

Grab

Personal Accident Claim Form



SG020

CHUBB®

Important Notes

This claim form is to facilitate your claim in the event of you or a member of your family is Insured under a Personal Accident policy.

You can help to avoid unnecessary delay in processing your claim by ensuring that the Claim Form is fully completed and signed by the Insured and/or Claimant. Please attach a detailed copy of the Pre-Medical/Final Hospitalisation/Post-Medical Report/Inpatient Discharge Summary to the Claim Form.

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.

Section A: Particulars of Insured Person

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

Address:

_____ Postal Code: _____

Policy No(s): _____ Trip Booking ID: _____

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: _____

If you are a Passenger, please select the mode of payment for this Grab Booking: GrabPay Credit Card

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): _____

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

Date of Accident: DD / MM / YYYY Time of Accident (24-Hour): HH:MM

Place of Accident: _____

Description of Accident (Please enclose a copy of the Police Report if the accident is due to a road traffic accident).

Section D: Declaration

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

Document	Yes	N/A
Traffic Police Report (If involved in Road Accident)	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bills	<input type="checkbox"/>	<input type="checkbox"/>
Medical Report (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>

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

Signature of Insured Person
(if different from Claimant)

Date

Note:

Kindly email the completed claim form to A&HClaims.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.™