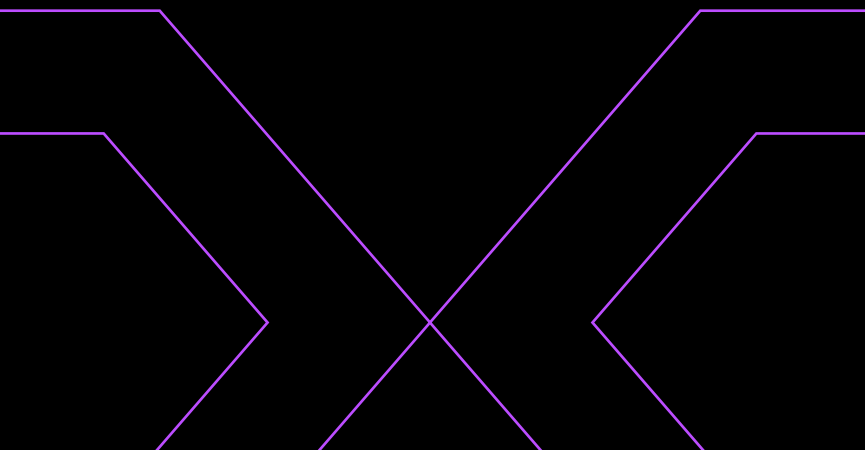




Codex TechShield Claim Form

codexinsurance.com



◀ Ensuring our Future ▶

PART 1. Policy Details

Policy Number

Insured Name

Period of Insurance

1.1 Is there any other insurance that may be applicable to the notification? Yes ☐ No ☐

If yes, please provide the following details:

Insurer Name	
Policy Number	
Type of Insurance	
Limit of Liability/Indemnity	\$
Period of Insurance	

1.2 Notification sent to the Insurer? Yes ☐ No ☐

PART 2. Contact Details

Contact Name

Principal Business Address

Phone Number

Mobile Number

Email Address

PART 3. Third Party Claimant Details

Business/Individual Name

Principal Business Address

Phone Number

Mobile Number

Law Firm Name

Legal Practitioner Name

Part 5. Technology Professional Indemnity and Cyber Liability
Third Party Claim Details

5.1

Date incident reported/discovered

5.2

Date activities relating to alleged incident occurred/performed

5.3

Incident reported by:

5.4

Incident reported to:

5.5

What is the basis of the claim (or potential claim) against you?

5.6

When were you first aware that a claim may be made against you?

5.7

Was the claim made in writing?

Yes ☐

No ☐

If no, please provide details of any conversations, when they occurred and whom they were between:

5.8

What is the total amount claimed against you?

\$

5.9

Please provide a summary of the claim and your comments regarding the allegations.

5.10

List of documents attached:

PART 6. Public And Products Liability Third Party Claim Details

6.1

Date of incident reported/discovered

6.2

Time of incident reported/discovered

6.3

Please provide a description of the accident/incident:

6.4 Please provide details of damaged property and/or injuries suffered:

--

6.5 Have you admitted responsibility/ liability for the incident? Yes ☐ No ☐

6.6 Were there any witnesses to the incident/accident? Yes ☐ No ☐

If yes, please provide the following details in relation to each witness:

	Witness #1	Witness #2
Name		
Address		
Phone Number		
Mobile Number		
Business		
Relationship (e.g. employee, family, friend, previously unknown)		

6.7 Does the claim involve a product that you manufactured or supplied to another person? Yes ☐ No ☐

If yes, please provide details:

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6.8 Were emergency services such as ambulance, police or fire brigade contacted? Yes ☐ No ☐

If yes, please provide details and attach any reports if available:

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6.9 Did the accident or injury arise out of the use of a motor vehicle? Yes ☐ No ☐

6.10 Was the motor vehicle registered or required to be registered? Yes ☐ No ☐

If unregistered, was the vehicle insured under a motor vehicle or other insurance policy? Yes ☐ No ☐

6.11 Do you believe that another party or person is responsible? Yes ☐ No ☐

If yes, please provide details:

PART 7. Cyber Crisis Response and Reimbursement First Party Loss Details

7.1 Date of incident

7.2 Please provide a detailed description of the incident:

7.3 Is the incident still ongoing? Yes ☐ No ☐
If yes, have you contacted a crisis response manager via the Codex Insurance crisis response hotline? Yes ☐ No ☐
7.4 Do you believe sensitive data has been compromised and that you need to confirm whether a data breach has taken place? Yes ☐ No ☐
7.5. Have you suffered or are you currently experiencing a ransomware attack? Yes ☐ No ☐

PART 8. Goods and Services Tax Details

8.1 Are you registered for GST purposes? Yes ☐ No ☐
8.2 What is your Australian Business Number (ABN)?
8.3 What percentage of the GST paid on the policy premium were you entitled to claim as an Input Tax Credit? %

Declaration

1. I/we, the undersigned, hereby declare that all information provided in this Claim Form and any attachments is true, correct, and complete, with no material information withheld.
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 claims in relation thereto.
3. I/we confirm that where answers in this Claim Form are not in my/our handwriting, I/we have reviewed them and certify that they are true and correct.
4. I/we acknowledge that no claim will be considered until the insurer confirms acceptance, and I/we undertake to inform the insurer of any material changes to the provided information during the assessment of the claim.
5. I/we understand that the insurer relies on the information and representations made in this Claim Form and any related communications, and, unless stated otherwise, any statement made will be treated as applicable to all relevant parties.
6. I/we have read and consent to the underwriter's Privacy Policy, agreeing to the collection, use, and disclosure of personal information as outlined therein.

Signature of Insured/s

Date

Codex Insurance Pty Ltd (ABN 40 669 032 811) ('Codex Insurance'), an Australian company and a Corporate Authorised Representative (CAR No. 1314764) of Insurance Advisernet (ABN 15 003 886 687, AFSL No. 240549), operates under an agreement with Certain Underwriters at Lloyd's of London (Lloyds), led by MS Amlin, Syndicate 2001, which provides it with the authority to effect insurance contracts, where Codex Insurance will be solely acting as an agent of Lloyds, and not acting on your behalf.