

# Masterpiece®

## Proposal Form

CHUBB®

### Client Information

Name: \_\_\_\_\_

Passport / NRIC No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office)

\_\_\_\_\_ (Mobile)

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

Company/Position: \_\_\_\_\_ (Client)

\_\_\_\_\_ (Spouse)

Date of Birth: \_\_\_\_\_ DD / MM / YYYY (Client) \_\_\_\_\_ DD / MM / YYYY (Spouse)

Broker/Agent (if any): \_\_\_\_\_

### Details of Property

Property Location (Please list the main/primary location first.)

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

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

Type of Residence (Please tick the relevant box.)

(Detached/Semi-Detached/ Terrace/Condo/Apartment)	Owner Occupied	Rented To Others	Rented To You	Vacant/ Holiday Home	Year Built	Built-In Square Area
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Security Details

	Safe	Burglar Alarm	Fire Alarm	Fire Extinguisher	Grilled Windows
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details of the safe(s), e.g. size, brand, model.

Are the burglar alarms connected and monitored by the police or a security company?

1. ☐ Yes ☐ No

2. ☐ Yes ☐ No

For Owner Occupied and Tenanted residences, is there a live-in domestic helper?

1. ☐ Yes ☐ No

2. ☐ Yes ☐ No

Other Protection (if any) \_\_\_\_\_

## Coverage

Masterpiece is divided into 3 main sections. You only need to complete the relevant sections where insurance is required. However please note that Section III Personal Liability will only be available if Section I Home and Contents is taken up.

## I. Home and Contents

**Values** (Please indicate the replacement/construction costs of the sections required.)

Building	Alterations and Additions (renovations)	Contents*
1. S\$ _____	S\$ _____	S\$ _____
2. S\$ _____	S\$ _____	S\$ _____

\* Excluding those listed under Section II Valuable Articles.

**Deductible** (Please tick one box.)

A deductible is the first dollar amount of a payable claim borne by the insured.

☐ S\$200                      ☐ S\$500                      ☐ S\$1,000

## II. Valuable Articles

a) Property location where the greatest amount of valuable articles are kept: ☐ Location 1 ☐ Location 2

b) Please provide the total value for the following:

Jewellery	Fur	Fine Arts	Stamps	Coins
S\$ _____	S\$ _____	S\$ _____	S\$ _____	S\$ _____
Silverware	Cameras	Musical Instrument	Laptops	Others
S\$ _____	S\$ _____	S\$ _____	S\$ _____	S\$ _____

c) From the total value figures above, please provide a list of items for the following categories (be sure to indicate if the jewellery will be kept in a bank vault):

Jewellery above S\$5,000 per article	Coins above S\$2,000 per article	Fine Arts above S\$5,000 per article
Stamps above S\$2,000 per article	Furs above S\$2,000 per article	

All Silverware, Cameras, Musical Instruments and Other Valuables regardless of value per article.

[illegible]

*Please request for a separate form if you need more space for your itemised Valuable Articles.*

Valuation certificates and receipts are required for items above S\$100,000/- each (except for stamps and coins where the limit is S\$15,000/- each item or set). Supporting documents for items which are insured under the "Others" category may also be requested on an individual basis.

### III. Personal Liability

Please indicate the level of coverage required

☐ S\$500,000      ☐ S\$1,000,000      ☐ S\$2,000,000      ☐ S\$ 3,000,000      ☐ S\$ 5,000,000

## Loss History

a) Has the Proposer and/or the Insured had any circumstances that occurred in the last five years that could have given rise to a claim under a household insurance policy whether insured or not?

☐ Yes ☐ No

If Yes, please give details (including type of loss, dates and amounts paid):

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b) Has the Proposer and/or the Insured ever been refused insurance (new or renewal), had insurance cancelled or cover rejected?

☐ Yes ☐ No

c) Has the Proposer and/or the Insured been charged or convicted of a criminal offence in the last ten years (with the exception of traffic offences)?

☐ Yes ☐ No

d) Has the Proposer and/or the Insured been declared bankrupt in the last seven years?

☐ Yes ☐ No

If Yes to question (b), (c) or (d), please give full details:

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## Payment Mode

☐ AMEX ☐ Mastercard ☐ VISA

Issuing Bank 

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Cardholder's Name 

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Card No. 

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 Card Expiry 

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MM / YY Card Verification Code (CVV)^ 

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*^CVV - For AMEX cards, CVV is the 4-digit no. printed on the front of the card above the card number. For VISA & Mastercard cards, it is the last 3-digit no. printed just above the signature panel in reverse italics on the back of your card.*

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Cardholder's Signature

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Date

## Declaration

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I consent and authorise Chubb to collect, use, disclose, and/or process 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 Singapore, for administering policies taken out with Chubb, handling claims and 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 the administration of this Policy. I understand that a copy of Chubb's Personal Data Protection Policy can be found at [www.chubb.com/sg-privacy](http://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.

I hereby declare that I understand the above statement and the information provided is true to the best of my knowledge.

## Signature

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I have fully and faithfully disclose all facts which I know or should know. Otherwise, the policy may be void.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please click on the button to submit your proposal form

Submit

## About Chubb in Singapore

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Chubb is the world's largest publicly traded property and casualty insurer. Chubb Insurance Singapore Limited, via acquisitions by its predecessor companies, has been present in Singapore since 1948. Chubb in Singapore provides underwriting and risk management expertise for all major classes of general insurance. The company's product offerings include Financial Lines, Casualty, Property, Marine, Industry Practices as well as Group insurance solutions for large corporates, multinationals, small and medium-sized businesses. In addition, to meet the evolving needs of consumers, it also offers a suite of tailored Accident & Health and Personal & Specialty insurance options through a multitude of distribution channels including bancassurance, independent distribution partners and affinity partnerships.

Over the years, Chubb in Singapore has established strong client relationships by delivering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at [www.chubb.com/sg](http://www.chubb.com/sg).

## Contact Us

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