GENLIB
SPECIALISED INSURANCE & INNOVATIVE SOLUTIONS
FOR BROKERS

CYBER RISKS / eRISKS

CLAIM FORM

Policyholders are required to notify the **Data Breach Reporting Hotlin**e of all data security breaches.

Reports must be made both to the helpline **080-099-5555** and via email to claims@genlib.co.za

DETAILS OF POLICYHOLDER

Company Name / Full Name (if Individual)	
Policy Number	
Contact Person	
Telephone Number	
Email	

DETAILS RELATING TO THE CIRCUMSTANCE

Circumstance	
Date of incident / loss	
Details of third party (if known)	
Full Name / Company Name	
Telephone	
Email	
Detailed statement from Insured describing event giving rise to the loss, and describing what the loss is	
Without all of the above information regarding the Circumstance, we are unable to register a claim/potential claim	

#	Additional Information Required	
1	The quantum of the claim and supporting documents. If the claim has not been quantified, an estimate of the quantum	R
2	A copy of the contract governing the terms and conditions of the Insured and Third Party's relationship	
3	All correspondence exchanged between the Insured and the Third Party relating to the incident	
4	Any other documents and information which are relevant to the claim	

Please note that this is not a complete list of requirements and Insurers reserve the right to request further documents and/or information on receipt of the claim notification, and requirements may differ depending on the nature of the claim.

DECLARATION & SIGNATURE

I hereby declare that all statements made herein are true and correct and that there are no other material facts regarding the incident that should be disclosed. I further agree that if any statement or particulars herein are supplied by any person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this claim form.

Any untrue or incorrect statements in this claim form may result in the claim being rejected. I / We hereby declare that all the information given is true and correct.

Signature	
Name	
Designation	
Date	