

Advanced Silver - PA Plan

AIG - Telemarketing Call Guide

Greeting	
TM	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; border-right: 1px solid black; margin-right: 10px;">:</div> <div> <p>Good morning/afternoon/evening, may I speak to Mr/Ms_____ please?</p> <p>If NOT available, When is a good time for me to call you/him/her back? <i>(Take down call back date and time)</i></p> <p>If available,</p> <p>Mr/Ms <Name of customer>, I am _____ calling from AIG Asia Pacific Insurance Pte. Ltd. Is it convenient to speak to you for a few minutes?</p> </div> </div>
CM	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center; border-right: 1px solid black; margin-right: 10px;">:</div> <div> <p>Yes, what is it regarding? (Go on to <u>Welcome Message</u>)</p> <p>No, I'm busy. (Arrange callback)</p> </div> </div>
Welcome Message	
<p>(Mr/Ms <Name of customer>, thank you for supporting AIG. Before we proceed, we would like to inform you that this conversation is recorded.</p> <p>We would like to extend to you this accident plan called the Advanced Silver Plan.</p> <p><u>If you are talking to Active Seniors (40s)</u> - We understand the worries that come with this phase in life, amongst many things, to be financially ready to care for yourself as age catches up. We would like to be part of your journey, to help you be financially ready to handle things as they come along. Seek freedom with our Advanced Silver Plan as we assist to take away some of your financial stresses to help you lead a worry-free, active lifestyle. Advanced Silver Plan is designed to provide comprehensive coverage for our valued customers just like yourself, with affordability in mind.</p> <p>(Please proceed to continue with <u>Product Presentation</u>)</p>	
Presentation Advanced Silver Plan	
<p>Mr/Ms <Name of customer>, as we all know, accidents are unforeseeable and may result in major or minor injuries or may even be fatal. As we grow older, we are more prone to Accidents and the road to recovery may take longer than we expected. Advanced Silver Plan offers 24 hours worldwide coverage.</p> <p>The Basic Plan will pay a lump sum of \$10,000 in cash in the event of Accidental death (Legacy Expenses) of the Insured person. If the Insured person suffers Accidental Permanent disablement, we will pay up to \$50,000 per accident. <TSR may cite an example at this time></p> <p>If the Insured person sustains injury in an accident and is unable to perform 3 Activities of Daily Living as defined under the Policy (Loss of Independent Existence due to Injury), this plan will pay a lump sum of \$18,000 in cash. <TSR may cite an example></p> <p>Advanced Silver Plan will also reimburse the cost/rental of mobility aid/wheelchair expenses as prescribed by the Doctor after the insured person's discharge from hospital under the Mobility Aid Reimbursement of up to \$1,500. <TSR may cite an example at this time></p> <p style="background-color: yellow;">In the event of prolonged hospitalization of more than 10 consecutive days due to injury sustained, should the doctor recommends services of a senior day-care centre or home nursing post hospitalization, we will pay you up to S\$1,000 per accident for these services incurred under the Caregiving Support benefit. <TSR may cite an example at this time></p> <p>REMARKS – if the customer is looking for higher coverage, please offer Comprehensive Plan</p>	

The specific terms, conditions and exclusions of this Plan are as set out in the Policy. You only need to set aside \$ **<quote premium based on Core Benefits Premium per year under Basic /Comprehensive Plan>** to enjoy this coverage, which works out to be an affordable premium of less than xx cents a day or monthly premium of xxx

We have also made the enrolment hassle-free. No signing of forms is required as this phone conversation is recorded, but we will be asking the following questions / declaration of health.

Benefits:

- 1) **Basic + Add-on AMR and / or Daily Hospital Income (Injury)**
- 2) **Comprehensive + Add-on AMR and / or Daily Hospital Income (Injury)**

Underwriting Questions:

1. **Is the person to be insured currently unable to perform any of the activities of daily living (Washing, Dressing, Feeding, Toileting, Mobility, Transferring)?**

(If No >> Please proceed to Trial Close and Enrollment)

(If Yes customer cannot be covered and apologized)

Individual Add-On Benefits (Basic Plan)

1. **Accident Medical Reimbursement of up to \$1,000 per accident injury (premium is based on age band – refer to table for the premium) – Complementary and Alternative Medicine (Sublimit S\$500)**
2. **Daily Hospital Income (Injury) - \$50/day per accident (Pay each day of stay in hospital, up to maximum 30 days/injury) – (premium is based on age band – refer to table for the premium)**

Benefits:

- 1) **Basic + Living Care and / or Hospital Income (Illness)**
- 2) **Comprehensive + Living Care and / or Hospital Income (Illness)**
- 3) **Basic + Living Care and / or Hospital Income, AMR and / or Daily Hospital Income (Injury)**
- 4) **Comprehensive + Living Care and / or Hospital Income (Illness), AMR and / or Daily Hospital Income (Injury)**

