

# Customer Update

## Request Form



\*SG007\*

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

Name of Customer: \_\_\_\_\_

NRIC/Passport No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Tel No. (Residence): \_\_\_\_\_ Mobile: \_\_\_\_\_

☐ To update the changes on all my Chubb insurance policies

☐ Change of Contact Details

☐ Contact No (Residence): \_\_\_\_\_ ☐ Contact No (Mobile): \_\_\_\_\_

☐ Email Address: \_\_\_\_\_

☐ Change of Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

☐ Change of Payment Mode

☐ To Credit Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date (MM/YYYY): \_\_\_\_ / \_\_\_\_

☐ To Giro (Application form completed and enclosed)

☐ To Cash / Cheque (Applicable only for annual premium payment)

☐ Change of Payment Frequency

☐ To Monthly ☐ To Annually

☐ Non Receipt of Policy Documents (Please resend)

☐ Others (Please specify) \_\_\_\_\_

**This serves as an authorisation for Chubb Insurance Singapore Limited (Chubb) to process the above intent. The details can be mailed to us, faxed to 6298 1055 or emailed to customerservice.sg@chubb.com.**

**Should you require further assistance, please call our Customer Relations Officers at 6299 0988. We will be glad to assist you.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### FOR OFFICIAL USE ONLY

**Request was made:** ☐ In Person ☐ Telephone Request (Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM/PM))

**Chubb. Insured.™**

Apply glue here

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Apply glue here

Fold along this line

Note: Kindly fold along the dotted lines with this side facing out.

Fold along this line

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