

Personal Cyber

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, has incurred expenses which falls within the definition of urgent expense or suffered a loss of income as a result of named events while being Insured under your personal cyber policy.

Instructions:

1. Please download/save a copy of the claim form to your computer before filling up the downloaded/saved form.
2. Submit the completed form and relevant original copies of supporting documents to Chubb via email (**recommended**) or through your broker.
3. 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.
4. 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 a partner or a dependent is making the claim:

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.

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):

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: Fraudulent/Unauthorised Usage

Please enclose a Police Report, a letter from your card issuer(s) stating the outcome of their investigation into the fraudulent/unauthorised transactions and confirming the fraudulent amounts that you will be held liable for, including the reasons for their decisions.

(Please use supplementary sheet if necessary)

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

Section G: Others (Please specify details of other benefits that you are claiming for under your policy)

Details of Claim	Amount Claimed

Section H: 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 I: Documents Required

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

Documents	Yes	No
Police Report	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Sales confirmation of item	<input type="checkbox"/>	<input type="checkbox"/>
Evidence gathered from contacting Seller (e.g. emails, text messages)	<input type="checkbox"/>	<input type="checkbox"/>
Credit card statement	<input type="checkbox"/>	<input type="checkbox"/>
Bank statement	<input type="checkbox"/>	<input type="checkbox"/>

Section J: 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 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.