

Third Party Authorisation Form



SG007

CHUBB®

Important Information

All fields must be duly completed. No amendments or corrections can be made on the form.

Kindly submit the completed form by mail to Chubb Insurance Singapore Limited at 138 Market Street #11-01 CapitaGreen, Singapore 048946.

Name of Policyholder _____

NRIC/Passport No. of Policyholder _____ Contact No. _____

Policy No.(s) _____

Part 1: Details of Appointed Person

As the Policyholder, I authorise Chubb Insurance Singapore Limited (Chubb) to disclose all requested policy information to the individual named below:

Name of Appointed Person (underline Surname)

NRIC or Passport No. (for call identification)

Date of Birth (for call identification)

Name of Company (for Financial Advisor only)

Relationship to Policyholder

Part 2: Authorisation

NOTE: Please read before signing.

I, authorise Chubb to release all requested policy information, excluding credit card and bank account number, and agree:

1. To indemnify and hold Chubb and its employees harmless from any liabilities and costs, including legal fees, which may be incurred by Chubb in relying upon this authorisation; and

2. This authorisation is valid with effect from _____ (DD/MM/YYYY):
(Please choose one, authorisation will be deemed ineffective if no option is chosen.)

☐ for maximum of one year.

☐ and will remain in effect until Chubb receives written notice of its revocation signed by me.

Part 3: Declaration

I give consent and authorisation to Chubb to collect, use and/or disclose my personal data or information supplied to Chubb without further notification to me, confidentially with its affiliated companies, third party service providers, business partners and/or other parties which may be sited outside of Singapore, for administering policies taken out with Chubb, customer services and to allow Chubb and/or its business partners to perform marketing and related activities, until Chubb receives my written instruction to the contrary. Upon my written request, Chubb shall, without charge, cease to use my personal information for purposes other than those directly related to my insurance policies with Chubb. A copy of the Chubb's Personal Data Protection Policy can be found at <http://www.chubb.com/sg-privacy> and I am deemed to have read the same.

I will write to Chubb's Data Protection Officer at 138 Market Street #11-01 CapitaGreen, Singapore 048946 for any request to withdraw my consent, access to and/or correction of any information supplied to Chubb and Chubb may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests.

Signature of Policyholder

Date

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Contact Us

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