

Group Personal Accident

Shelf Plan

CHUBB®



To empower companies and organisations in fulfilling their obligations to their employees in today's race for talent, the Group Personal Accident Insurance Policy by Chubb is the answer.

The Group Personal Accident policy by Chubb is an innovative employee benefits product that combines our current market benefits with a highly acclaimed claims service platform for companies and organisations of all sizes.

Employees are assured of financial protection offered by Chubb, a global leader in personal accident and supplemental health insurance. With a strong safety net, your employees are secured knowing that they have extensive personal accident insurance coverage against accidental death or injury.

Innovations Made to Group Personal Accident

1. Portfolio segmentation

Understanding our business allows us to be flexible and design practical and cost-effective protection for your employees.

2. Covers for wider scope under natural catastrophe

Covering 8 additional events – Cyclone, Flood, Landslide, Tornado, Volcanic eruption, Windstorm, Hailstorm and Wildfire.

3. Claims

The Chubb Claims Centre is a self-service online claims platform that allows you to submit your claim anytime, anywhere and using any electronic device. Through Fast Track Claims, we are committed to settling your claims within 5 to 10 working days from the date of collection of full claims documentation.

Group Personal Accident Shelf Plan at a Glance

Benefits	Plan Type			
	Plan 1	Plan 2	Plan 3	Plan 4
Accidental Death	S\$150,000	S\$300,000	S\$500,000	S\$700,000
Burial Expenses	S\$2,000			
Permanent Disability and Accidental Burns <ul style="list-style-type: none"> • 3rd Degree Burns • 2nd Degree Burns 	Up to % stated in Policy Wording <ul style="list-style-type: none"> • As per Accidental Death sum insured • S\$20,000 			
Medical Expenses	S\$500 (TCM sub-limit of S\$250)		S\$1,000 (TCM sub-limit of S\$500)	
Dependent Child Education Supplement	S\$5,000 for each eligible Child of the Insured Person			
Modification/Mobility Expenses	10% of Event 1 or \$20,000 per Insured Person whichever is lower			
Domestic Assistance for Activities of Daily Living	Up to S\$1,000			
Ambulance Cost	Up to S\$500			
Trauma Counselling Benefit	Up to S\$1,000			
HIV Due to Blood Transfusion	10% of Event 1 or S\$20,000 per Insured Person whichever is lower			
Accidental Hospital Recuperation	S\$250			
Credit Card Indemnity	Up to S\$1,000			
Major Head Trauma	10% of Event 1 or S\$20,000 per Insured Person whichever is lower			
Accidental Death due to Natural Catastrophe (Additional Payout)	15% of Event 1 or S\$75,000 per Insured Person whichever is lower			
Terrorism Benefit (Additional Payout)	15% of Event 1 or S\$75,000 per Insured Person whichever is lower			
Simple and Other Fractures	Up to S\$3,000			
Comatose State Lump Sum Benefit	10% of Event 1 or S\$50,000 per Insured Person whichever is lower			
Repatriation of Mortal Remains	Up to S\$5,000			
Accidental Death due to Public Conveyance	15% of Accidental Death or S\$20,000, whichever is lesser			
Death due to dengue	10% up to S\$10,000			
Corporate Event Cover for Family	Eligible Spouse - (10% of Insured Person's sum insured (Capped at S\$20,000))			
	Eligible Child - (10% of Insured Person's sum insured (Capped at S\$5,000))			

Premium Table

Class	Plan 1	Plan 2	Plan 3	Plan 4
Class 1	S\$45.00	S\$90.00	S\$160.00	S\$224.00
Class 2	S\$52.50	S\$105.00	S\$185.00	S\$259.00
Class 3	S\$61.50	S\$123.00	S\$215.00	S\$301.00

Premiums stated above are in Singapore Dollars and exclusive of GST.

