

Masterpiece® Claim Form

Important Information: The information requested and documents mentioned in this form are a general guide. Further documents or information may be required depending on the circumstances of your claim. Note that failure to provide supporting documentation may result in delays in the processing of your claim. Your Policy may not provide cover under every section shown in this Claim Form. The issuance and acceptance of this form does NOT constitute an admission of liability by Chubb Insurance Singapore Limited (Chubb) or waiver of its rights.

Instruction:

Please download/save this claim form to enter your claim details.

Note: Kindly submit the completed claim form via one of the following options:

- By email: NewClaimMasterpiece.SG@Chubb.com (**Recommended**); or
- Contact your broker

Please ensure that the relevant original copies of supporting documents are submitted as well. For more information, contact us at:

- O +65 6398 8000; or
- Visit our website at www.chubb.com/sg

Important: To assist the prompt settlement of your claim, please attach repair and/or replacement quotes/invoices for the items claimed.

Section A: Particulars of Policyholder/Insured Person

Name of Policyholder/Insured Person (As shown in NRIC/Passport):

Address of Policyholder/Insured Person:

Policy Number: _____ Tel Number: _____

Email: _____

Section B: 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:

☐ **Electronic Fund Transfer** (For payments in SGD and to bank accounts in Singapore) (**Recommended**)

Payee Name (As per bank account name): _____

Name of Bank: _____

Branch Code Number: _____ Account Number: _____

☐ **Cheque Payment**

Payee Name (As per bank account name): _____

Section C: Details of Loss/Occurrence

Place of loss/occurrence: _____

Date of loss/occurrence: DD / MM / YYYY Time of loss/occurrence (24-Hour): HH : MM

What happened, how did it happen and why? (Please use supplementary sheet if necessary)

Section D: Police Report

Please note:

1. The Police must be informed immediately if the property has been lost or maliciously damaged.
2. A copy of the Police Report/Statement must be attached.

Were particulars of loss taken by or reported to the Police?

☐ Yes ☐ No

If **Yes**, please provide a copy of the Police Report/Statement.

If **No**, please state reason(s) that the loss was not reported to the Police.

Section E: Details of Property Destroyed, Damaged and/or Lost
Please note:

1. Property damaged, lost or stolen are to be described in detail.
2. Receipts showing date, price/cost, and place of purchase of the article/item set out below should accompany this form.
3. The Insured must promptly take all possible steps to trace/recover the property lost.
4. If the claim is for damage, an estimate for repair should be submitted. If the property is not repairable, a letter from repairers to that effect should be forwarded (This may or may not be applicable depending on the terms of your policy. Please read your policy to check the provisions for damaged insured equipment).
5. All salvage must be retained.
6. In the case of damaged property, a set of photographs depicting the damage is to be submitted to us.

(Please use supplementary sheet if necessary)

Description of property lost or damaged	Quantity	Original purchase price	Purchase date	Value at time of loss after deduction for wear and tear	Amount claimed (If applicable)
Total Amount Claimed (\$)					

Did you remove or save any property immediately before or during the occurrence? ☐ Yes ☐ No

If **Yes**, how much and where is it located now?

Are you the sole owner of the property/article lost or damaged? ☐ Yes ☐ No

If **No**, please state name, address and relationship of other owner(s).

Section F: Legal Liability

(Please use supplementary sheet if necessary)

Details of all person(s) injured				
Name, address and contact no. of person injured	Nature of injuries/remarks	Age	Relationship to insured	Occupation

(Please use supplementary sheet if necessary)

Details of all properties damaged				
Name, address and contact no. of owner of property damaged	Relationship to Insured	Name and extent of property damaged	Approximate value of property damaged	Estimated cost of repairs to the property damaged

Has anyone contacted you regarding the incident? ☐ Yes ☐ No

If **Yes**, please state details and attach all communications received from third party claimant(s).

Important: Please do not admit responsibility for the incident until we have properly assessed the claim in full.

Section G: Any Other Insurance

Are there any other policies of insurance in force covering you or the subject matter in respect of this event?

☐ Yes ☐ NoIf **Yes**, please specify below.

Name and address of insurance company(s)	Policy no(s).

Are you claiming under any of the policies listed above?

☐ Yes ☐ No

Section H: Declaration

Did you remember to enclose the following? (Where applicable)

Document	Yes	N/A
Police Report	<input type="checkbox"/>	<input type="checkbox"/>
Original purchase receipts, warranty card and photographs (For loss and/or damage of personal property claim)	<input type="checkbox"/>	<input type="checkbox"/>
Documents with relevant authorities concerned (For damage of personal property claim)	<input type="checkbox"/>	<input type="checkbox"/>
Repair quotations or written confirmation issued by the repairer stating property is beyond repair	<input type="checkbox"/>	<input type="checkbox"/>
Relevant receipts (For communication and/or replacement cost)	<input type="checkbox"/>	<input type="checkbox"/>
Letter from the third party concerned (For Legal Liability claim)	<input type="checkbox"/>	<input type="checkbox"/>

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 authorisation 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.

 Signature of Policyholder/Insured Person

 Date (DD/MM/YYYY)

Please click on the button to submit your claim form

Chubb. Insured.™