

# CyberSmart (for DBS customers)

## Claim Form

**Important Information:** This claim form is to facilitate your claim in the event of you, a spouse or a dependent who is a named insured, have incurred expenses which fall within the definition of urgent expense or suffered a loss of income as a result of named events while being Insured under your CyberSmart policy. You can help to avoid unnecessary delay in processing your claim by providing us with complete and accurate information and supporting documents.

The issue and acceptance of this form and its accompanying documents (if any) does NOT constitute an admission by Chubb Insurance Singapore Limited (Chubb) that any part or the whole of the Claimant's claim is accepted. It also does not constitute a waiver of Chubb's rights in accordance with the terms and conditions of the Policy.

**For all other claim matters, please contact our Chubb Assist Hotline at: +65 6322 2136**

### Instructions:

1. Please download/save a copy of the claim form to your computer before filling up the downloaded/saved form.
2. 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.
3. Submission of form and supporting documents in person or by mail to Chubb Insurance Singapore Limited, 138 Market Street, #11-01 CapitaGreen, Singapore 048946

### Section A: Particulars of Policyholder/Insured Person and Claimant

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

Address of Policyholder/Insured Person:

Policy Number(s) : \_\_\_\_\_ Tel Number: \_\_\_\_\_

Period of Insurance: From DD / MM / YYYY To DD / MM / YYYY

NRIC/Passport No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: ☐ Male ☐ Female Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Claimant (as shown in NRIC/Passport) - if different from Policyholder/Insured Person:

Address of Claimant:

NRIC/Passport No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Age: \_\_\_\_\_ Tel Number: \_\_\_\_\_

Gender: ☐ Male ☐ Female Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_

### 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 (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 Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ **PayNow**

Registered Identification or Mobile Number: \_\_\_\_\_ Registered Displayed Name: \_\_\_\_\_

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 C: Details of Incident**

Please enclose a copy of the Police Report reflecting the cyberbullying and identity theft scenario resulting in you incurring the urgent expenses.

Date of the Incident: DD / MM / YYYY

Time of the Incident (24-Hour): HH : MM

Country of Incident: \_\_\_\_\_

Place of Incident: \_\_\_\_\_

When and Who discovered the Incident: \_\_\_\_\_

Relationship of person to the Insured: \_\_\_\_\_

Chronology and Description of the Incident (Please use supplementary sheet if necessary):

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**Section D: Nature of Urgent Expenses Incurred**

Describe in detail the expenses incurred, including but not limited to the replacement fees where applicable, travel expenses, eldercare, and/or childcare costs, expenses incurred on the instructions of our IT/Technical Support to arrange additional technical support, expenses incurred to arrange additional technical support for resolving or minimising the extent of the cyberbullying incident:

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Please enclose any relevant receipts or proof of payment showing the expenses incurred and paid by you.

**Section E: Loss of Income Benefit Claims**

Name of Employer: \_\_\_\_\_

Date of Employment: DD / MM / YYYY

Period which you have suffered actual personal income loss or the period which you have taken paid leave: DD / MM / YYYY

Employment Type: ☐ Permanent ☐ Contract ☐ Temporary

Reason for loss of income, including but not limited to stopping further fraudulent use of your identity, restore your credit rating, restore your bank, mortgage or loan accounts, amend or rectify records regarding your true name or identity, pursue the amendment or rectification of records regarding your true name or identity:

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**Section F: Any Other Insurance**

Are you claiming from any other insurance company or other sources? If Yes, state:

Name of Insurance Company	Policy No.	Amount of Benefits	Date Insurance Effected

## Section G: Documents Required

To facilitate consideration of your claim, please ensure that you submit the following documents together with this form as soon as available:

Documents	Please tick on the checkboxes below. If you have selected 'Yes', please ensure that the supporting documents are submitted together with this claim form.	
Mandatory Documents	Yes	No
Police Report - mandatory for all claims	<input type="checkbox"/>	<input type="checkbox"/>
Supporting Documents	Yes	N/A
Invoice, receipt, proof of payment for urgent expenses (Original copy needs to be submitted for reimbursement claim)	<input type="checkbox"/>	<input type="checkbox"/>
Proof of paid leave taken from your company of employment	<input type="checkbox"/>	<input type="checkbox"/>
Pay slip or income statement reflecting your current salary	<input type="checkbox"/>	<input type="checkbox"/>

## Section H: Declaration

By signing this form, I/We agree that Chubb will use the information supplied here and during the formation and performance of my 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/We hereby authorise any hospital, physician, and any other person or entity who has attended to or examined me, to furnish to Chubb or its authorised representatives, any and all information with respect to any illness or injury or loss, medical history, consultation, prescriptions or treatment, copies of all hospital, medical or other records, investigation status and results, and such personal information as Chubb in its absolute discretion considers relevant for its assessment of my claim. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

I/We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I/We agree that if I/We 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 Claimant

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Name of Claimant

Please submit the completed claim form via email to DBS.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**

Note:

- 1) Please refer to Page 1 for instructions on how to download and submit your claim form.
- 2) Kindly check to ensure you are submitting the copy downloaded and saved in your computer before submission.