18 Additional Covers

- Funeral Expenses
- Repatriation of Mortal Remains
- Coma Benefit
- Dependent Child Education Supplement
- Modification/Mobility Expenses
- Domestic Assistance for Activities of Daily Living
- Ambulance Cost
- Trauma Counselling Benefit
- HIV due to Blood Transfusion
- Accidental Hospital Recuperation
- Funeral Credit Card Indemnity
- Major Head Trauma
- Scarring of the Face
- Accidental Death due to Natural Catastrophe
- Terrorism Benefit
- Accidental Death due to Public Conveyance
- New:** Death due to dengue
- New:** Corporate Event Cover for Family

Important Notes

- Minimum headcount: 2
- Policy will be administered on an Unnamed basis
- Subject to a minimum Premium of S\$350
- 10% discount for group sizes more than 30
- Loss Ratio must be 30% or lesser*
To calculate lost Ratio: Take past 3 years claims incurred divided by total premium of past 3 years
E.g. Total claims = S\$100 for past 3 years
Total Premium = S\$1,500 for past 3 years
S\$100 divided by S\$1,500 = 6.67%
- Up to Aggregate limit of S\$10,000,000 per occurrence or the actual Aggregate limit per occurrence
- Adjustment of +/- S\$150 will be waived
- The insured Person must be between 16 and 75 years of age, renewable up to 80 years of age
- Provide Accounting and Corporate Regulatory Authority Bizfile (ACRA) upon submission of proposal form

About Chubb in Singapore

Chubb is a world leader in insurance. Chubb Insurance Singapore Limited, via acquisitions by its predecessor companies, has been present in Singapore since 1948. Chubb in Singapore provides underwriting and risk management expertise for all major classes of general insurance. The company's product offerings include Financial Lines, Casualty, Property, Marine, Industry Practices as well as Group insurance solutions for large corporates, multinationals, small and medium-sized businesses. In addition, to meet the evolving needs of consumers, it also offers a suite of tailored Accident & Health and Personal & Specialty insurance options through a multitude of distribution channels including bancassurance, independent distribution partners and affinity partnerships.

Over the years, Chubb in Singapore has established strong client relationships by delivering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at www.chubb.com/sg.

Chubb. Insured.™

Group Personal Accident Shelf Plan

Proposal Form

Important Notes

You must fully and faithfully disclose all facts which you know or should know. Otherwise, the policy may be void.

CHUBB®

General Information

Name of Company _____

Address _____

Postal Code _____

Tel No. _____ Fax No. _____

Nature of Business _____

Total staff strength of the company: _____

Period of Insurance: From DD / MM / YYYY To DD / MM / YYYY

Please fill in the table below for employees to be insured:

Plan type/Class	No. of Employees	Rates per pax	Total Premium
Plan 1 (Class 1)		S\$45.00	S\$
Plan 1 (Class 2)		S\$52.50	S\$
Plan 1 (Class 3)		S\$61.50	S\$
Plan 2 (Class 1)		S\$90.00	S\$
Plan 2 (Class 2)		S\$105.00	S\$
Plan 2 (Class 3)		S\$123.00	S\$
Plan 3 (Class 1)		S\$160.00	S\$
Plan 3 (Class 2)		S\$185.00	S\$
Plan 3 (Class 3)		S\$215.00	S\$

Details of Group Personal Accident Shelf Plan

Plan type / Class	No. of Employees	Rates per pax	Total Premium
Plan 4 (Class 1)		S\$224.00	S\$
Plan 4 (Class 2)		S\$259.00	S\$
Plan 4 (Class 3)		S\$301.00	S\$
Total Headcount		Total Premium	S\$

*"Total staff strength of the company" must equal to the "Total Headcount"

Were there any claims made in the past 3 years?

Yes No

If **Yes**, please provide details below:

Name of Insurer	Claims No.	Date of Loss	Description of Loss	Amount Claimed
				S\$
				S\$
				S\$

*Loss Ratio (%) = Total claim amount/gross Premium

Declaration

I declare and agree that:

- no insurance is in force until this proposal form is accepted by Chubb and a policy is issued pursuant thereon;
- this policy may be classified as a Singapore Policy for accounting purposes;
- I have been advised of and understand the contents of the brochure and all information which has been provided to us relating to this insurance product;
- I have provided complete, true and accurate information on this enrolment form and that no material information has been withheld. I also agree that the information provided forms part of the contract between Chubb and the above referenced company and acknowledge that Chubb relies and acts on the information provided to issue a policy;
- I understand that Chubb reserves the right to decline any claim if any declaration is found to be incorrect or if any material information is missing from this application form; and
- I am authorised to sign this form on behalf of the above referenced company.

Signature of Authorised Representative

Company Stamp of Authorised Signatory

Date

Signature of Insurance Intermediary

Contact Us

Chubb Insurance Singapore Limited
Co Regn. No.: 199702449H
138 Market Street
#11-01 CapitaGreen
Singapore 048946
O +65 6398 8000
www.chubb.com/sg

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