Underwriting Questions:

1. **Has the person to be insured ever had a policy or application for life, sickness, disability, critical illness or medical insurance refused, postponed, declined, withdrawn or had any special terms imposed including extra premium or exclusion(s)?**

2. **Does the person to be insured suffer any physical impairment or deformity or illness of any kind? If yes, please give details.**

3. **Is the person to be insured currently unable to perform any of the activities of daily living (Washing, Dressing, Feeding, Toileting, Mobility, Transferring)?**

Individual Add-On Benefits (Basic Plan)

1. **Living Care - Pays a lump sum of \$18,000 (basic) / \$36,000 (comprehensive) in the event of sustaining injury or illness suffered resulting in loss of independent existence.**
2. **Daily Hospital Income (Illness) - Illness suffered resulting in hospital confinement - - \$50/day, pay each day of stay in hospital, up to maximum 15 days/injury (premium is based on age band – refer to table for the premium)**

(If No to all questions >> Please proceed to Trial Close and Enrollment)

(If Yes for all UW, customer cannot be covered and apologized)

(If Yes for 1 or 2 or both and No to UW 3, customer can still be covered for Basic / Comprehensive and

Add-on AMR and Daily Hospital Income (Injury)

Trial Closing and Enrolment

Mr/Ms <Name of customer>, you'll be pleased to know that with this cover you will enjoy round the clock protection even when you are traveling overseas on holiday and it is renewable up to attaining the age of 90.

(Seeking Independent Advice) You may wish to seek advice from an agent, qualified FA or intermediary if you have any questions regarding this plan.

(Pause)

Would you like to buy/purchase this plan now?

Negative Response – Proceed to Objection Handling
If response is positive – Go to Sales Closing (Verbatim)

Sales Closing (Verbatim)

Thank you, Mr/Ms <Name of customer>, we would like to inform you that this conversation is recorded.

Before we proceed further, I'd like to highlight that no pre-existing conditions or physical impairment will be covered under this Plan. Advanced Silver Plan <Basic + add-on /Comprehensive + add-on> Plan is a personal accident plan for which benefits mentioned earlier are payable only upon an accident occurring.

May I confirm that you have agreed to buy this plan and understood the benefits and product information that I have provided?

<TM is required to get clear consent from customer before proceeding on>

A&H			
Scenarios	Plan Type	Data Use Indicator	Instructions
Caller = Policy Holder	Self	Yes	Go straight to Procurement Process
Caller = Policy Holder	Self	No	Refer to PDPA Verbatim No. 1
Caller = Policy Holder	Couple/Family	Yes OR No	Refer to PDPA Verbatim No. 2
Caller ≠ Policy Holder	NA	Yes OR No	Refer to PDPA Verbatim No. 3

PDPA Verbatim No. 1: Caller = Policy Holder (Self)

Thank you for the confirmation. To process your application, may I have your consent to AIG collecting, using and disclosing your personal data to manage your relationship with AIG which details of the AIG Data Privacy Policy can be found at www.aig.sg?

If Customer says Yes	Proceed to Procurement Process
If customer asks for explanation on the privacy policy	The purposes include processing, administering and managing your relationship with AIG, audit, compliance, investigation and inspection purposes, compliance with legal, regulatory/risk management obligations and procedures and AIG's internal policies, managing AIG's infrastructure and business operations, and market research and analysis. AIG may need to disclose your personal information to other AIG group companies, service providers, reinsurers, agents, distributors and business partners, which may be outside of Singapore, for the aforementioned purposes. Do you consent to AIG collecting, using and disclosing your personal data for

	<p>the purposes set out in AIG's Data Privacy Policy?</p> <p><If Customer says Yes: proceed to Procurement Process></p> <p><If Customer insists to review the policy, TSR to schedule a call back to follow up with customer before leads/campaign expiry date></p>
If Customer asks to review the Privacy Policy	<p>As you are aware, this is a new Data Protection Law that deals with the collection, use and disclosure of personal data by organizations, hence consent must be obtained before we can process your application.</p> <p>In this case, do you prefer for me to email AIG's Data Privacy Policy for your review or would you like to review the policy on www.aig.sg?"</p> <p><TSR to schedule a call back to follow up with customer before leads/campaign expiry date></p>

PDPA Verbatim No 2: Caller = Policy Holder (Couple Plan)

Thank you for the confirmation. To process your application, are you authorized to provide your spouse personal data and also to provide consent to AIG collecting, using and disclosing both of your personal data to manage relationship with AIG which details of AIG's Data Privacy Policy can be found at www.aig.sg

