

CyberCare Liability and Privacy Insurance Claim form (For SME customers only)

Claims procedure

1. Claim submission

- Report the claim via 24-hour hotline at +852 2886 3977; **or**
- Submit this claim form by email/post:
 - claims@hk.zurich.com
 - Claims Department, Zurich Insurance Company Ltd, 26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

2. Additional claim documents

- Provide further claims documents/ information subject to requirement

3. Claim result

- Receive claim result after claim assessment

This claim form is to assist our insured in submitting a notification according to condition 8.10 Notices in the CyberCare Liability and Privacy Insurance (SME) policy. For assistance, please contact our 24-hour hotline at +852 2886 3977.

Policy no.:

1. Contact information

Name of insured

Name of contact person

Job position of contact person

Contact no. of contact person

Email address of contact person

Our company may contact you by **email** to obtain additional information to process your claim. If you would like to change the communication channel to **mail**, please ✓ the box: By mail (If you have an insurance intermediary, our company will contact you via the insurance intermediary.)

2. Incident description

Suspected date of incident

Day	Month	Year
D D	M M	Y Y Y Y

Suspected time of incident

Hour	Minute
H H	M M

(a.m./ p.m.)

Discovered date of incident

Day	Month	Year
D D	M M	Y Y Y Y

Discovered time of incident

Hour	Minute
H H	M M

(a.m./ p.m.)

Location of incident _____

Full description of the incident that might give rise to a claim or potential claim _____

Please ✓ the item(s) that you consider may be relevant to the incident:

- | | |
|---|--|
| 1. <input type="checkbox"/> Privacy breach costs | 2. <input type="checkbox"/> Security and privacy liability |
| 3. <input type="checkbox"/> Digital asset replacement expense | 4. <input type="checkbox"/> Internet media liability |
| 5. <input type="checkbox"/> Any others, please specify: _____ | |

3. Incident details

Day Month Year

Are there any claims/written demands/civil proceedings made against the insured?

No Yes, please provide details and state the date of receipt: _____

Did you report the incident to the Police/Office of the Privacy Commissioner for Personal Data/other regulator(s)?

No Yes, please provide the report and/or any witness statement(s).

Do you have any investigation report(s) prepared by external/internal investigator(s)?

No Yes, please provide the investigation report(s).

Did the incident involve any outsourced third party service provider(s)?

No Yes, please provide the relevant service agreement(s).

Type of lost data (if applicable) Please ✓ the applicable item(s)	No. of affected or potentially affected individuals	Was the lost data encrypted?	Whether the data can be deleted by using remote access control?
<input type="checkbox"/> Name(s)/Phone number(s)/Address(es)	No./Estimated no.: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> HKID and/or passport(s) information	No./Estimated no.: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Credit card(s) information	No./Estimated no.: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Login name(s) and/or password(s) information	No./Estimated no.: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Medical record(s)	No./Estimated no.: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Employment record(s)	No./Estimated no.: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Photo(s)	No./Estimated no.: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Other(s), please specify: _____	No./Estimated no.: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Any other information you would like us to consider? No Yes, please provide below:

4. Declaration and authorization

1. I/We declare that all information and particulars contained above are true and complete to the best of my/our knowledge and belief and they are made without reservation of any kind.
2. I/We understand and agree with the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd ("the Company").
 - 1) The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company may be used by the Company for the following obligatory purposes necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):
 - i. to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
 - ii. to process requests for payment, and for direct debit authorization;
 - iii. to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
 - iv. to compile statistics or use for accounting and actuarial purposes;
 - v. to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group ("Zurich Insurance Group") and conduct matching procedures where necessary;
 - vi. to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
 - vii. to collect debts;
 - viii. to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
 - ix. to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
 - 2) The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for obligatory purposes:
 - i. companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
 - ii. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
 - iii. third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
 - iv. credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
 - v. any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
 - vi. any person pursuant to any order of a court of competent jurisdiction; and
 - vii. any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners.
 - 3) All customers have the right to access, correct, or change any of their own personal information held by the Company upon request by writing to the Company's Personal Data Privacy Officer at the address below.

Personal Data Privacy Officer
 Zurich Insurance Company Ltd
 26/F, One Island East
 18 Westlands Road
 Island East
 Hong Kong

- 4) In accordance with the Personal Data (Privacy) Ordinance (Cap 486), the Company has the right to charge a reasonable fee for processing any data access request.
- 5) In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
3. I/We hereby further authorize any parties, including but not limited to police and government authorities, insurance companies ,etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about the subject or related incidents of injury, loss or damage to the Company or its agents.
4. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of insured with company chop <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> Date Day Month Year <div style="display: flex; justify-content: space-between; width: 100%;"> D D M M Y Y Y Y </div>	Signature of contact person <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> Date Day Month Year <div style="display: flex; justify-content: space-between; width: 100%;"> D D M M Y Y Y Y </div>
--	---