

# Life Events Benefit Claim Form



\*SG020\*

CHUBB®

## Important Information

To facilitate the processing of your claim, you are required to complete Sections A and B for all claim submissions.

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.

Your Policy may not provide cover under every section shown in this Claim Form.

## Section A: Particulars of Policyholder/Insured Person and Claimant

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Name of Policyholder/Insured Person (as shown in NRIC/Passport):

\_\_\_\_\_

Address of Policyholder/Insured Person:

\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Policy No(s): \_\_\_\_\_

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

NRIC / Passport No: \_\_\_\_\_ Date of Birth: DD / MM / YYYY

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

Tel No. (Mobile): \_\_\_\_\_ Gender:  Male  Female

Tel No. (Office): \_\_\_\_\_ Tel No. (Residence): \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Intermediary (if any): \_\_\_\_\_

Date of Employment: DD / MM / YYYY Name of Employer: \_\_\_\_\_

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

## Section B: Payment Details

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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 No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Note: For a more seamless experience, we recommend selecting the Electronic Funds Transfer (EFT) option so you can receive the remittance within 3-5 days upon approval of claim.

**Cheque Payment**

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

Note: 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 Claim

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Kindly indicate the life event to claim. (Please tick one)

Marriage

Birth of your Child(ren)

Adoption of Child(ren)

Child commences university

Divorce

Change of Employer

Purchase of new home as usual place of domestic residence

Have you claimed for any of the life events stated above before? If **Yes**, please provide us with details below:

Type of Life Event	Date Of Event (DD/MM/YYYY)

## Section D: Declaration

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

Document	Yes	N/A
Copy of Marriage Certificate (for Marriage benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Birth Certificate (for Birth of your Child(ren) benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Adoption Court Orders (for Adoption of Child(ren) benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of 1) Child's Birth Certificate; AND 2) Student Pass (for Child commences university benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Divorce Court Orders / Final Decree (for Divorce benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>
Letter of Employment from Human Resource Department of new employer stating employment details (for Change of Employer benefit claim)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of 1) Title Deed; AND 2) NRIC (front and back) showing new residential address (for Purchase of new home as usual place of domestic residence benefit claim)	<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 of Policyholder

\_\_\_\_\_  
Signature of Policyholder

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

**Please click on the button to submit your claim form:**

**Submit**

### Note:

Kindly submit the completed claim form through your Broker or by email to [A&HClaims.SG@Chubb.com](mailto:A&HClaims.SG@Chubb.com). Please ensure that the relevant supporting documents are submitted as well.

### Contact Us

Please visit our website at [www.chubb.com/sg](http://www.chubb.com/sg) or contact us at +65 6398 8000.

**Chubb. Insured.™**