# Loss Notification Cyber

in the event of a claim, please complete this questionnaire in block letters or digitally and then send it by e-mail to schaden@conzeptas.eu or to your responsible claim manager.

**Policy .-No.** _____ **Insurer** _____

**Policyholder**

Name _____

Profession _____

Street, House no.. _____

Postal code, Town _____

phone number during the day _____

E-Mail _____

## General Information on the loss

**Claim-No.** _____

**loss occurance**

Date _____ Time _____

**Loss location**

Street, House No.. _____

Postal code, Town _____

Are you entitled to deduct input tax? ☐ yes _____ % ☐ no

**Brief damage description**

**Which servers are affected?**

| Name / Label | Function, e.g. file server, E-mail server etc. | Impairment identified | | Please indicate to what extent your servers are affected |
|---|---|---|---|---|
| | | Date | Time | |
| | | | | |
| | | | | |
| | | | | |

**Which networks or network components are affected?**

| Name / Label | Function, e.g. office network, DMZ etc. | Impairment identified | | Please indicate to what extent your network or components are open (router, etc.). |
|---|---|---|---|---|
| | | Date | Time | |
| | | | | |
| | | | | |
| | | | | |

**Which terminal devices are affected?**

| Name / Label | function, e.g. PCs. Smartphones | Impairment identified | | Please specify to what extent terminal equipment is affected |
|---|---|---|---|---|
| | | Date | Time | |
| | | | | |
| | | | | |
| | | | | |

**Which programmes are affected?**

| Name / Label | Function, e.g. Office | Impairment identified | | Please indicate to what extent programmes are affected |
|---|---|---|---|---|
| | | Date | Time | |
| | | | | |
| | | | | |
| | | | | |

**Which data are affected?**

| Name / Label | Function, e.g. customer data, invoice data | Impairment identified | | Please indicate to what extent data are affected |
|---|---|---|---|---|
| | | Date | Time | |
| | | | | |
| | | | | |
| | | | | |

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International Insurance Broker

## Loss prevention already carried out

Is the claims processing carried out by your own (internal) IT organisation? ☐ yes ☐ no

Contact details of external service providers (if commissioned)

Name, first name _____

Street, House no. _____

Postal code, Town _____

Contact for enquiries (internal/external) _____

phone no. _____

E-Mail Address _____

## Loss of earnings and additional costs

Did employees have to be sent home? ☐ yes ☐ no

What are the weekly working hours in your company? _____

Is there a time recording system? ☐ yes ☐ no

Were the employees able to reduce overtime? ☐ yes ☐ no

Could staff do other work without using IT equipment? ☐ yes ☐ no

Could orders not be completed or obligations not be met? ☐ yes ☐ no

What time-critical work had to be done? _____

Was there any additional effort to complete orders or the day's work? ☐ yes ☐ no

Please give a short description _____

_____

How did you record the extra work? _____

_____

How did you ensure that the extra effort prevented or avoided a loss of revenue?

_____

_____

Could the IT failure be compensated by overtime on the following days? ☐ yes ☐ no

## Insurances

Is there any other insurance for the damage? ☐ yes ☐ no

If so, with which company? _____

Policy-number _____

type of insurance _____

I have answered the questions in the damage report truthfully and to the best of my knowledge.

Place, date _____ Signature of policyholder _____