



## CYBERSURE LOSS OF FUNDS CLAIM FORM

### POLICYHOLDER DETAILS

Policyholder			
Policy Number		Cell Number	
Email		Tel Number (W)	
Business Address			Code

### DETAILS OF LOSS (Please tick under which section you are claiming)

Cyber Fraud	<input type="checkbox"/>	Stolen Personal Banking Information Fraud	<input type="checkbox"/>	ATM Fraud	<input type="checkbox"/>
Date of loss		Time of loss			
Address and place where the loss occurred (Please provide location if ATM fraud)					
Cause of loss (Please describe fully how the loss occurred)					
Bank		Branch		Amount Lost	
Name of account holder		Account Number			
Witness Name					
Witness Contact Details					

### INFORMATION AND DOCUMENTS REQUIRED TO ASSESS THE CLAIM

#### 1. Details of the Devise compromised

Please specify the Type of devise, IE: Cell Phone, Tablet, Laptop, Desktop?

Type		Brand	
Model		Serial Number	
Details of active internet security loaded on the compromised devise:			
Where can the devise be inspected if so required			



**2. Banking Information required**

- a. Please provide proof that you reported the incident to the bank timeously
- b. Please provide a copy of the letter stating that the bank will not reimburse the loss incurred.
- c. Please provide a letter giving us consent to verify the incident with the bank
- d. Please provide a copy of the bank statement showing the amount transferred or withdrawn

**3. Police Report**

Date and time reported the case to the Police			
Case Number		Police station	
Name of investigating officer			
Contact number of the investigating officer			

**4. Insurance covering the same event**

- a. Please provide details of any other insurance that might respond to this claim

Insurer		Policy Number	
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**PROCESSING NOTICE**

This Notice is a summary of our Privacy Policy which describes how ONE, as responsible party, process your personal information as data subject, in terms of the Protection of Personal Information Act, 4 of 2013, (POPIA). For the full version please [click here](#) or contact us for a copy.

Your personal information will be collected and processed to enable ONE to give effect to your insurance policy in the processing of your claim. The processing of your personal information is mandatory to enable ONE to investigate the validity of your claim, eliminate any duplication of the claim and to quantify a valid claim. Should you choose to not provide us with your personal information we will not be able to process your claim.

Your personal information may be shared internally with employees required to process the claim and externally with ONE’s affiliated companies, companies who supply services to ONE such as legal, administrative, and investigative services and other insurers. All third parties will only be provided with the personal information required for the purpose the information is being processed.

ONE has high levels of security in place to protect your personal information and require all third parties to comply with the standards as set out in POPIA.

You are entitled to ask ONE as responsible party for the particulars of personal information held as well as identity of any person who had access to such personal information. You may also request ONE to correct any incorrect information and to delete personal information under certain circumstances.

**DECLARATION**

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and will form the basis of the claim.

I understand that any misrepresentation or non-disclosure of material facts shall render the claim null and void. Note: a material fact is one which may influence the assessment or acceptance of your claim. If you are in doubt as to the relevance of any information, please give details.

# ONE

I understand that by signing this form, I consent to the processing of personal information for its designated purpose in terms of the POPI Act.

I confirm that I will assist ONE or their representatives in any way relevant to assess, validate and finalise this claim. I confirm that this document was completed freely and without intimidation or coercion by any party.

I confirm that the affixed signature is mine or that of my/our appointed authorised representative and that the signature binds the insured in all material respects.

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Designation