

Electronic Device Claim Form



SG022

CHUBB®

Important Information

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.

Section A: Particulars of Policyholder / Insured Person

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

Address of Policyholder / Insured Person

_____ Postal Code _____

Policy No. _____

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

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

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)

If the item was damaged, please also provide details of the damage and its extent

Where was the device at the time of the incident

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: Details Of Property Damaged Or Stolen / Lost

Please note:

- 1) Property damaged, lost or stolen are to be described in detail.
- 2) Receipts showing date, price / cost, and place of purchase of the device / item set out below should accompany this form.
- 3) The insured must promptly take all possible steps to trace / recover the property lost.
- 4) If the claim is for damage, an estimate for repair should be submitted. If the property is not repairable, a letter from repairers to that effect should be forwarded. (This may or may not be applicable depending on the terms of your policy. Please read your policy to check the provisions for damaged insured equipment.)
- 5) All salvage must be retained.
- 6) In the case of damaged property, a set of photographs depicting the damage is to be submitted to us.

(Please use supplementary sheet if necessary)

Description Of Property Damaged, Stolen Or Lost	Brand & Model	Serial / IMEI No	Where Did You Purchase The Device / Item	Purchase Date	Original Purchase Price	Amount Claimed (if Applicable)
Total Amount Claimed (\$)						

Did you remove or save any property immediately before or during the occurrence? Yes No

If **Yes**, how much and where is it located now? _____

Are you the sole owner of the property / article lost or damaged? Yes No

If **No**, please state name, address and relationship of other owner(s) _____

Was the device under warranty? Yes No

If **Yes**, please provide period of warranty: _____

Section F: Others (Please specify details of other benefits that you are claiming for under your policy.)

(Please use supplementary sheet if necessary)

Details Of Claim	Amount Claimed

Section G: Any Other Insurances

Are there any other policies of insurance in force covering you or the subject matter 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

Section H: Claims History

Have you or any insured person previously made claim(s) for loss/damage? 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 I: Declaration

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

Document	Yes	NA
Traffic Police Report (for Loss or Theft claim)	<input type="checkbox"/>	<input type="checkbox"/>
Original Purchase Receipts	<input type="checkbox"/>	<input type="checkbox"/>
Warranty Card	<input type="checkbox"/>	<input type="checkbox"/>
Repair Quotations	<input type="checkbox"/>	<input type="checkbox"/>

By signing this form, I agree that Chubb Insurance Singapore Limited (Chubb) will use the information supplied here and during the formation and performance of the 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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