

# Masterpiece<sup>®</sup>

## Proposal Form



### Client Information

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Name: \_\_\_\_\_

Marital Status:  Single  Married  Partnered  Divorced  Widowed

Passport / NRIC No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office)  
\_\_\_\_\_ (Mobile)

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

Company & Occupation: \_\_\_\_\_ (Client)

Company & Occupation: \_\_\_\_\_ (Spouse)

Date of Birth: \_\_\_\_\_ DD / MM / YYYY (Client) \_\_\_\_\_ DD / MM / YYYY (Spouse)

Broker/Agent (if any): \_\_\_\_\_

### Details of Property

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Property Location (Please list the main/primary location first.)  
\_\_\_\_\_

Location 1 \_\_\_\_\_

Location 2 (if applicable) \_\_\_\_\_

#### Residential Information

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	Location 1	Location 2 (If applicable)
Type of Residence		
Occupancy Status		
Year Built Home		
Built-In Square Area		

Security Details

	Location 1	Location 2
Tick all that applies	<input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Grilled Windows <input type="checkbox"/> Safe Please provide details of the safe(s), e.g. size, brand, model. (if applicable)	<input type="checkbox"/> Burglar Alarm <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Grilled Windows <input type="checkbox"/> Safe Please provide details of the safe(s), e.g. size, brand, model. (if applicable)
Are the burglar alarms or fire alarms connected and centrally monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a live-in domestic helper?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property in a good state of repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the property undergoing any works or renovations or have any planned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the property have any history of or is it in an area prone to flooding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Protection (if any)		

**Coverage**

Masterpiece is divided into 3 main sections. You only need to complete the relevant sections where insurance is required. However please note that Section III Personal Liability will only be available if Section I Home and Contents is taken up. Please note that Contents section is compulsory.

I. Home and Contents

**Values** (Please indicate the replacement/construction costs of the sections required.)

	Building (Landed, e.g. Detached, Semi-Detached, Terrace)	Alterations and Additions (renovations)	Contents*
Location 1	S\$ _____	S\$ _____	S\$ _____
Location 2	S\$ _____	S\$ _____	S\$ _____

\* Excluding those listed under Section II Valuable Articles.

**Deductible** (Please tick one box.)

A deductible is the first dollar amount of a payable claim borne by the insured.

- S\$200                     
  S\$500                     
  S\$1,000

II. Valuable Articles

a) Property location where the greatest amount of valuable articles are kept:                       Location 1    Location 2

b) Please provide the total value for the following:

Jewellery (including Watches)	Fine Arts	Wine	Bicycles	Musical Instruments
S\$ _____	S\$ _____	S\$ _____	S\$ _____	S\$ _____
Cameras	Laptops	Silverware	Fur	Others
S\$ _____	S\$ _____	S\$ _____	S\$ _____	S\$ _____

c) From the total value figures above, please provide a list of items for the following categories (be sure to indicate if the jewellery will be kept in a bank vault):

Jewellery (including Watches) above S\$15,000 per article

Fine Arts above S\$15,000 per article

Wine above S\$2,000 per article

All Bicycles, Musical Instruments, Cameras, Silverware, Fur and Other Valuables regardless of value per article.

Category	Description of Item	Sum Insured (S\$)

Please request for a separate form if you need more space for your itemised Valuable Articles.

Valuation certificates or receipts are required for items above S\$100,000/- each. Supporting documents for items which are insured under the "Others" category may also be requested on an individual basis.

III. Personal Liability

Please indicate the level of coverage required

S\$500,000

S\$1,000,000

S\$2,000,000

S\$ 3,000,000

S\$ 5,000,000

Loss History

a) Has the Proposer and/or the Insured had any circumstances that occurred in the last five years that could have given rise to a claim under a household insurance policy whether insured or not?

Yes  No

If Yes, please give details (including type of loss, dates and amounts paid):

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b) Has the Proposer and/or the Insured ever been refused insurance (new or renewal), had insurance cancelled or cover rejected?

Yes  No

c) Has the Proposer and/or the Insured been charged or convicted of a criminal offence in the last ten years (with the exception of traffic offences)?

Yes  No

d) Has the Proposer and/or the Insured been declared bankrupt in the last seven years?

Yes  No

If Yes to question (b), (c) or (d), please give full details:

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## Declaration

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I consent and authorise Chubb to collect, use, disclose, and/or process my personal data or information supplied to Chubb without further notification to me confidentially with its affiliated companies, third party service providers, business partners and/or other parties, which may be sited outside Singapore, for administering policies taken out with Chubb, handling claims and customer services and to allow Chubb and/or its business partners to perform marketing and related activities, until Chubb receives my written instruction to the contrary. Upon my written request, Chubb shall, without charge, cease to use my personal information for purposes other than those directly related to the administration of this Policy. I understand that a copy of Chubb's Personal Data Protection Policy can be found at [www.chubb.com/sg-privacy](http://www.chubb.com/sg-privacy) and I am deemed to have read the same.

I will write to Chubb's Data Protection Officer at 138 Market Street #11-01 CapitaGreen, Singapore 048946 for any request to withdraw my consent, access to and/or correction of any information supplied to Chubb and Chubb may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests.

I hereby declare that I understand the above statement and the information provided is true to the best of my knowledge.

## Signature

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I have fully and faithfully disclose all facts which I know or should know in respect of my application for insurance. Otherwise, the policy may be void.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please click on the button to submit your proposal form**

## About Chubb

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Chubb is a world leader in insurance. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. The company is defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb employs approximately 40,000 people worldwide. Additional information can be found at: [www.chubb.com](http://www.chubb.com).

## Contact Us

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