

# Electronic Device

## Claim Form

**Important Information:** The Insured shall exercise due diligence and take all reasonable precautions to protect the Equipment/Insured item(s) against Theft or Damage and comply with requirements and manufacturer’s recommendations. The issue and acceptance of this Form does NOT constitute an admission of liability by Chubb Insurance Singapore Limited (Chubb) or waiver of its rights. The information requested and documents mentioned in this form are a general guide. Further documents or information may be required depending on the circumstances of your claim. Note that failure to provide supporting documentation may result in delays in the processing of your claim.

**Instructions:**

1. Please download/save a copy of the claim form to your computer before filling up the downloaded/saved form.
2. Submit the completed form and relevant original copies of supporting documents to Chubb via email (**recommended**) or through your broker.
3. If you are submitting the form and supporting documents via email, please click on the submit button at the end of this form. Your completed form will automatically be attached to the email.
4. Submission of form and supporting documents in person or by mail to Chubb Insurance Singapore Limited, 138 Market Street, #11-01 CapitaGreen Singapore 048946

**Section A: Particulars of Policyholder/Insured Person**

Name of Policyholder/Insured Person (As shown in NRIC/Passport): \_\_\_\_\_

Address of Policyholder/Insured Person: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policy Number(s) : \_\_\_\_\_ Tel Number: \_\_\_\_\_

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

NRIC/Passport No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female Date of Employment: DD / MM / YYYY Occupation: \_\_\_\_\_

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

**Section B: Payment Details**

Please provide details for payment of your claim in the event that the claim is deemed payable by Chubb.

I hereby authorise and request Chubb to pay benefit due in respect of this claim as follows (Name as per Identification Card and/or Bank Account):

**Electronic Funds Transfer** (For payments in SGD and to bank accounts in Singapore) (**Recommended**)

Payee Name (As per bank account name): \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch Code Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Cheque Payment** (Cheque payments will take longer than Electronic Funds Transfer due to postage)

Payee Name (As per bank account name): \_\_\_\_\_

If no name is provided, settlement will be effected to the payee as provided for under the terms of the policy.

**Important Notice:** Chubb shall (i) be discharged from all liability under this claim and (ii) not be liable for any and all losses incurred by you, as a result of you providing Chubb with an incorrect bank account number under this section for the payment of this claim.

**Section C: Details of Loss/Occurrence**

Country of loss/occurrence:  Singapore  Malaysia  Others: \_\_\_\_\_

Place of loss/occurrence: \_\_\_\_\_

Date of loss/occurrence: DD / MM / YYYY Time of loss/occurrence (24-Hour): HH : MM

Describe how the incident/loss took place (Please use supplementary sheet if necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If the item was damaged, please also provide details of the damage and its extent.

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Where was the device at the time of the incident?

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When and by whom was the loss discovered? \_\_\_\_\_

Relationship of person to the Insured: \_\_\_\_\_

Were there witnesses to the incident?  Yes  No

If Yes, please provide details below:

Particulars	Witness 1	Witness 2
Name		
Address		
NRIC		
Contact Number		

**Section D: Police Report**

Please note:

1. The Police must be informed immediately if the property has been lost or maliciously damaged.
2. A copy of the Police Report/Statement must be attached.

Were particulars of loss taken by or reported to the Police?  Yes  No

If Yes, please furnish with details below.

Name of Police Station: \_\_\_\_\_

Date of Report: DD / MM / YYYY Time of Report (24-Hour): HH : MM

If No, please state reason(s) that the loss was not reported to the Police:

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**Section E: Details of Property Damaged and/or Lost**

Please note:

1. Property damaged, lost or stolen are to be described in detail.
2. Receipts showing date, price/cost, and place of purchase of the article/item set out below should accompany this form.
3. The Insured must promptly take all possible steps to trace/recover the property lost.
4. If the claim is for damage, an estimate for repair should be submitted. If the property is not repairable, a letter from repairers to that effect should be forwarded (This may or may not be applicable depending on the terms of your policy. Please read your policy to check the provisions for damaged insured equipment).
5. All salvage must be retained.
6. In the case of damaged property, a set of photographs depicting the damage is to be submitted to us.

(Please use supplementary sheet if necessary)

Description of property lost or damaged	Brand & Model	Serial / IMEI No	Where Did You Purchase The Device / Item	Purchase date	Original purchase price	Amount claimed (If applicable)
						Total Amount Claimed (\$)

Did you remove or save any property immediately before or during the occurrence?  Yes  No

If **Yes**, how much and where is it located now?

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Are you the sole owner of the property/article lost or damaged?  Yes  No

If **No**, please state name, address and relationship of other owner(s).

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Was the device under warranty?  Yes  No

If **Yes**, please provide period of warranty:

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**Section F: Others (Please specify details of other benefits that you are claiming for under your policy)**

(Please use supplementary sheet if necessary)

Details Of Claim	Amount Claim

**Section G: Any Other Insurances**

Are there any other policies of insurance in force covering you or the subject matter in respect of this event?  Yes  No

If **Yes**, please specify below.

Name and Addresses of insurance company(s)	Policy No(s).

Are you claiming under any of the policies listed above?  Yes  No

**Section H: Claims History**

Have you or any insured person previously made claim(s) for loss/damage?  Yes  No

If **Yes**, please specify below.

(Please use supplementary sheet if necessary)

Name Of Insurer	Claim No.	Date Of Loss	Nature Of Loss	Amount Paid

## Section I: Declaration

Did you remember to enclose the following? (Where applicable)

Documents	Yes	No
Traffic Police Report (for Loss or Theft claim)	<input type="checkbox"/>	<input type="checkbox"/>
Purchase Receipts	<input type="checkbox"/>	<input type="checkbox"/>
Warranty Card	<input type="checkbox"/>	<input type="checkbox"/>
Repair Quotations	<input type="checkbox"/>	<input type="checkbox"/>

By signing this form, I/We agree that Chubb will use the information supplied here and during the formation and performance of my policy, for policy administration, customer services, claims handling and fraud analysis and prevention, and that Chubb may disclose such information to its service providers, agents, authorities and other parties for these purposes.

I/We hereby authorise any hospital, physician, and any other person or entity who has attended to or examined me, to furnish to Chubb or its authorised representatives, any and all information with respect to any illness or injury or loss, medical history, consultation, prescriptions or treatment, copies of all hospital, medical or other records, investigation status and results, and such personal information as Chubb in its absolute discretion considers relevant for its assessment of my claim. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

I/We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I/We agree that if I/We have made or in any further declaration or representation shall make any false or fraudulent statements or suppress, conceal or falsely state any fact whatsoever the Policy shall be void and all rights to recover thereunder in respect of past, present or future claims shall be forfeited.

\_\_\_\_\_  
Name and Designation of Policyholder

\_\_\_\_\_  
Signature with Company Stamp (if applicable)

\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Name of Insured Person (if different from Policyholder)

\_\_\_\_\_  
Signature of Insured Person

\_\_\_\_\_  
Date (DD/MM/YYYY)

Please submit the completed claim form via email to [SPLClaims.SG@chubb.com](mailto:SPLClaims.SG@chubb.com). Kindly ensure that the relevant supporting documents are submitted as well.

Please click on the button to submit your claim form

**Submit**

Note:

- 1) Please refer to Page 1 for instructions on how to download and submit your claim form.
- 2) Kindly check to ensure you are submitting the copy downloaded and saved in your computer before submission.
- 3) Please ensure that the relevant supporting documents are submitted as well.

**Chubb. Insured.™**