

Cyber Event Protection Claim Form

emergence

Please submit completed form to: claims@emergenceinsurance.com.au

Phone us with any questions on: 1300 799 562 [overseas: +61 2 8075 0417]

Insured details

Insured Entity	Contact Name
Phone	Email
Business Address	
Policy Number	Policyholder

Insurance broker

Broker Firm	Contact Name
Phone	Email
Broker Reference	

Third party details (if applicable)

Business Name	Contact Name
Phone	Email
Business Address	
Involvement	

Incident details

1. Have you been notified by Law Enforcement or your Bank about a potential data breach? Yes No
2. Are you being requested to perform a Payment Card Industry (PCI) Forensic Investigation? Yes No
3. Do you believe sensitive data has been compromised and that you need to confirm whether a data breach has taken place? Yes No
4. Have you received a written demand or notice of claim from a third party seeking compensation or other legal remedy? Yes No
5. Have you suffered or are you currently experiencing a ransomware attack? Yes No

Please explain the circumstances of the Cyber Event:

Please include with your claim, any information and documents you consider to be relevant.

Declaration

I/we acknowledge that:

1. All information given on this Claim Form and any attachment is true and correct and I/we have not withheld any relevant information.
2. I/We authorise the underwriter to give to, or obtain from, other insurers or any credit reference service, any information relating to insurance held by me/us or any claim in relation thereto.
3. I/We acknowledge that, where answers are provided in this Claim Form are not in my/our handwriting, I/We have checked and certify that the answers are true and correct.

Signature(s) of insured(s)

Date

Please download this form to your computer.
When completed please press submit button.

Submit