  |  |  |
|    |                                                          | _ T A                                                                                                                                                 | d Time (TAT) for alots                                       | a gattlamant                           |    |  |  |  |
|    |                                                          | • Turn Aroui                                                                                                                                          | nd Time (TAT) for claim                                      | is semement                            |    |  |  |  |



|     |                                                               | S.<br>No                                                                                                                                                                                                                                                                                                                  | Stages of claim                                                                                     | Times lines for settlement of claims                                                                                                                                                     |    |  |  |
|-----|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
|     |                                                               | 1.                                                                                                                                                                                                                                                                                                                        | Appointment of surveyor, if applicable.                                                             | Immediately, in any case within 24 hours of the receipt of intimation from the insured                                                                                                   |    |  |  |
|     |                                                               | 2.                                                                                                                                                                                                                                                                                                                        | Submission of<br>survey report                                                                      | within 15 days of appointment subject to all documents required to conclude assessment being submitted on the same day of intimation. If else, 15 days from the receipt of last document |    |  |  |
|     |                                                               | 3                                                                                                                                                                                                                                                                                                                         | Settlement of claim                                                                                 | Within 7 days of receipt of survey report or 22 days from submission of all documents required to assess a claim.                                                                        |    |  |  |
|     |                                                               | Escalation Matrix when TAT is not satisfied: <u>Grievance Redressal   Future Generali</u>                                                                                                                                                                                                                                 |                                                                                                     |                                                                                                                                                                                          |    |  |  |
| 13. | Grievance<br>Redressal<br>and Policy<br>holders<br>Protection | <ul> <li>State the brief details of Protection of Policyholder's Interest - Policies Future Generali</li> <li>Details of Grievance Redressal Officer of the Insurer - fgcare@futuregenerali.in</li> <li>Bima Bharosa Portal - bimabharosa.irdai.gov.in</li> <li>Ombudsman - https://www.cioins.co.in/Ombudsman</li> </ul> |                                                                                                     |                                                                                                                                                                                          |    |  |  |
| 14. | Obligations of the Policyholder                               | filling  In case inform immed  Non-de                                                                                                                                                                                                                                                                                     | the proposal form<br>e of any change / monation the same shall<br>diately<br>lisclosure of material | dification / addition to the already declared be brought to the notice of the Insurer information may affect the claim settlement.                                                       | NA |  |  |
|     | 1 oneyholder                                                  | <ul><li>No. of</li><li>Past C</li><li>No. of</li></ul>                                                                                                                                                                                                                                                                    | nation is very subjection Handsets & Devices laims experience factive bank accounts of Profession   | ve and below are few examples:                                                                                                                                                           |    |  |  |

## Declaration by the Policyholder.

I have read the above and confirm having noted the details.

Place:



| Date:   |  |  |
|---------|--|--|
| i jare: |  |  |

(Signature of the Policyholder)

Authorized Signatory, where policyholder is a juridical person)

UIN: IRDAN132RP0001V01202021

(Stamp of the legal entity)

## **Note:**

- i. Website link for documents: <a href="https://general.futuregenerali.in/customer-service/downloads">https://general.futuregenerali.in/customer-service/downloads</a>
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.