

Liability

Claim Form

Important Information:

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

Instructions:

1. Please download/save a copy of the claim form to your computer before filling up the downloaded/saved form.
2. Submit the completed form and relevant original copies of supporting documents to Chubb via email (recommended) or through your broker/agent.
3. If you are submitting the form and supporting documents via email, please click on the submit button at the end of this form. Your completed form will automatically be attached to the email.

Important Note:

We reserve the rights to request for sight of the original documents on a need-be basis.

Section A: Particulars of Policyholder/Insured Person

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

Address of Policyholder/Insured Person:

Policy Number: _____ Tel Number: _____

Email: _____

Section B: Details of Loss/Occurrence

Place of loss/occurrence: _____

Date of loss/occurrence: DD /MM/YYYY Time of loss/occurrence (24-Hour): HH:MM

What happened, how did it happen and why? (Please use supplementary sheet if necessary)

Section C: Details of Third Party Injury or Property Damage

(Please use supplementary sheet if necessary)

Details of all person(s) injured				
Name, address and contact no. of person injured	Nature of injuries/remarks	Age	Relationship to insured	Occupation

(Please use supplementary sheet if necessary)

Details of all properties damaged				
Name, address and contact no. of owner of property damaged	Relationship to Insured	Name and extent of property damaged	Approximate value of property damaged	Estimated cost of repairs to the property damaged

Has anyone contacted you regarding the incident?

Yes No

If **Yes**, please state details and attach all communications received from third party claimant(s).

Important: Please do not admit responsibility for the incident until we have properly assessed the claim in full.

Section D: Any Other Insurance

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 address of insurance company(s)	Policy no(s).

Are you claiming under any of the policies listed above?

Yes No

Section E: Declaration

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

Documents	Yes	N/A
Incident or Investigation Report	<input type="checkbox"/>	<input type="checkbox"/>
Police Report	<input type="checkbox"/>	<input type="checkbox"/>
CCTV footage (i.e. Evidence of circumstances leading to the incident)	<input type="checkbox"/>	<input type="checkbox"/>
Photographs showing the damage to the items and / or bodily injuries	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Assessment Report / estimates from Repairer indicating the cause and extent of damage incurred (if involved damaged item(s))	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Medical Bills and Medical Reports of third party/parties (if involved bodily injuries)	<input type="checkbox"/>	<input type="checkbox"/>
Settlement / Contractual Agreement from third party / parties concerned (if involved bodily injuries)	<input type="checkbox"/>	<input type="checkbox"/>
Claim Documents from the third party / parties concerned (e.g. Letter of Demand, Writ of Summons)	<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 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.

Signature of Policyholder/Insured Person

Date (DD/MM/YYYY)

Name of Policyholder/Insured Person

Please submit the completed claim form via email to claims.sg@chubb.com. Kindly ensure that the relevant supporting documents are submitted as well.

Please click on the button to submit your claim form

Submit

Chubb. Insured.™