If Customer says Yes	Proceed to Procurement Process
If customer asks for explanation on the privacy policy	<p>The purposes include processing, administering and managing your relationship with AIG, audit, compliance, investigation and inspection purposes, compliance with legal, regulatory/risk management obligations and procedures and AIG's internal policies, managing AIG's infrastructure and business operations, and market research and analysis. AIG may need to disclose your personal information to other AIG group companies, service providers, reinsurers, agents, distributors and business partners, which may be outside of Singapore, for the aforementioned purposes.</p> <p>Do you confirm that you are authorized to provide your spouse's personal information to AIG and that you consent to AIG collecting, using and disclosing both of your personal data for the purposes set out in AIG's Data Privacy Policy?</p> <p><If Customer says Yes: proceed to Procurement Process></p> <p><If Customer insists to review the policy, TSR to schedule a call back to follow up with customer before leads/campaign expiry date></p>
If Customer asks to review the Privacy Policy	<p>As you are aware, this is a new Data Protection Law that deals with the collection, use and disclosure of personal data by organizations, hence consent must be obtained before we can process your application.</p> <p>In this case, do you prefer for me to email AIG's Data Privacy Policy for your review or would you like to review the policy on www.aig.sg?"</p> <p><TSR to schedule a call back to follow up with customer before leads/campaign expiry date></p>

PDPA Verbatim No 3: Caller ≠ Policy Holder (Caller buying for his/her spouse/child/parent ONLY)

Thank you for the confirmation. To process your application, are you authorized to provide your <state relationship> personal data and also to provide consent to AIG collecting, using and disclosing <his/her> personal data to manage relationship with AIG which details of AIG's Data Privacy Policy can be found at www.aig.sg

If Customer says Yes	Proceed to Procurement Process
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If customer asks for explanation on the Privacy Policy	<p>The purposes include processing, administering and managing your relationship with AIG, audit, compliance, investigation and inspection purposes, compliance with legal, regulatory/risk management obligations and procedures and AIG's internal policies, managing AIG's infrastructure and business operations, and market research and analysis. AIG may need to disclose his/her personal information to other AIG group companies, service providers, reinsurers, agents, distributors and business partners, which may be outside of Singapore, for the aforementioned purposes.</p> <p>Do you confirm that you are authorized to provide your spouse/child/parent personal information to AIG and that you consent on his/her behalf to AIG collecting, using and disclosing his/her personal data for the purposes set out in AIG's Data Privacy Policy?</p> <p><If Customer says Yes: proceed to Procurement Process></p> <p><If Customer insists to review the policy, TSR to schedule a call back to follow up with customer before leads/campaign expiry date></p>
If customer asks to review Privacy Policy	<p>As you are aware, this is a new Data Protection Law that deals with the collection, use and disclosure of personal data by organizations, hence consent must be obtained before we can process the application.</p> <p>In this case, do you prefer for me to email AIG's Data Privacy Policy for your review or would you like to review the policy on www.aig.sg?"</p> <p><TSR to schedule a call back to follow up with customer before leads/campaign expiry date></p>

Procurement Process

If Caller = Policy Holder (Self Plan)	<p>May I have your name as stated on your NRIC?</p> <ul style="list-style-type: none"> • NRIC (Last 4 Digits of NRIC) e.g "123A" • Address • Date of Birth • Contact Number
If Caller = Policy Holder (Couple Plan)	<p>May I have your name as stated on your NRIC?</p> <ul style="list-style-type: none"> • NRIC (Last 4 Digits of NRIC) e.g "123A" • Address • Date of Birth • Contact Number <p>May I have your spouse full name as stated on his/her NRIC please?</p> <ul style="list-style-type: none"> • NRIC • Date of Birth
If Caller ≠ Policy Holder (Caller buying for his/her spouse/child/parent ONLY)	<p>May I have his/her full name as stated on his/her NRIC please?</p> <ul style="list-style-type: none"> • NRIC • Date of birth • Mailing Address to reach him/her • Contact number to reach him/her

Proceed to Sales Closing – Payment Processing

Sales Closing - Payment Processing

Payment via Credit Card / Debit Card*

Please allow me to have your credit / debit card number.

- ❖ The name as it appears on the card?
- ❖ The expiry date of your card?

***[Internal information only]: Do note that our preferred method of payment is by Credit or Debit card.**

If the customer does not own a credit / debit card, please proceed to Payment via GIRO.

TM to note if the name appearing on the credit / debit card is different from the Applicant's name in the NRIC, please say the following:-

Mr/Ms <Name of customer>, I note that the name that you have just given me is different from the name on your IC; may I confirm that the card belongs to you?

<TM must establish why the name is different and get an acknowledgment from the customer that the card can be charged with the premiums.>

If customer says that it is not his/her card –

Mr/Ms <Name of customer> since the card does not belong to you, for compliance purpose, we are obliged to call the cardholder to get authorization to charge the premiums to the credit / debit card number provided by you. May I have his/her name and telephone no. please? Thank you.” **(Letter of Authorization may be used to allow the card owner to sign).**

Objection Handling:

QN: Why do you need to call the credit / debit card holder to confirm his/her permission? Can't you take instructions from me?

