

Grab Auto Excess

Claim Form



SG010



Important Information

- a) This Claim form has to be completed and signed by the Policyholder.
- b) The Policyholder / Insured Person must be a registered Grab driver and the driver at the time of the accident.
- c) The Policyholder / Insured Person must either be:
 - (i) the Registered Owner of the vehicle, or
 - (ii) a Lessor of the rented vehicle under a rental vehicle agreement.
- d) In the event where a claim is made prior to the full remittance of the required premium pro-rata based on the policy period, we may, in our discretion, reduce the claims payment against any outstanding premium.
- e) We require evidence of the accidental damage to the motor vehicle which result in an excess amount paid by the Insured Person under the Policyholder / Insured Person's comprehensive motor vehicle insurance or rental vehicle agreement. The excess amount paid by the insured person must be a non-refundable and non-recoverable excess as stipulated under the insured person's comprehensive motor vehicle insurance or rental vehicle agreement. In the event where refund and/or recovery is made by the insured person or comprehensive motor vehicle insurer or rental vehicle company (collectively referred as "recoverable parties"), we reserve the rights to adjust our claims payment, to the extent of seeking recovery from any of the "recoverable parties" for any claims paid.
- f) Please refer to the list of documents required below for faster scrutiny and processing of your claim.

Section A: Particulars of Policyholder / Insured Person

Name of Policyholder / Insured Person (as shown in NRIC / FIN / Passport)

Policy No. _____ NRIC / FIN / Passport No. _____ Date of Birth DD / MM / YYYY

Address of Policyholder / Insured Person

Postal Code _____

Tel No. (Mobile) _____ Tel No. (Residence) _____

Grab Member Registration No. _____

Section B: Vehicle Details

Vehicle Registration Number _____ Make and Model _____

Is the Policyholder / Insured Person the vehicle owner of the vehicle at the time of the accident? ☐ Yes ☐ No

If Yes, please provide a copy of the comprehensive motor vehicle insurance.

If No, please provide a copy of the rental vehicle agreement.

If the vehicle has been repaired, please provide the name of the workshop which carried out the repair

Section C: Details of Loss / Accident

Date of Loss / Accident DD / MM / YYYY Time of Loss / Accident HH : MM

Location of Loss / Accident _____

Description of Loss/Accident

Did the accident occur during a Grab activity? ☐ Yes ☐ No

Details of Third Party (if applicable)

Name	NRIC / FIN / Passport No.	Vehicle No. (if applicable)

Were there any bodily injury? ☐ Yes ☐ No

If yes, please specify the injured parties.

Were there police involvement?

If yes, please provide a copy of the police report.

Do you expect any parties to file a claim against you? ☐ Yes ☐ No

If yes, please provide details.

Section D: Supporting Documents

To facilitate consideration of your claim, please ensure that you submit the essential or necessary documents together with this form as soon as available (Where applicable).

No.	Document	Yes	NA
1.	Driving Licence and / or Private Hire Car Driver Vocational Licence (PDVL) / Taxi and Private Hire Car Driver's Vocational Licence (TPDVL).	<input type="checkbox"/>	<input type="checkbox"/>
2.	Comprehensive Motor Insurance or Rental Vehicle Agreement.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Damage assessment report.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Discharge / Release Letter from the motor insurance settlement of Own Motor Damage claim with verification of motor policy deductible.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Relevant payment receipts / invoice from the motor vehicle insurance provider or authorised / licensed motor vehicle repairer showing	<input type="checkbox"/>	<input type="checkbox"/>
6.	Any reports pertaining to the accidental damage which were obtained from the police, motor insurance provider or rental vehicle company.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Singapore Accident Statement (SAS).	<input type="checkbox"/>	<input type="checkbox"/>
8.	Discharge letters or vouchers issued by the motor insurance provider or rental vehicle company.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Police report (if police report was made and / or required by law and / or motor insurance practise).	<input type="checkbox"/>	<input type="checkbox"/>
10.	Proof of payment reflecting payment of the covered excess.	<input type="checkbox"/>	<input type="checkbox"/>

Section E: Payment Details

Please provide details for payment of your claim in the event that the claim is deemed payable by Chubb.

I hereby authorise and request Chubb to pay benefit due in respect of this claim as follows:

☐ **Cheque Payment**

Payee Name (as per bank account name) _____

☐ **Electronic Funds Transfer** (for payments in SGD and to bank accounts in Singapore)

Payee Name (as per bank account name) _____

Name of Bank _____

Branch Code No. _____ Account No. _____

Note: If no name is provided, settlement will be effected to the payee as provided for under the terms of the policy.

Section F: Declaration

By signing this form, I agree that Chubb will use the information supplied here and during the formation and performance of the policy, for policy administration, customer services, claims handling and fraud analysis and prevention, and that Chubb may disclose such information to its service providers, agents, authorities and other parties for these purposes.

I authorise any person or entity to provide to Chubb or its authorised representatives, any and all information with respect to any loss and claims, police records, investigation status and results, and such personal information as Chubb in its absolute discretion considers relevant for its assessment of this claim. A photostatic copy of this authorization shall be considered as effective and valid as the original.

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration or representation shall make any false or fraudulent statements or suppress, conceal or falsely state any fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past, present or future claims shall be forfeited.

Name and Designation of Policyholder

Signature with Company Stamp
(if applicable)

Date

Name of Insured Person
(if different from Policyholder)

Signature of Insured Person

Date

Note:

Kindly submit the completed claim form in person, through your Broker, or by mail to Chubb Insurance Singapore Limited at 138 Market Street #11-01 CapitaGreen Singapore 048946. Please ensure that the relevant original copies of supporting documents are submitted as well.

Contact Us

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