

# Casualty 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:**

Please download/save this claim form to enter your claim details. Kindly submit the completed claim form via one of the following options:

- By email: Claims.SG@chubb.com (**Recommended**); or
- Contact your broker/agent.

When submitting your claim, please include copies of the relevant supporting documents. For more information, contact us at:

- O +65 6398 8000; or
- Visit our website at www.chubb.com/sg

**Important Note:**

Please ensure that you retain the original medical receipts/hospital bills/medical certificates for 3 years. 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: 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:

**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 Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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** (Not recommended)

Payee Name (As per bank account name): \_\_\_\_\_

**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 C: 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 D: Legal Liability**

(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).

**Section E: 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 F: Declaration**

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

Document	Yes	N/A
Police Report (If any)	<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)

**Please click on the button to submit your claim form**