

Life Events Benefit Claim Form



SG020



Important Information

To facilitate the processing of your claim, you are required to complete Sections A and B for all claim submissions.

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 and Claimant

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

NRIC / Passport No. _____ Date of Birth DD / MM / YYYY

Nationality _____ Age _____

Tel No. (Mobile) _____ Gender Male Female

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

Occupation _____ Name of Intermediary (if any) _____

Date of Employment DD / MM / YYYY Name of Employer _____

Email _____

Section B: Payment Details

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 Claim

Kindly indicate the life event to claim. (Please tick one)

- Marriage
- Adoption of Child(ren)
- Divorce
- Purchase of new home as usual place of domestic residence
- Birth of your Child(ren)
- Child commences university
- Change of Employer

Have you claimed for any of the life events stated above before? If **Yes**, please provide us with details below:

Type of Life Event	Date Of Event (DD/MM/YYYY)

Section D: Declaration

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

Document	Yes	NA
Copy of Marriage Certificate (for Marriage benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Birth Certificate (for Birth of your Child(ren) benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Adoption Court Orders (for Adoption of Child(ren) benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of 1) Child’s Birth Certificate; AND 2) Student Pass (for Child commences university benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Divorce Court Orders / Final Decree (for Divorce benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>
Letter of Employment from Human Resource Department of new employer stating employment details (for Change of Employer benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of 1) Title Deed; AND 2) NRIC (front and back) showing new residential address (for Purchase of new home as usual place of domestic residence benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>

By signing this form, I / We agree that Chubb will use the information supplied here and during the formation and performance of my 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.

Name of Policyholder

I / We hereby authorise any hospital, physician, and any other person or entity who has attended to or examined me, to furnish to Chubb or its authorised representatives, any and all information with respect to any illness or injury or loss, medical history, consultation, prescriptions or treatment, copies of all hospital, medical or other records, investigation status and results, and such personal information as Chubb in its absolute discretion considers relevant for its assessment of my claim. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

Signature of Policyholder

Date

I / We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I / We agree that if I / We 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.

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

Chubb Insurance Singapore Limited
Co Regn. No.: 199702449H
138 Market Street
#11-01 CapitaGreen
Singapore 048946
O +65 6398 8000
F +65 6298 1055
www.chubb.com/sg

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