TM: Mr/Ms <Name of customer> this is to ensure that the card holder is informed of the transactions made from his/her credit / debit card. As you are our valued customers, we also want to ensure that the privacy and interest of our customers are protected.

Payment via GIRO

Not to worry, Mr/Ms <Name of customer> you may also make payment through GIRO. I will arrange with our courier service to deliver the GIRO form to you for your signature and to collect it at the same time for our processing. **<TM is to offer time frame accordingly>**. Once the bank approves the GIRO application, the monthly premium will be deducted from your bank account.

Sales Confirmation (Verbatim)

Mr/Ms <Name of customer>, we confirm that you have purchased the Advanced Silver <Basic + add-on / Comprehensive + add-on > Plan and a **monthly / yearly renewable premium** of <AMOUNT> inclusive of 7% GST will be charged to your credit/debit card /GIRO account. Please note that the premium will increase when you move to the next age band.

<For credit card / debit card payments ONLY, please say the following statement>:

Your policy will take effect immediately once successful deduction of premium. Policy documents will be sent to you by mail within 2-3 weeks of the date of acceptance. Please note that for the first billing we will charge the full Annual premium or if you opt for monthly premium, 2 months of premiums will be charged and reflected in your upcoming credit card statement, thereafter, premium deductions will be made monthly.

<For GIRO payments ONLY, please say the following statement>:

Your policy will take effect immediately following the receipt and acceptance of completed and signed GIRO

form by AIG. We will be sending the policy documents to you by mail within 2-3 weeks of the date of acceptance.

In your policy package, you will receive

- The Product Summary for Advanced Silver
- Policy Contract

Once you have received these documents, please review the contract. There is a 14-day free review period for you to appreciate the benefits of the Plan. Please seek advice from qualified insurance advisor if you are in doubt. This is to ensure that the Plan is appropriate to your financial needs and insurance objectives. Please write to AIG to cancel the Policy and return the documents within the 14-day period if you find this Plan does not meet your needs. If you are switching policy, please consider if this will result in any cost and whether the benefits in the new policy are more suitable.

Before the end of the call please summarize ALL the benefits that was presented

Mr/Ms <Name of customer>, please allow me to summarize the benefits that I have shared with you very quickly.

(CE to recap the benefits of the Plan that was presented)

Please refer to the policy documents for the full list of benefits and exclusions.

This product is protected under the Policy Owners' Protection Scheme. For more information, please visit AIG, GIA, or SDIC websites.

{Provide website address only if requested for by customer (www.AIG.sg or www.gia.org.sg or www.sdic.org.sg)}.

You will receive a SMS from AIG to thank you for the application and you can reach AIG at 6419 3000 for any policy matters. My name is <Name of TSR>, thank you and have a nice day, goodbye.

Scenarios	Plan Type	Targetable Segment indicator	Instruction
Caller = Policy Holder	Self/Couple/Family	Yes	Proceed to end the call if no update of Personal Data upon enrolment. If Personal Data, TSR required to seek for Marketing Consent.
Caller = Policy Holder	Self/Couple/Family	No	Refer to seek Marketing Consent.
Caller ≠ Policy Holder	NA	Yes (under PH's profile)	Proceed to end the Call. If change in personal data, flag as "Do Not Market"
Caller ≠ Policy Holder	NA	No (under PH's profile)	Proceed to end the Call & flag as "Do Not Market".

Marketing Consent

If Caller = Policy Holder (Self/Couple Plan)	Before we end the call, would you consent to or our service providers or our business partners to contact you to market other AIG products & Services?	If Yes If No	Thank you for your consent and application. <Proceed to Ending the Call> "Please note that it will take 30 days to process your request. Within the 30 days, you may receive marketing messages or calls from us and we seek your kind understanding and co-
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			<p>operation in this regard. After the period of 30 days, AIG will not contact you for marketing of AIG insurance and/or services and you will not be enrolled in contests, prize draws and similar promotions</p> <p><i><Proceed to Ending the Call></i></p>
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Ending the Call

<Rejection Calls>

We respect your decision Mr/Ms <Name of Customer>, you may call our hotline at 6419 3000 should you change your mind.

Thank you for your time and have a nice day. Goodbye

<TSR must wait for customer to end the call before dropping the line>

<Enrolment Calls>

Thank you for your enrolment and your time, have a nice day, Goodbye

<TSR must wait for customer to end the call before dropping the line>

Important:

TSR is required to check "Do NOT Market" List under the profile of the policy holder for:

- 1) All 3rd party enrolments**
- 2) Policy holders who wish to OPT OUT of marketing**

Refer to PDPA - Withdrawal of Marketing Consent SOP for more information

**Name of Plan: Advanced Silver
Objection Handling**

1Q. : I WANT TO THINK ABOUT IT.

