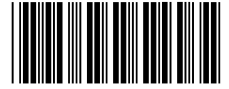


# Termination of Policy

## Request Form



\*SG005\*

Name of Policyholder: \_\_\_\_\_

NRIC/Passport No.: \_\_\_\_\_ Tel No. (Mobile): \_\_\_\_\_

Tel No. (Office): \_\_\_\_\_ Tel No. (Residence): \_\_\_\_\_

Address of Policyholder: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Policy No.:

1.

2.

3.

4.

5.

Policy Name:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Please terminate my policy(s) with effect from \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ (DD/MM/YYYY)

Reason(s) for termination (Please place a tick (✓) in boxes(  ) where applicable.)

Have a similar coverage

Financial Reasons

Sales Related

Others (Please specify) \_\_\_\_\_

Is there any other feedback which you would like to share with us? \_\_\_\_\_

This serves as an authorisation for Chubb Insurance Singapore Limited (Chubb) to process the above intent. The details can be mailed to us, faxed to 6298 1055 or emailed to customerservice.sg@chubb.com

Should you require further assistance, please call our Customer Relations Officers at 6299 0988. We will be glad to assist you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Request was made:  In Person  Telephone Request (Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM/PM))

Chubb. Insured.™

Apply glue here

Apply glue here

Apply glue here

Fold along this line

Note: Kindly fold along the dotted lines with this side facing out.

Fold along this line

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