

## GROUP PERSONAL CYBER RISKS POLICY CLAIM FORM

PLEASE DO NOT ADMIT LIABILITY TO THE INJURED PARTY

Answer all questions fully, using additional sheets if necessary. Please also attached copies of relevant documentation, including any written communication.

This form must be completed by a Partner/Director/Principal of the Insured.

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1. Full name and address of the insured:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Policy Number: \_\_\_\_\_

3. Policy Inception Date: \_\_\_\_\_

4. Policy Expiry Date: \_\_\_\_\_

5. Retroactive Date: \_\_\_\_\_

6. Telephone: \_\_\_\_\_

7. Fax: \_\_\_\_\_

8. Email: \_\_\_\_\_

9. Full name and address of the Claimant (Party claiming against Insured) or possible Claimant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. When did the Insured perform the service out of which the claim arises or may arise?

\_\_\_\_\_

11. On what date was the allegation of negligence or the intimation of a claim (by the Claimant) first made against the insured?

\_\_\_\_\_

12. (a) Was the first intimation verbal or in writing? (if in writing please attach a copy) (b) If verbal, please give a "first person" account of conversation.

\_\_\_\_\_

13. What (if any) is the amount claimed?

\_\_\_\_\_

14. What was the Insured retained (Contracted) to do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



15. Was the Insured's retainer (contract of/for services) evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.

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16. Please provide a narrative of the facts and circumstances

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I, \_\_\_\_\_ (print name in full),  
\_\_\_\_\_ (print position in full)

Of the Insured and on behalf of the Insured declare the above answers to be true AND acknowledge that the Insurer(s) may take its/their decision on indemnity having regard to these answers.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

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