

CyberSmart (for DBS customers)

Claim Form



Important Notes

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:
T +65 6322 2136**

Section A: Particulars of Policyholder/Insured Person and Claimant

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

Address of Policyholder/Insured Person

Postal Code _____

Policy No(s)

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

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

Nationality _____ Age _____

Tel No. (Mobile) _____ Gender Male Female

Tel No. (Office) _____ Tel No. (Residence) _____

Occupation _____ Email _____

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

Address of Claimant

Postal Code _____

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

Nationality _____ Age _____

Tel No. (Mobile) _____ Gender Male Female

Tel No. (Office) _____ Tel No. (Residence) _____

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 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 C: Details of Accident

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 Accident DD / MM / YYYY

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

Country of Accident _____ Place of Accident _____

When and Who discovered the Accident _____

Relationship of person to the Insured _____

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

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.

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.

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	
Police Report - Mandatory for all claims	<input type="checkbox"/>	
Supporting Documents	Yes	N/A
Invoice, receipt and proof of payment for urgent expenses (The original copy needs to be submitted for reimbursement of 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.

Please click on the button to submit your claim form:

Submit

Note:

Kindly submit the completed claim form in person 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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