

# Card / Personal Effects Claim Form



\*SG022\*

CHUBB®

## **Important Information**

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The Insured shall exercise due diligence and take all reasonable precautions to protect the Equipment / Insured item(s) against Theft or Damage and comply with requirements and manufacturer's recommendations.

The issue and acceptance of this Form does NOT constitute an admission of liability by Chubb Insurance Singapore Limited (Chubb) or waiver of its rights.

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.

**Section A: Particulars of Policyholder / Insured Person**

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

Address of Policyholder / Insured Person

Postal Code

Policy No(s) \_\_\_\_\_

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

Tel No. (Mobile) \_\_\_\_\_ NRIC / Passport No. \_\_\_\_\_

Tel No. (Residence) \_\_\_\_\_ Date of Birth DD / MM / YYYY

Tel No. (Office) \_\_\_\_\_ Gender  Male  Female

Age \_\_\_\_\_ Nationality \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Employment DD / MM / YYYY

Email \_\_\_\_\_

**Section B: Payment Details**

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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**

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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 person 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: Personal Belongings**

**Please note:**

- 1) Losses must be reported to the Police or other relevant Authority immediately in any event, within 24 hours from the time of occurrence.
- 2) Police Report or report issued by relevant Authority evidencing such losses, and Original purchase bills must be enclosed with this claim form. If any party has made compensation for the damaged / lost items, please request them to issue a note or letter certifying the amount paid to you.

(Please use supplementary sheet if necessary)

Details of Amount Claimed				
Description of Item	When and Where Purchased From	Original Purchase Price	Amount Recovered From Other Sources	Amount Claimed

**Section F: Loss Cash And Cards**

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**Please note:**

- 1) Losses must be reported to the Police or other relevant Authority immediately, in any event within 24 hours from the time of occurrence.
- 2) Police Report or report issued to relevant Authority must be enclosed with this claim form. Documents must be provided to prove that the cash was in your possession at the time of loss / theft (e.g. bank statement) and the value remaining in the cards (if applicable).

(Please use supplementary sheet if necessary)

Details of Amount Claimed		
Amount Lost Or Stolen	Amount Recovered From Other Sources	Amount Claimed

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**Section G: Communication Costs, Identity Documents And Card Replacement Costs**

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**Please note:**

- 1) Losses must be reported to the Police or other relevant Authority immediately, in any event within 24 hours from the time of occurrence.
- 2) Police Report or report made to relevant Authority evidencing such losses, invoices / receipts of expenses claimed must be enclosed with this claim form.

(Please use supplementary sheet if necessary)

Details of Amount Claimed		
Item Lost	Amount Recovered And From Other Sources	Amount Claimed

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**Section H: Fraudulent / Unauthorised Usage**

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Please enclose Police Report, a letter from your card issuer(s) stating the outcome of their investigations into the fraudulent/ unauthorised transactions and confirming the fraudulent amounts that you will be held liable for, including the reasons for their decisions.

(Please use supplementary sheet if necessary)

Details of Amount Claimed		
Card, Amount Used And Investigations Outcome	Amount Recovered And From Other Sources	Amount Claimed

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**Section I: Any Other Insurances / Claims**

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(Please use supplementary sheet if necessary)

1. Are there any other policies of insurance in force covering you in respect of this event?  Yes  No  
 If **Yes**, please specify below:

Name and Addresses of Insurance Company(s)	Policy No(s).

Are you claiming under any of the policies listed above?  Yes  No  
 2. Are you making any claim against any other party or under any other insurance in respect of this event?  Yes  No  
 If **Yes**, please specify below:

Name Of Person(S) Claiming Against	Address And Contact Details

**Section J: Claims History**

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Did you make any claim(s) for loss or damage previously?  Yes  No  
 If **Yes**, please specify below:

(Please use supplementary sheet if necessary)

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

**Section K: Declaration**

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

Document	Yes	NA
Police Report (for all claims)	<input type="checkbox"/>	<input type="checkbox"/>
Original purchase receipts or Replacement receipt of item (for Loss or Theft claim)	<input type="checkbox"/>	<input type="checkbox"/>
Documents (i.e. Bank Statements) to prove possession of cash at time of incident (for Loss of cash or Stored Valued Cards claim)	<input type="checkbox"/>	<input type="checkbox"/>
Relevant receipts (for Communication and / or Replacement Cost of important personal documents claim)	<input type="checkbox"/>	<input type="checkbox"/>
Statements highlighting the fraudulent amounts (for Fraudulent Usage claim)	<input type="checkbox"/>	<input type="checkbox"/>
Letter from Card Issuer(s) on investigation outcome and amount held liable (for Fraudulent Usage claim)	<input type="checkbox"/>	<input type="checkbox"/>

By signing this form, I agree that Chubb will use the information supplied here and during the formation and performance of this 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 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 do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I 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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