

Grab Auto Excess

Claim Form



Important Information

- a) This Claim form has to be completed and signed by the Policyholder.
- b) The Policyholder/Insured Person must be a registered Grab driver and the driver at the time of the accident.
- c) The Policyholder/Insured Person must either be:
 - (i) the Registered Owner of the vehicle, or
 - (ii) a Lessee of the rented vehicle under a rental vehicle agreement.
- d) In the event where a claim is made prior to the full remittance of the required premium pro-rata based on the policy period, we may, in our discretion, reduce the claims payment against any outstanding premium.
- e) We require evidence of the accidental damage to the motor vehicle which result in an excess amount paid by the Insured Person under the Policyholder/Insured Person's comprehensive motor vehicle insurance or rental vehicle agreement. The excess amount paid by the insured person must be a non-refundable and non-recoverable excess as stipulated under the insured person's comprehensive motor vehicle insurance or rental vehicle agreement. In the event where refund and/or recovery is made by the insured person or comprehensive motor vehicle insurer or rental vehicle company (collectively referred as "recoverable parties"), we reserve the rights to adjust our claims payment, to the extent of seeking recovery from any of the "recoverable parties" for any claims paid.
- f) Please refer to the list of documents required below for faster scrutiny and processing of your claim.

Section A: Particulars of Policyholder/Insured Person

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

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

Address of Policyholder / Insured Person:

Postal Code: _____

Tel No. (Mobile): _____ Tel No. (Residence): _____

Grab Member Registration No.: _____

Section B: Vehicle Details

Vehicle Registration Number: _____ Make and Model: _____

Is the Policyholder/Insured Person the vehicle owner of the vehicle at the time of the accident? Yes No

If Yes, please provide a copy of the comprehensive motor vehicle insurance.

If No, please provide a copy of the rental vehicle agreement.

If the vehicle has been repaired, please provide the name and address of the workshop which carried out the repair.

Section C: Details of Loss/Accident

Date of Loss/Accident: DD / MM / YYYY Time of Loss / Accident HH : MM

Location of Loss/Accident: _____

Description of Loss/Accident:

Did the accident occur during a Grab activity? Yes No

Details of Third Party (if applicable)

Name	NRIC / FIN / Passport No.	Vehicle No. (if applicable)

Was there any bodily injury? Yes No

If Yes, please specify the injured parties.

Were there police involvement? Yes No

If Yes, please provide a copy of the police report.

Do you expect any parties to file a claim against you? Yes No

If Yes, please provide details.

Section D: Supporting Documents

To facilitate consideration of your claim, please ensure that you submit the essential or necessary documents together with this form as soon as available (Where applicable).

No.	Documents	Yes	N/A
1.	Driving Licence and/or Private Hire Car Driver Vocational Licence (PDVL)/Taxi and Private Hire Car Driver's Vocational Licence (TPDVL).	<input type="checkbox"/>	<input type="checkbox"/>
2.	Comprehensive Motor Insurance or Rental Vehicle Agreement.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Damage assessment report.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Discharge/Release Letter from the motor insurance settlement of Own Motor Damage claim with verification of motor policy deductible.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Relevant payment receipts/invoice from the motor vehicle insurance provider or authorised/licensed motor vehicle repairer showing	<input type="checkbox"/>	<input type="checkbox"/>
6.	Any reports pertaining to the accidental damage which were obtained from the police, motor insurance provider or rental vehicle company.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Singapore Accident Statement (SAS).	<input type="checkbox"/>	<input type="checkbox"/>
8.	Discharge letters or vouchers issued by the motor insurance provider or rental vehicle company.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Police report (if police report was made and/or required by law and/or motor insurance practise).	<input type="checkbox"/>	<input type="checkbox"/>
10.	Proof of payment reflecting payment of the covered excess.	<input type="checkbox"/>	<input type="checkbox"/>

Section E: 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 (Name as per Identification Card and/or Bank Account):

Electronic Funds Transfer - For payments in SGD and to bank accounts in Singapore (Recommended)

Payee Name (As per bank account name): _____

Name of Bank: _____

Branch Code No: _____ Account No: _____

Note: For a more seamless experience, we recommend selecting the Electronic Funds Transfer (EFT) option so you can receive the remittance within 3-5 days upon approval of claim.

Cheque Payment

Payee Name (as per bank account name): _____

Note: If no name is provided, settlement will be effected to the payee as provided for under the terms of the policy.

Important Notice:

Chubb shall (i) be discharged from all liability under this claim and (ii) not be liable for any and all losses incurred by you, as a result of you providing Chubb with an incorrect bank account number under this section for the payment of this claim.

Section F: Declaration

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.

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 via email to autoclaims.sg@Chubb.com. Please ensure that the relevant supporting documents are submitted as well.

Contact Us

Please visit our website at www.chubb.com/sg or contact us at +65 6398 8000.

Please click on the button to submit your claim form:

Submit

Chubb. Insured.™