

CYBERSECURITY INCIDENT REPORT

Report Generated: 8/7/2025, 11:01:20 pm

Company Information

Company Name:	Jayadhi
Business Address:	Not provided
Contact Person Name:	Not provided
Contact Email:	jayadhi@gmail.com
Contact Phone:	Not provided

Insurance Policy Details

Insurance Provider:	Not provided
Policy Number:	Not provided
Coverage Type:	Not provided

Incident Details

Incident ID:	INC-1751995880522
Incident Title:	Brute Force attack
Date of Incident:	2025-07-08
Time of Incident:	23:01:20
Severity Level:	Medium
Incident Type:	Malware Attack
Status:	Resolved

Description of Incident

Affected Assets:	Not provided
How was the incident discovered:	Not provided
Estimated Impact:	Not provided
Estimated Financial Loss (Rs.):	Not provided
Downtime Experienced (hours):	Not provided
Data Compromised:	Not provided
Evidence (Drive Link):	Not provided
Actions Taken:	Not provided

Law Enforcement Notification

Was law enforcement notified (Yes/No):	No
Agency Name:	Not provided
Reference Number:	Not provided

Legal Declaration

I hereby declare that the information provided above is true to the best of my knowledge and understand that false claims may lead to denial of the insurance claim.

Authorized Signatory Name:	Not provided
Designation:	Not provided
Signature (digital/typed):	Not provided