

Cybersecurity Breach Insurance Claim Notification Form

Policyholder Information

Company Name

Contact Person

Email Address

Phone Number

Policy Number

Breach Incident Details

Date of Breach

Date Discovered

Time of Breach (if known)

Type of Breach

Description of the Incident

Impact Assessment

Systems/Data Affected

Number of Individuals Affected

Actions Taken

Law Enforcement & Regulator Notification

Notified Law Enforcement?

Notified Data Protection/Regulatory Authority?