

# Homeowners

## Claim Form

**Important Information:** 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. The issuance and acceptance of this form does NOT constitute an admission of liability by Chubb Insurance Singapore Limited (Chubb) or waiver of its rights.

**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.

For more information or assistance on your claim, please contact Chubb at +65 6398 8000 or email [ResidentialClaims.SG@chubb.com](mailto:ResidentialClaims.SG@chubb.com).

Important: To assist the prompt settlement of your claim, please attach repair and/or replacement quotes/invoices for the items claimed.

### Section A: Policy Holder/Insured Person/Beneficiary Information

Name (As shown in NRIC/Passport):

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

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

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

### Section B: Loss Information

Date of Loss: DD / MM / YYYY \_\_\_\_\_ Cause of Loss:: \_\_\_\_\_

Location of Loss: \_\_\_\_\_

Loss Description::

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness Name: \_\_\_\_\_ Tel Number: \_\_\_\_\_

Any other relevant information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section C: Payment Details

In the event my claim is payable by Chubb, I authorise and request Chubb to arrange for payment as follows:

☐ **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: \_\_\_\_\_

☐ PayNow

Registered Identification or Mobile Number: \_\_\_\_\_ Registered Displayed 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 D: Any Other Insurance

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

If Yes, please specify below:

Name And Address of Insurance Company(s)	Policy No(s).

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

## Section E: List of Claims

Description of property lost or damaged	Quantity	Original Purchase Price (\$)	Purchase Date	Amount Claimed (\$) (If Applicable)
Total amount claimed				

## Section F: Declaration

By signing this form, I agree that Chubb will use the information supplied here and during the formation and performance of the 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 authorise any person or entity to provide to Chubb or its authorised representatives, any and all information with respect to any loss and claims, police records, investigation status and results, and such personal information as Chubb in its absolute discretion considers relevant for its assessment of this claim. A photostatic copy of this authorisation shall be considered as effective and valid as the original.

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I 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 Claimant:

\_\_\_\_\_  
Signature of Claimant:

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

Please submit the completed claim form via email to ResidentialClaims.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.