

Property

Claim Form



SG011

CHUBB

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.

Section A: Particulars of Policyholder / Insured Person

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

Address of Policyholder / Insured Person

Postal Code

Policy No.

Period of Insurance From DD / MM / YYYY To DD / MM / YYYY

Tel No. (Mobile)

 NRIC / Passport No.

Tel No. (Residence)

 Age

Tel No. (Office)

 Nationality

Date of Birth DD / MM / YYYY Gender ☐ Male ☐ Female

Date of Employment DD / MM / YYYY Occupation

Email

Name of Intermediary (if any)

Name of Insured Person (if different from Policyholder)

Address of Insured Person

Postal Code

Tel No. (Mobile)

 NRIC / Passport No.

Tel No. (Residence)

 Age

Tel No. (Office)

 Nationality

Date of Birth DD / MM / YYYY Gender ☐ Male ☐ Female

Date of Employment DD / MM / YYYY Relationship to Policyholder

Occupation

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:

☐ **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. _____

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

Section C: Details of Loss / Occurrence

Country of Loss / Occurrence ☐ Singapore ☐ Malaysia ☐ Others _____

Place of Loss / Occurrence _____

Date of Loss / Occurrence DD / MM / YYYY Time of Loss / Occurrence (24-Hour) HH : MM

Describe how the incident / loss took place (Please use supplementary sheet if necessary)

When and by whom was the loss discovered _____

Relationship of Third Party Claimant to the Insured _____

Were there witnesses to the incident? ☐ Yes ☐ No

If **Yes**, please provide details below:

	Witness 1	Witness 2
Name		
Address		
NRIC		
Contact Number		

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 furnish with details below:

Name of Police Station _____

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

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

Section E: Details of Property Damaged Lost and/or Stolen

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	Deduction For Value of Salvage	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) _____

Was the device under warranty? ☐ Yes ☐ No

If **Yes**, please provide period of warranty:

Section F: Legal Liability

(Please use supplementary sheet if necessary)

Details of all Person(s) Injured				
Name, Address and Contact No. of Person(s) Injured	Nature of Injuries / Remarks	Age	Relationship to Insured	Occupation

(Please use supplementary sheet if necessary)

Details of 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 any claim been made upon you?

☐ Yes ☐ No

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

Have you admitted responsibility in any way?

☐ Yes ☐ No

If **Yes**, please state the reason(s) for doing so:

Section G: Others

Please specify details of other claim(s) not declared in Sections E and F (If applicable).

(Please use supplementary sheet if necessary)

Details of Claim	Amount Claimed

Section H: Any Other Insurance

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

☐ Yes ☐ No

If **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 I: Claims History

Have you or any Insured person previously made claim(s) for loss / damage or caused damage / injury to third parties?

☐ Yes

☐ No

If **Yes**, please furnish with details below:

(Please use supplementary sheet if necessary)

Name of Insurer	Claim No.	Date of Loss	Nature of Loss	Amount Paid

Section J: Declaration

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

Document	Yes	NA
Incident or Investigation Report	☐	☐
Police Report	☐	☐
CCTV footage (i.e. Evidence of circumstances leading to the incident)	☐	☐
Photographs showing the damage to the items and / or bodily injuries	☐	☐
Copy of Assessment Report / estimates from Repairer indicating the cause and extent of damage incurred (if involved damaged item(s))	☐	☐
Copy of Medical Report of third party / parties (if involved bodily injuries)	☐	☐
Settlement / Contractual Agreement from third party / parties concerned (if involved bodily injuries)	☐	☐
Letter of Demand from the third party / parties concerned (e.g. Writ of Summons)	☐	☐

By signing this form, I/We 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/We 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/We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I/We agree that if I/We 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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