

# Producer's Particulars

## Update Form



**Note:**

Kindly email the completed form to [IDP.SG@chubb.com](mailto:IDP.SG@chubb.com) for processing.

**Name of Producer:** \_\_\_\_\_

**Producer Code:** \_\_\_\_\_ **Date of Request:** DD/MM/YYYY

**Please place a tick ( ✓ ) in boxes( ☐ ) where applicable.**

☐ **Personal Details**

Name (as per NRIC\*): \_\_\_\_\_

NRIC/Passport No.: \_\_\_\_\_ Date of Birth: DD/MM/YYYY

Country of Birth/Nationality\*: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Home Address: \_\_\_\_\_

\_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Primary Mailing Address:

☐ Business Address

☐ Home Address

*(Note: Your primary mailing address will be printed on all policies serviced under your account)*

*\* Kindly provide a copy of NRIC/Passport for verification.*

☐ **Contact Details**

Email Address: \_\_\_\_\_

Tel (Mobile): \_\_\_\_\_ Tel (Home): \_\_\_\_\_

Tel (Business): \_\_\_\_\_ Tel (Fax): \_\_\_\_\_



☐ **Agent Type**

Previous: ☐ General (Non-Life) ☐ Composite

Current: ☐ General (Non-Life) ☐ Composite

\_\_\_\_\_  
(Please state name of Life Company)

Date of conversion: DD/MM/YYYY

Agency Name (Life Company): \_\_\_\_\_

☐ I have been a life insurance agent since: \_\_\_\_\_

☐ I have left the life insurance industry since: \_\_\_\_\_

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date (DD/MM/YYYY)

Chubb. Insured.<sup>TM</sup>