TM : May I know what is holding you back, Mrs/Ms <Name of customer>?
(Pause for a response and go to relevant objections) OR:

An accident is unforeseen and may happen at any time. It may happen when we least expect it to and when it happens, we and our loved ones may face with unexpected medical costs and other expenses. This cover allows you to focus on your recovery instead of worrying about unexpected expenses.

By setting aside less than _____ cents a day, you'll provide yourself and your loved ones with some financial protection under the **Advanced Silver Plan**. I'm sure you wouldn't want to add any financial burden to yourself and your loved ones if such accident unfortunately occurs. Would you agree with me, Mrs/Ms <Name of customer>? That's why it's important to cover yourself adequately. **<Cite current examples if necessary>**

May I proceed to enroll you now?

2Q. : I AM BUSY, PLEASE SEND ME A BROCHURE.

TM : Well, Mrs/Ms <Name of customer>, I understand that you're a busy person. That is precisely the reason for my call. I will explain to you the benefits of the cover over the phone, and you can make a quick decision to purchase the insurance without any undue delay. Besides, I am able to assist you with any queries you may have on the Plan. Once you agree to sign up, we'll process your enrolment without the hassle of you having to complete and mail the application form. This will also help you save time as well as ensure that you'll not miss out on this offer.

Mrs/Ms <Name of customer>, shall I confirm the coverage for you?

3Q. : I'M HEAVILY INSURED.

TM : Ms/Mr <Name of customer>, it's good to hear that you are well covered. Nevertheless, this Plan is specially designed for you to enhance your existing coverage. You'll be glad to know that **Advanced Silver Plan** will pay the benefits in accordance with the Plan. The amount payable in this Plan will not be affected or reduced even if you have other Insurances, except for the Accident Medical Reimbursement benefit which is paid on a reimbursement basis. If you are covered by other insurance which makes provision for such reimbursement, we will only pay the balance that is not reimbursed by that policy.

If nothing happens, we often think that we may not need more insurance coverage. However, if something happens, coverage from one policy may not be enough. One major accident may just wipe out all the financial resources that you may have. So why take the risk, Mr/Ms <Name of customer>?

So, Mr/Ms <Name of customer>, may we proceed with the enrolment?

4Q. : TOO EXPENSIVE / NO MONEY

TM : Ms/Mr <Name of customer>, we understand that cost is a concern. We've all read about the rising medical and living costs. The premium is a small amount to pay to protect yourself and lessen any financial burden on your family if an accident happens.

Advanced Silver Plan provides peace of mind and financial means in times of need. This Plan also protects you all the way until you attain the age of 90 years old

Mrs/Ms <Name of customer>, may we proceed with the enrolment?

5Q. : I ALREADY HAVE ADEQUATE COVERAGE FROM MY COMPANY.

TM : Ms/Mr <Name of customer>, **Advanced Silver Plan** will pay the benefits in accordance with the Plan. The amount payable in this Plan will not be affected or reduced even if you have other Insurances, except for the Accident Medical Reimbursement benefit which is paid on a reimbursement basis. If you are covered by other insurance which makes provision for such reimbursement, we will only pay the balance that is not reimbursed by that policy.

Why not take this opportunity to increase your insurance protection and allow me to enroll you for the Plan or are there any areas which you would like me to elaborate on? **<Pause for response before continuing>**

With this in mind, Mr/Ms <Name of customer>, may I proceed to enroll you for the Plan?

6Q. : I HAVE A SIMILAR POLICY BUT I WOULD LIKE TO SWITCH TO THIS PLAN.

TM : Mrs/Ms <Name of customer>, you may like to note that different policies offer different benefits. There is no need to terminate your existing policy as this policy will pay the benefits in accordance with the Plan. The amount payable in this Plan will not be affected or reduced even if you have other Insurances.

Nevertheless, if you wish to terminate your existing policy, you may wish to seek advice from an insurance representative before doing so to ensure that you are not disadvantaged or being penalised in any way. You should also consider carefully if there are transaction costs or penalties that you may incur due to the switch.

Mrs/Ms <Name of customer>, may I proceed to enroll you for the Plan?

7Q. : I WANT TO CONSIDER MORE.

TM : Mrs/Ms <Name of customer>, may I know what other areas you are considering?

Maybe I can help to explain to you in detail. **(Pause for a response and go to relevant objections)**

8Q. : CAN I HAVE MORE INFORMATION?

TM : Mrs/Ms <Name of customer>, what other information would you need / what are the areas of your concern?
(Pause for a response and go to relevant objections)

(Explain as necessary, then trial close) Mrs/Ms <Name of customer>, with that in mind, may I sign you up for the Plan?

