

# Cyber Event Protection Claim Form

emergence

Please submit completed form to: [emergenceclaims@au.sedgwick.com](mailto:emergenceclaims@au.sedgwick.com)

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