

Masterpiece[®]

Proposal Form



Client Information

Name: _____

Passport / NRIC No.: _____

Mailing Address: _____

Telephone Numbers: _____ (Home) _____ (Office)

_____ (Mobile)

Email Address: _____

Company/Position: _____ (Client)

_____ (Spouse)

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

Broker/Agent (if any): _____

Details of Property

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

1. _____

2. _____

Type of Residence (Please tick the relevant box.)

(Detached/Semi-Detached/ Terrace/Condo/Apartment)	Owner Occupied	Rented To Others	Rented To You	Vacant/ Holiday Home	Year Built	Built-In Square Area
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Security Details

	Safe	Burglar Alarm	Fire Alarm	Fire Extinguisher	Grilled Windows
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details of the safe(s), e.g. size, brand, model.

Are the burglar alarms connected and monitored by the police or a security company?

1. Yes No

2. Yes No

For Owner Occupied and Tenanted residences, is there a live-in domestic helper?

1. Yes No

2. Yes No

Other Protection (if any) _____

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):

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:

Payment Mode

AMEX Mastercard VISA

Issuing Bank _____

Cardholder's Name _____

Card No. _____ - _____ - _____ - _____ Card Expiry MM/YY Card Verification Code (CVV)^ _____

^CVV - For AMEX cards, CVV is the 4-digit no. printed on the front of the card above the card number. For VISA & Mastercard cards, it is the last 3-digit no. printed just above the signature panel in reverse italics on the back of your card.

Cardholder's Signature

Date

Declaration

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 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

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

Submit

About Chubb in Singapore

Chubb is the world's largest publicly traded property and casualty insurer. 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.

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