9Q. : I HAVE NEVER MADE A CLAIM BEFORE. I DON'T THINK I NEED TO BUY ANOTHER POLICY.

TM : I'm happy to hear that you have never made a claim before. In fact, the purpose of insurance is to provide you with peace of mind. Unfortunately, illnesses and accidents can happen at any time and you should ensure that you have financial support for you and your family over the difficult period.

With the rising medical costs, perhaps you may wish to consider getting an additional policy to complement your existing level of coverage. It is one of the most effective ways to take care of your family. Perhaps I can go through the product benefits with you? **(Reiterate KEY SELLING POINTS of Advanced Silver Plan)**

Mr/Ms <Name of customer>, may I sign you up for the Plan now?

10Q. : I WILL CONTACT MY INSURANCE AGENT AND ENROL WITH HIM/HER.

TM	<p>Mrs/Ms <Name of customer> I'm glad to hear that you are interested in the Plan. However, this Plan is available only if you purchase the insurance from us directly and not through an agent. When you enroll now, you will not be required to undergo any medical check-up. You have the convenience of enrolling over the phone as you do not need to complete any Application Form and you and your family can also enjoy the additional financial security almost right away.</p> <p>Mrs/Ms <Name of customer>, may I sign you up for the Plan now?</p>
11Q	: I'M NOT INTERESTED!
TM	<p>Mrs/Ms <Name of customer>, please allow me to share with you the benefits of the Plan once again and if after that, you decide that this Plan is still not suitable for you, I will respect your decision.</p> <p>(If still not interested) Mrs/Ms <Name of customer>, no problem. If you change your mind, please contact me at <Campaign Hotline number>. My name is <Name of TM>.</p>
12Q	: I DON'T FEEL COMFORTABLE GIVING CREDIT CARD DETAILS OVER THE PHONE.
TM	<p>Mrs/Ms <Name of customer>, please be assured that all details given to us will be kept confidential. Credit card is also a most convenient method of payment. It will save you the hassle of having to complete forms and you may easily track your payments from your monthly credit card statement.</p> <p>Mrs/Ms <Name of customer>, would you like to use VISA / MasterCard for your payment?</p>
13Q	: I DON'T KNOW YOU AT THE OTHER END. HOW DO I KNOW YOU ARE REALLY CALLING FROM AIG?
TM	<p>Mrs/Ms <Name of customer>, I understand your concern. Let me assure you that we are calling from AIG. However, you may like to call our campaign hotline to verify. The hotline number is <Campaign Hotline number>.</p> <p>Please call me back and we'll complete the enrolment. My name is <Name of TM>.</p>
14Q	: WHAT HAPPENS IF I CANCEL MY CREDIT CARD IN FUTURE?
TM	<p>Upon cancellation of your credit card, you may choose to pay by GIRO.</p> <p>You may contact our Consumer Contact Centre at 6419 3000 and our Customer Care Consultants will assist you.</p>
15Q	: ALL OBJECTION HANDLING TRIED, CUSTOMER IS STILL NOT WILLING TO GIVE CREDIT CARD OVER THE PHONE.
TM	<p>Mrs/Ms <Name of customer>, we understand your uneasiness. I will e-mail the application form to you so that you can indicate your credit card details. Please sign the form before e-mail back the form to us. Once I receive your e-mail, I will call you to verify the credit card details. Would that be all right with you, Mrs/Ms <Name of customer>?</p> <p>(WHEN CUSTOMER REFUSES TO COMPLETE THE APPLICATION FORM AS WELL)</p> <p>Mrs/Ms <Name of customer>, may I offer you the alternative of paying the premium by GIRO? For your convenience, I'll arrange for our courier to deliver the GIRO form to you for your signature today.</p> <p>May I proceed to make the arrangement now and enroll you for Advanced Silver Plan?</p>
16Q	: WHAT IF I'M NOT SATISFIED WITH THE PLAN?
TM	<p>Once you have received the policy documents, please take some time to review the benefits, terms and</p>

conditions of the Plan. You may also wish to seek advice from a qualified advisor if you are in doubt as to any of the benefits or terms of the cover. This is to ensure that the Plan is appropriate to your financial needs and insurance objectives. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs.

Should you find that this Plan does not meet your needs, please write in to cancel the Policy and mail the policy documents to us within 14 days of receipt of the documents. We will refund you whatever premiums we may have charged you if you cancel within the 14 days' free look period provided that no claims have been made.

Enrollment is hassle-free, Mrs/Ms <Name of customer>. To complete the enrolment, we will confirm with you your personal particulars over the phone and you will receive the policy document within 2-3 weeks by mail following the date of acceptance of your application.

May I proceed to enroll you for this Plan?

