

Gadget Insurance

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. 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.

Section A: Particulars of Policyholder

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

Gender: ☐ Male ☐ Female NRIC/Passport No.: _____

Mailing Address of Policyholder: _____

Contact No.: _____ Email: _____

Make and Model of Mobile Phone: _____ Capacity of Mobile Phone: _____

Colour of Mobile Phone: _____ IMEI No.: _____ Date of Purchase: DD / MM / YYYY

Section B: Any Other Insurance

Are there any other policies of insurance in force covering the same property in respect of this event? ☐ Yes ☐ No

If **Yes**, please specify the Name of the Insurance company and the respective policy number:

i. Name of Insurance Company: _____

ii. Insurance Policy Number: _____

Are you claiming under any of the policies listed above? ☐ Yes ☐ No

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

Describe how the incident/loss took place (Please use supplementary sheet if necessary): _____

When and by whom was the loss discovered: _____

Section D: Coverage

Please tick the applicable coverage(s)	Yes	No
Accidental Damage/Malicious Damage	<input type="checkbox"/>	<input type="checkbox"/>
Aggravated Theft	<input type="checkbox"/>	<input type="checkbox"/>
Loss (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Unauthorised Use (Following theft and loss)	<input type="checkbox"/>	<input type="checkbox"/>
Accessories (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
E-Wallet Protection Cover (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Cash out Robbery (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Important Document Cover (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>

Claim History: Have you ever made a claim under the same policy?

☐ Yes ☐ No

If Yes, please provide the details (e.g. Benefit type claim, date of loss, etc.):

Section E: Declaration

I/We 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/We 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/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.

☒ I accept the above declaration for Gadget Insurance.

Please submit the completed claim form via email to GadgetClaims.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.

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