

Third Party Authorisation Form

Important Information:

All fields must be duly completed. No amendments or corrections can be made on the form.

Instructions:

1. Please download/save a copy of the form to your computer before filling up the downloaded/saved form.
2. Submit the completed form to Chubb by clicking on the submit button at the end of this form. Your completed form will automatically be attached to the email.

Section A: Particulars of Policyholder

Name of Policyholder: _____

NRIC/Passport No. of Policyholder: _____ Policy No.(s): _____

Email: _____ Mobile Number: _____

Section B: Details of Appointed Person

As the Policyholder, I authorise Chubb Insurance Singapore Limited (Chubb) to disclose all requested policy information to the individual named below.

Name of Appointed Person (please indicate Last Name in capital letters): _____

NRIC/Passport No.: _____ Date of Birth: DD /MM /YYYY

Email: _____ Mobile Number: _____

Relationship to Policyholder: _____

Name of Company (for Financial Advisor only): _____

Section C: Authorisation

I authorise Chubb to release all requested policy information, excluding credit card and bank account number, and agree:

1. To indemnify and hold Chubb and its employees harmless from any liabilities and costs, including legal fees, which may be incurred by Chubb in relying upon this authorisation; and
2. This authorisation is valid with effect from DD /MM /YYYY :

(Please choose one. Authorisation will be deemed ineffective if no option is chosen.)

- for maximum of one year.
- and will remain in effect until Chubb receives written notice of its revocation signed by me.

Section D: Declaration

I give consent and authorisation to Chubb to collect, use and/or disclose my personal data or information supplied to Chubb without further notification to me, confidentially with its affiliated companies, third party service providers, business partners and/or other parties which may be sited outside of Singapore, for administering policies taken out with Chubb, customer services and to allow Chubb and/or its business partners to perform marketing and related activities, until Chubb receives my written instruction to the contrary. Upon my written request, Chubb shall, without charge, cease to use my personal information for purposes other than those directly related to my insurance policies with Chubb. A copy of the Chubb's Personal Data Protection Policy can be found at www.chubb.com/sg-privacy and I am deemed to have read the same.

I will write to Chubb's Data Protection Officer at 138 Market Street #11-01 CapitaGreen, Singapore 048946 for any request to withdraw my consent, access to and/or correction of any information supplied to Chubb and Chubb may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests.

Signature of Policyholder

Date

Please click on the button to submit the completed form or email to CSBP.SG@chubb.com.

Submit

Note:

- 1) Please refer to the above instructions on how to download and submit your form.
- 2) Kindly check to ensure you are submitting the copy downloaded and saved in your computer before submission.