**Name of Plan: Advanced Silver Plan
Frequently Asked Questions (FAQs)**

1Q : What is the eligible entry age if I wish to enroll for Advanced Silver Plan?
1A : This Plan is eligible for customers between the ages of 40 and 74 and is renewable up to the age of 90.
2Q : Will the plan affect my existing insurance plans?
2A : No, AIG will pay benefits in accordance with the Plan. The amount payable in this Plan will not be affected or reduced even if you have other Insurances.
3Q : When will I receive my policy document?
3A : In about 2–3 weeks upon acceptance of your application by AIG .
4Q : Do I need to go for any medical examination?
4A : No medical examination is required.
5Q : May I pay by GIRO or cheque?
5A : You may pay by GIRO. Please complete and submit the GIRO application form to us. We do not accept payment by cheque.
6Q : If I wish to cancel the Plan, what should I do?
6A : If you wish to cancel the Plan, you must inform AIG in writing either by email or post addressed to: <div style="text-align: center;">Customer Service Group (DM Unit) AIG Building 78 Shenton Way #11-16 Singapore 079120</div>
7Q : If I need to file for a claim, what is the claim notification procedure?
7A : Please call our Claims Contact Centre at 6419 3000 to ask for the Personal Accident and Sickness claim form or visit www.AIG.sg to download the claim form. All relevant documents detailing the extent of injury or illness together with the completed claim form will have to be submitted.

8Q : Will the premium increase with age?
8A : Yes, the premium will increase as one move to the next age band. It will cover you until you attain the age of 90. The premiums are also not guaranteed and may be adjusted with any GST changes.
9Q : May I choose to pay the premiums annually?
9A : Yes, you can pay by Annually and monthly premium is accepted.
10Q : What do you mean by “pre-existing conditions”?
10A : Pre-Existing Condition is any Injury, Illness or other condition: (a) for which You had sought or received treatment, medication, advice or diagnosis before the Policy Effective Date; (b) which first manifested itself, worsened, became acute or presented signs or symptoms prior to the Policy Effective Date and which would have caused any reasonable person to seek diagnosis, care or treatment; or (c) which is a Chronic Condition or cancer diagnosed before the Policy Effective Date.
11Q : How did you get my number? Repeated calls / Claims invasion of privacy
11A : You are our valued policyholder and I am calling you from AIG , to offer you this exclusive promotion. If you would prefer not to be contacted for special offers, I will be glad to have your name and phone number removed from all future insurance promotional lists. We apologize for any inconvenience.

Appendix

Product Overview

Benefits under core plans	Basic	Comprehensive
Accidental Permanent Disablement	\$50,000	\$70,000
Fractures, Dislocations, Severe Burns & Specified Injuries	Up to \$1,500	Up to \$3,000
Caregiving Support	Up to \$1,000	Up to \$2,000
Mobility Aid Reimbursement	Up to \$1,500	Up to \$3,000
Recuperation Benefit	\$100	\$250
Legacy Expenses	\$10,000	\$20,000
Loss of Independent Existence due to Injury	\$18,000	\$36,000

(Optional) Individual Add-On Benefits	Basic	Comprehensive
Accident Medical reimbursement	Up to \$1,000	Up to \$2,000

Sublimit: Complementary or Alternative Medical Treatments expenses	Up to \$500	Up to \$500
Living Care	\$18,000	\$36,000
Daily Hospital Income (Injury)	\$50/day	\$100/day
Daily Hospital Income (Illness)	\$50/day	\$100/day

Core Plans Benefits Premiums

Core Plans Annual Premiums (\$\$ inclusive of GST)		
Age Band	Basic	Comprehensive
40 – 69 (Entry Age)	\$95.23	\$172.27
70 – 74 (Entry Age)	\$220.42	\$398.04
75 – 79 (Renewal Only)	\$346.68	\$628.09
80 – 84 (Renewal Only)	\$476.15	\$860.28
85 – 90 (Renewal Only)	\$715.83	\$1,294.70

Core Plans Monthly Premiums (\$\$ inclusive of GST)		
Age Band	Basic	Comprehensive
40 – 69 (Entry Age)	\$7.94	\$14.36
70 – 74 (Entry Age)	\$18.37	\$33.17
75 – 79 (Renewal Only)	\$28.89	\$52.34
80 – 84 (Renewal Only)	\$39.68	\$71.69
85 – 90 (Renewal Only)	\$59.65	\$107.89

Optional Benefit – Accident Medical Reimbursement

Accident Medical Reimbursement Annual Premiums (\$\$ inclusive of GST)		
Age Band	Basic	Comprehensive
40 – 69 (Entry Age)	\$143.38	\$170.13
70 – 74 (Entry Age)	\$330.63	\$392.69
75 – 79 (Renewal Only)	\$521.09	\$618.46
80 – 84 (Renewal Only)	\$714.76	\$847.44
85 – 90 (Renewal Only)	\$1,075.35	\$1,275.44

