

Producer's Particulars

Update Form



Note:

Kindly email the completed form to IDP.SG@chubb.com for processing.

Name of Producer: _____

Producer Code: _____ **Date of Request:** DD/MM/YYYY

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

Personal Details

Name (as per NRIC*): _____

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

Country of Birth/Nationality*: _____

Marital Status: Single Married Divorced Widowed

Home Address: _____

Business Address: _____

Primary Mailing Address:

Business Address

Home Address

(Note: Your primary mailing address will be printed on all policies serviced under your account)

** Kindly provide a copy of NRIC/Passport for verification.*

Contact Details

Email Address: _____

Tel (Mobile): _____ Tel (Home): _____

Tel (Business): _____ Tel (Fax): _____

Agent Type

Previous: General (Non-Life) Composite

Current: General (Non-Life) Composite

(Please state name of Life Company)

Date of conversion: DD/MM/YYYY

Agency Name (Life Company): _____



I have been a life insurance agent since: _____

I have left the life insurance industry since: _____

Signature of Producer

Date (DD/MM/YYYY)

Chubb. Insured.TM