



Level 1, 40 Subiaco Square Road
Subiaco WA 6008

PO Box 887 Subiaco WA 6904

e enquiry@bruce.com.au
www.bruce.com.au

t (08) 9382 5600
f (08) 9382 3415

Cyber Event Protection Claim Form

INSURED DETAILS

Full Name

Street Address

Suburb/City

State

Postcode

Work Phone

Work Fax

Mobile

Home Phone

Email

Full Name

Contact Name

Phone

Email

Broker
Reference

THIRD PARTY DETAILS (If Applicable)

Business Name

Contact Name

Phone

Email

Business
Address

Involvement

INCIDENT DETAILS

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

Date: _____

Signature: _____

RESET

SAVE

PRINT

SUBMIT

Please click submit to send the form electronically. You will then have to select desktop email or webmail. If you use Microsoft Outlook or similar select desktop mail and a new email will automatically open with the completed PDF attached, then click send.