

Jewellery / Watch 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 this claim form to your computer for completion.
2. Submit the completed form and supporting documents to Chubb via email by clicking on the 'Submit' button at the end of this form. Your completed form will automatically be attached to the email.

For more information or assistance on your claim, please contact Chubb at +65 6398 8000 or email NewClaimMasterpiece.SG@chubb.com.

Important: To assist with the prompt settlement of your claim, please attach the repair and/or replacement quotes/invoices for the items claimed.

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: _____

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)

Please note:

1. The Police must be informed immediately if the property has been lost or maliciously damaged.
2. A copy of the Police Report/Statement must be attached.

Were particulars of loss taken by or reported to the Police? ☐ Yes ☐ No

☐ Yes ☐ No

If **Yes**, please provide a copy of the Police Report/Statement.

If **No**, please state reason(s) that the loss was not reported to the Police.

Please note:

1. Property damaged, lost or stolen are to be described in detail.
2. Receipts showing date, price/cost, and place of purchase of the article/item set out below should accompany this form.
3. The Insured must promptly take all possible steps to trace/recover the property lost.
4. If the claim is for damage, an estimate for repair should be submitted. If the property is not repairable, a letter from repairers to that effect should be forwarded (This may or may not be applicable depending on the terms of your policy. Please read your policy to check the provisions for damaged insured equipment).
5. All salvage must be retained.
6. In the case of damaged property, a set of photographs depicting the damage is to be submitted to us.

(Please use supplementary sheet if necessary)

Description of property lost or damaged	Insured Value
Total Insured Value	

Section F: 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

☐ Yes ☐ No

If **Yes**, please specify below.

Name and address of insurance company(s)	Policy No(s).

Section G: Declaration

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 submit the claim form and all supporting documents to **NewClaimMasterpiece.SG@chubb.com**.

Please click on the button to submit your claim form