

Supplementary Form for Non Face-to-Face Advisory Process

Plan Name 1

Plan Name 2

Plan Name 3

Plan Name 4

This non face-to- face session for insurance sales was completed by way of:

☐ Video conference (please provide details):

Date (DD/MM/YYYY)

Start Time

End Time

☐ Telephone call (please provide details):

Date (DD/MM/YYYY)

Start Time

End Time

Customer(s)' Declaration

I/We confirm and agree with the following.

- I/We are not Selected Clients. A Selected Client is any individual who meets any two of the following criteria:
 - Aged 62 years or older;
 - Not proficient in written or spoken English; or
 - Has below GCE 'O' level or "N" level qualifications, or equivalent academic qualifications.
- The Fact Find Form has been discussed with me/us, and my/our Representative has explained its contents and recommendations and I/we agree with those recommendations.
- For the policy(ies) recommended, my/our Representative has explained the values, key benefits, and information in the Cover Page(s), Policy Illustration(s), Product Summary(ies) and Bundled Product Disclosure Document(s) (where applicable) to my/our satisfaction. I have read all pages of these documents and I understand and accept the benefits of the plan(s).
- I/we understand that where confirmation calls are required and Aviva Ltd is unable to confirm my/our purchase within 30 working days from the date the policy is issued, Aviva Ltd will terminate my/our policy. Aviva Ltd will contact me using this number 6827 9970.
- With the signing of this form, I/We confirm my/our instructions to apply for Aviva Ltd's policy(ies) as stated in the enclosed Application form(s), Fact find Form and other documents, which were presented to me electronically.
- For the avoidance of doubt, this declaration shall form part of the policy.

Signature of Assured:

Name of Assured:

NRIC/Passport (last 4 characters e.g. 123A)

Date (DD/MM/YYYY):


Signature of Joint Assured/Life Assured:

Name of Joint Assured/Life Assured:

NRIC/Passport (last 4 characters e.g. 123A)

Date (DD/MM/YYYY):

Note: This signature will be used for future transactions on your policy. If it is not what you intend to use for your policy instructions, please update Aviva Ltd with your specimen signature independently.

Signature of Medisave Account Holder:*(according to the Account Holder stated in the Application Form)*

Name of Medisave Account Holder:

NRIC/Passport (last 4 characters e.g. 123A)

Date (DD/MM/YYYY):

Signature of Card / Account Holder:*(according to the Card Holder stated in the Application Form)*

Name of Card / Account Holder:

NRIC/Passport (last 4 characters e.g. 123A)

Date (DD/MM/YYYY):

Representative's Declaration

1. I confirm that I have presented the Fact Find Form to the customer, and its contents and recommendations have been discussed, explained to and agreed by the customer. For the Aviva policies recommended, I have presented electronically the Application Form(s), Cover Page(s), Policy Illustration(s), Product Summary(ies) and Bundled Product Disclosure Document(s), and the customer understands and accepts the benefits of the plan(s).
2. I have solicited this insurance business in Singapore, and that all the related documents were confirmed in Singapore.
3. For new customers of Aviva Ltd, I declare that
 - I have met the above-mentioned customer(s) at least once in person, or through a video call, and verified his/her identity; or
 - the above-mentioned customer(s) is/are customer(s) of mine whose identity I have verified previously.

Signature of Representative:

Name of Representative:

Date (DD/MM/YYYY):