

Termination of Policy

Request Form



SG005

Name of Policyholder: _____

NRIC/Passport No.: _____ Tel No. (Mobile): _____

Tel No. (Office): _____ Tel No. (Residence): _____

Address of Policyholder: _____

Postal Code: _____

Email: _____

Policy No.:

1.

2.

3.

4.

5.

Policy Name:

1. _____

2. _____

3. _____

4. _____

5. _____

Please terminate my policy(s) with effect from __ __ / __ __ / __ __ __ __ **(DD/MM/YYYY)**

Reason(s) for termination (Please place a tick (✓) in boxes(☐) where applicable.)

☐ Have a similar coverage

☐ Financial Reasons

☐ Sales Related

☐ Others (Please specify) _____

Is there any other feedback which you would like to share with us? _____

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.™

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