

# Producer's Particulars

## Update Form



**Note:**

Kindly email the completed form to [IDP.SG@chubb.com](mailto:IDP.SG@chubb.com) for processing.

**Name of Producer:** \_\_\_\_\_

**Producer Code:** \_\_\_\_\_ **Date of Request:** DD/MM/YYYY

**Please place a tick ( ✓ ) in boxes(  ) where applicable.**

---

**Personal Details**

Name (as per NRIC\*): \_\_\_\_\_

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

Country of Birth/Nationality\*: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Mailing Address:

Business Address

Home Address

*(Note: Your primary mailing address will be printed on all policies serviced under your account)*

*\* Kindly provide a copy of NRIC/Passport for verification.*

**Contact Details**

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

Tel (Mobile): \_\_\_\_\_ Tel (Home): \_\_\_\_\_

Tel (Business): \_\_\_\_\_ Tel (Fax): \_\_\_\_\_

**Agent Type**

Previous:  General (Non-Life)  Composite

Current:  General (Non-Life)  Composite

\_\_\_\_\_  
*(Please state name of Life Company)*

Date of conversion: DD/MM/YYYY

Agency Name (Life Company): \_\_\_\_\_



I have been a life insurance agent since: \_\_\_\_\_

I have left the life insurance industry since: \_\_\_\_\_

\_\_\_\_\_  
Signature of Producer

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

**Chubb. Insured.**<sup>TM</sup>