



FEDERAL INSURANCE COMPANY – SINGAPORE
One of the Chubb Group of Insurance Companies

18 Cross Street #11-08 China Square Central Singapore 048423
 Telephone: 6333 8113 Facsimile: 6333 8112

PERSONAL ACCIDENT / LOSS OF LIFE CLAIM FORM

The Insured or Claimant is requested to state as fully and as accurately as possible the information asked for hereunder in order to expedite claim processing and to return the form immediately to the Company. Any documentary proof or reports required by the Company shall be furnished at the expense of the Policyholder or Claimant. Acceptance of this Form is not in itself and admission of liability on the part of the Company.

I. Preparer's Information

Your Name: _____ Email Address: _____
 Tel / Mobile No: _____ Date Submitted: _____

II. Policyholder's Information

Name: _____ Occupation / Business: _____
 Address: _____ Relationship to Deceased: _____
 Tel / Mobile No: _____ Email Address: _____
 Policy No: _____ Period of Insurance: _____ To _____

III. Claimant's Information (if Policyholder is not the Claimant)

Name: _____ Occupation: _____
 Address: _____ Relationship to Deceased: _____
 Tel / Mobile No: _____ Email Address: _____

Part A – Particulars of Deceased

Name: _____ Gender: Male Female
 Address: _____ Date of Birth: _____
 Occupation: _____ Date of Employment: _____
 Marital Status: _____ Nationality: _____
 No. & Age of Children, if any: _____ NRIC / Passport No: _____

Other Insurance:

Was Deceased covered under any other insurance? Yes No

If YES, please provide the following information:

Insurance Company & Policy #	Policy Period	Type of Policy Coverage	Sum Insured

If space is insufficient, please attach a separate sheet

Part B – Describe how the accident occurred (What happened? How?)

Date of Accident: _____

Place of Accident: _____

Date of Death: _____

Was the Accident reported to the Police? Yes No If Yes, a copy of the police report must be attached to this claim form

Names & Addresses of Witnesses to the Accident: _____

If admitted, Name & Address of Hospital : _____

Part C – Supporting Documents

TO FACILITATE CONSIDERATION OF YOUR CLAIM, PLEASE ENSURE YOU SUBMIT ALL THE NECESSARY DOCUMENTS TOGETHER WITH THIS FORM AS SOON AS AVAILABLE:

1. Original certified copy of death certificate;
2. Original certified copy of Deceased's identification documents (such as NRIC or passport, birth certificate, marriage certificate)
3. Original certified copy of coroner's findings and/or autopsy report and/or post-mortem report and/or medical report, if available
4. Copy of any other report (such as police report, motor accident report form, Notice of Accident Form A to Ministry of Manpower, newspaper clipping, etc)
5. If payment is to be made to Deceased's Estate: original certified copy of claimant(s) identification documents (such as NRIC or passport, birth certificate, marriage certificate) and other legal documents required by law: original certified copy of Grant of Letters of Administration or Grant of Probate and Estate Duty Certificate.

Additional information and/or documents may be required, in which case we will contact you as soon as possible. Please note that all documentary proof must be furnished at the expense of the Claimant(s).

IMPORTANT INFORMATION PERTAINING TO PAYMENT TO DECEASED'S ESTATE:

(Applicable to claim which is subject to Singapore law and jurisdiction)

Section 61 of the Insurance Act allows, although not compels, the Insurance Company to pay up to S\$150,000 to a proper claimant without the production of the Grant of Probate or Grant of Letters of Administration. Thus for claim amount in excess of S\$150,000, Federal Insurance Company is able to pay S\$150,000 first and the remaining balance upon production of the Grant of Probate or Grant of Letters of Administration.

A Grant of Probate is issued by the Courts confirming the appointment of the executor(s) named in the deceased's will.

A Grant of Letters of Administration is issued by the Courts stating the legal representatives who are entitled to deal with the deceased's estate when there is no will.

Under Singapore Estate Duty Act, the sum insured payable must be included in the Schedule of Assets attached to a Grant of Probate or Grant of Letters of Administration.

Part D – Declaration

I/We hereby declare that to the best of my/our knowledge and belief, the statements and answers in this form are true and correct in every respect. I/We understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

I/We also hereby authorise any hospital, physician, or other person who had attended to or examined the deceased to disclose when requested to do so by **FEDERAL INSURANCE COMPANY** or its authorised representative, any and all information with respect to any illness, or injury, medical history, consultations, prescriptions or treatment, copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and valid as the original.

Name & Signature of
Policyholder's Representative
(with company stamp)

Date _____

Name & Signature of Claimant

Date _____

You are reminded to submit the completed form together with supporting documents as soon as possible to Federal Insurance Company or your broker for claim processing. If any detail or information is not readily available, we suggest you do not delay despatch of this form, but submit further details at a later date.

Any new information available subsequent to the date of this notification must be forwarded as soon as it comes to your knowledge.

Should you have any question, please contact any one of our claims personnel:

Ho Li Li **DID (65) 6510 7310 or via email address: lho@chubb.com**
Andra Teo **DID (65) 6510 7350 or via email address: andrateo@chubb.com**
Susan Lee **DID (65) 6510 7308 or via email address: susanlee@chubb.com**