

# Termination of Policy

## Request Form



\*SG005\*

Name of Policyholder: \_\_\_\_\_

NRIC/Passport No.: \_\_\_\_\_ Tel No. (Mobile): \_\_\_\_\_

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

Address of Policyholder: \_\_\_\_\_

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

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

Policy No.:

Policy Name:

1.

1. \_\_\_\_\_

2.

2. \_\_\_\_\_

3.

3. \_\_\_\_\_

4.

4. \_\_\_\_\_

5.

5. \_\_\_\_\_

Please terminate my policy(s) with effect from \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ (DD/MM/YYYY)

Reason(s) for termination (Please place a tick (✓) in boxes(  ) where applicable.)

Have a similar coverage       Financial Reasons       Sales Related

Others (Please specify) \_\_\_\_\_

Is there any other feedback which you would like to share with us? \_\_\_\_\_

This serves as an authorisation for Chubb Insurance Singapore Limited (Chubb) to process the above intent. The details can be mailed to us, faxed to 6298 1055 or emailed to customerservice.sg@chubb.com

Should you require further assistance, please call our Customer Relations Officers at 6299 0988. We will be glad to assist you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Request was made:  In Person       Telephone Request (Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM/PM))

Chubb. Insured.™

Apply glue here

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Note: Kindly fold along the dotted lines with this side facing out.

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