Accident Medical Reimbursement Monthly Premiums (S\$ inclusive of GST)		
Age Band	Basic	Comprehensive
40 – 69 (Entry Age)	\$11.95	\$14.18
70 – 74 (Entry Age)	\$27.55	\$32.72
75 – 79 (Renewal Only)	\$43.42	\$51.54
80 – 84 (Renewal Only)	\$59.56	\$70.62
85 – 90 (Renewal Only)	\$89.61	\$106.29

Optional Benefit – Living Care

Living Care Annual Premiums (S\$ inclusive of GST)		
Age Band	Basic	Comprehensive
40 – 44 (Entry Age)	\$26.75	\$53.50
45 – 49 (Entry Age)	\$27.82	\$56.71
50 – 54 (Entry Age)	\$36.38	\$72.76
55 – 59 (Entry Age)	\$66.34	\$131.61
60 – 64 (Entry Age)	\$117.70	\$235.40
65 – 69 (Entry Age)	\$208.65	\$417.30
70 – 74 (Entry Age)	\$343.47	\$685.87
75 – 79 (Renewal)	\$604.55	\$1,209.10
80 – 84 (Renewal)	\$1,340.71	\$2,682.49
85 – 90 (Renewal)	\$3,336.26	\$6,672.52

Living Care Monthly Premiums (S\$ inclusive of GST)		
Age Band	Basic	Comprehensive
40 – 44 (Entry Age)	\$2.23	\$4.46
45 – 49 (Entry Age)	\$2.32	\$4.73
50 – 54 (Entry Age)	\$3.03	\$6.06
55 – 59 (Entry Age)	\$5.53	\$10.97
60 – 64 (Entry Age)	\$9.81	\$19.62
65 – 69 (Entry Age)	\$17.39	\$34.78
70 – 74 (Entry Age)	\$28.62	\$57.16
75 – 79 (Renewal)	\$50.38	\$100.76
80 – 84 (Renewal)	\$111.73	\$223.54
85 – 90 (Renewal)	\$278.02	\$556.04

Optional Benefit – Daily Hospital Income (Injury)

Daily Hospital Income (Injury) Annual Premiums (\$\$ inclusive of GST)		
Age Band	Basic	Comprehensive
40 – 69 (Entry Age)	\$17.12	\$33.17
70 – 74 (Entry Age)	\$37.45	\$74.90
75 – 79 (Renewal Only)	\$59.92	\$118.77
80 – 84 (Renewal Only)	\$81.32	\$162.64
85 – 90 (Renewal Only)	\$121.98	\$243.96

Daily Hospital Income (Injury) Monthly Premiums (\$\$ inclusive of GST)		
Age Band	Basic	Comprehensive
40 – 69 (Entry Age)	\$1.43	\$2.76
70 – 74 (Entry Age)	\$3.12	\$6.24
75 – 79 (Renewal Only)	\$4.99	\$9.90
80 – 84 (Renewal Only)	\$6.78	\$13.55
85 – 90 (Renewal Only)	\$10.17	\$20.33

Optional Benefit – Daily Hospital Income (Illness)

Daily Hospital Income (Illness) Annual Premiums (\$\$ inclusive of GST)		
Age Band	Basic	Comprehensive
40 – 44 (Entry Age)	\$72.76	\$145.52
45 – 49 (Entry Age)	\$75.97	\$153.01
50 – 54 (Entry Age)	\$98.44	\$195.81
55 – 59 (Entry Age)	\$121.98	\$242.89
60 – 64 (Entry Age)	\$156.22	\$312.44
65 – 69 (Entry Age)	\$219.35	\$438.70
70 – 74 (Entry Age)	\$303.88	\$608.83
75 – 79 (Renewal)	\$431.21	\$861.35
80 – 84 (Renewal)	\$581.01	\$1,162.02
85 – 90 (Renewal)	\$735.09	\$1,469.11

Daily Hospital Income (Illness) Monthly Premiums (\$\$ inclusive of GST)		
Age Band	Basic	Comprehensive
40 – 44 (Entry Age)	\$6.06	\$12.13
45 – 49 (Entry Age)	\$6.33	\$12.75
50 – 54 (Entry Age)	\$8.20	\$16.32
55 – 59 (Entry Age)	\$10.17	\$20.24
60 – 64 (Entry Age)	\$13.02	\$26.04
65 – 69 (Entry Age)	\$18.28	\$36.56
70 – 74 (Entry Age)	\$25.32	\$50.74
75 – 79 (Renewal)	\$35.93	\$71.78
80 – 84 (Renewal)	\$48.42	\$96.84
85 – 90 (Renewal)	\$61.26	\$122.43

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