

# Corporate Assist Application Form



Statement pursuant to Section 25(5) of the Insurance Act (Cap 142) or any amendments thereof; You are to disclose in this application, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.

## PROPOSER'S PARTICULARS

Yes, we would like to enrol for Corporate Assist Plan

Name of Company: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

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

Contact Person (Name): \_\_\_\_\_

Tel (Office): \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

Total Number of Employees: \_\_\_\_\_

Effective Date of Cover (Subject to AIG's Approval): \_\_\_\_\_ (DD/MM/YY)

## ANNUAL PLAN – Please fill in and/or tick appropriate boxes (IN BLOCK LETTERS)

No.	Name of Employees (As it appears in Passport/NRIC)	Designation/ Classification	Date of Birth DD/MM/YY	Type of Plan			Coverage/Area				Incl. Leisure	Annual Premium (\$\$)
				1	2	3	Basic Regl.	Comprehensive Int'l	Basic Regl.	Comprehensive Int'l		
1.												
2.												
3.												
4.												
5.												

\*If space is insufficient, please attach a separate sheet.

## CLAIMS HISTORY – Please tick appropriate boxes

- I/We declare no claims for the last 3 years.  
 I/We declare claims for the last 3 years. (Please provide Claims details on a separate sheet)

## PAYMENT – Total Premium payable: \$ \_\_\_\_\_

By cheque to:

AIG Asia Pacific Insurance Pte. Ltd.

Cheque No.: \_\_\_\_\_

Bank: \_\_\_\_\_

By Credit Card:

Mastercard  Visa  Amex  Diners  Other

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

Credit Card No.: 3456 1238 9015 Expiry Date: 12/20

I/We agree to pay the premiums according to the plan chosen and I/We hereby authorise AIG Asia Pacific Insurance Pte. Ltd. to charge the stated annual premium to the following credit card. Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to its use.

## DECLARATION AND AUTHORIZATION

It is hereby acknowledged that by signing this application form,

1) I/We declare and warrant that declarations and disclosures herein are true and shall form the basis of the contract of insurance

2) By submitting information to AIG relating to any identifiable individual, you represent and warrant that you have the authority to provide that personal information to AIG.

With respect to any individual about whom you provide personal information to AIG, you undertake and warrant that:

- (i) you have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed or transferred by AIG, as set out in the consent clause contained at (ii) below; and
- (ii) the individual agrees and consents that AIG may collect, use and process his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such personal information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental/regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:
  - (a) Processing, underwriting, administering and managing his/her relationship with AIG;
  - (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
  - (c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
  - (d) Managing AIG's infrastructure and business operations; and
  - (e) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to the individual to the full version of AIG's Data Privacy Policy found at [http://www.aig.com.sg/sg-privacy\\_1030\\_237853.html](http://www.aig.com.sg/sg-privacy_1030_237853.html) before you provide the above representation and warranty.

(3) I/We hereby declare that I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information material relating to this insurance product.

Name of Proposer: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature of Proposer & Company Stamp: \_\_\_\_\_

## IMPORTANT NOTE

- 1) A minimum of 5 employees are required to enrol for the plan.
- 2) Please note that all policies, renewal certificates, endorsement for policies carry a Premium Warranty Clause which requires the premium to be paid in full within 60 days or period of cover whichever is shorter, failing which, there would be no liability under the policy, renewal certificate, cover note and endorsements etc.
- 3) No insurance is in force until this application is accepted by the Company.
- 4) Policy is subjected to \$10 million coverage per conveyance.
- 5) Maximum length of each business trip is 120 days.
- 6) This plan is applicable for standard class 1&2 risk occupation only.

## AGENT/BROKER DETAILS

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

Code: \_\_\_\_\_

Tel/Hp: \_\_\_\_\_

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

Neither this application form nor the brochure is a contract of insurance. However, your declarations or disclosures shall form the basis of the contract of insurance. The specific terms, conditions and exclusions applicable to this insurance are set out in the policy, a copy of which is available upon request.



Bring on tomorrow

AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building  
78, Shenton Way #07-16  
Singapore 079120  
[www.AIG.com.sg](http://www.AIG.com.sg)  
Co. Reg. No. 201009404M



## ID Guard

### Summary Of Benefits (Worldwide)

#### Identity Fraud\*

You will be covered up to \$5,000 for any monetary loss suffered as a result of identity fraud.

We will also cover up to \$10,000 for legal fees, loss of wages or other incidental costs incurred by you in Singapore to resolve the identity fraud.

#### ATM Assault\*

You will be covered up to \$1,000 for loss or damage suffered as a result of theft or ATM assault.

#### Injury Due to Theft or Robbery

Coverage up to \$1,000 for medical expenses incurred as a result of injury due to theft or robbery.

#### Personal Effects\*

Coverage up to \$2,000 for loss of or damage to personal effects and identity documents as a result of theft.

#### Personal Liability

We will cover up to \$10,000 for loss which you are legally liable to pay for compensation in respect of accidental bodily injury to a third party; or accidental loss of or damage to the properties of others.

\* Excess of \$200 applies on each occurrence.

All the above benefits are subject to policy terms, conditions and exclusions.

Mail back to us or Fax to : 6415 3723

Producer's Name	
Producer's Code	

## ID Guard Proposal Form

### Proposer's Details

Name (Mr/Mrs/Mdm/Miss): Sarah Sex: M / F

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

Date of Birth (DD/MM/YY): \_\_\_\_\_ (HP) \_\_\_\_\_ (H)

Tel. No.: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

This insurance is available to Singaporeans, Permanent Residents or Foreigners with valid employment passes, and who are 18 years old or above.

### Period of Insurance

Proposed coverage to take effect from (DD/MM/YY): \_\_\_\_\_

### Loss History

Have you made similar insurance claims for the last 3 years?  Yes  No

(If yes, please provide details)

### Plan Options & Payment Mode (Price are inclusive of 7% GST)

Individual Plan \$51  Family Plan \$92

By Credit Card  Visa  Mastercard

Card No.: 5133-1341-6243-1247

Cardholder's Name: Sarah

Expiry Date(MM/YY): 7/18

By Cheque

Please make cheque payable to AIG Asia Pacific Insurance Pte. Ltd.

Cheque No.: \_\_\_\_\_

Bank: \_\_\_\_\_

By Annual GIRO with Automatic Renewal

Please complete the attached Interbank GIRO Payment Authorisation Form.

### Important

- a) No insurance is in force until premiums are received and the Policy is issued by AIG Asia Pacific Insurance Pte. Ltd.
- b) This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this Insurance are set out in the Policy.
- c) Statement Pursuant to the Insurance Act or any amendments thereof; You are to disclose in this Proposal Form, fully and faithfully, all the facts you know or ought to know, otherwise, the Policy issued may be void and you may receive nothing from this Policy.

### Declaration & Authorisation

I/We declare:

- 1) That in respect of any of the risks to be insured:
  - i) No loss, damage, injury or liability has arisen in the last few years; and
  - ii) There are no reasons that may cause my/our property to be at higher risk of loss or damage than normal.
- 2) That the above particulars are true and correct and I/we agree that my/our warranties, declarations and disclosures herein shall form the basis of the contract between AIG Asia Pacific Insurance Pte. Ltd. (AIG) and myself/ourselves if the application is being approved.
- 3) Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.
- 4) That I am/we are ordinarily resident(s) in Singapore as defined by the Insurance Act (Cap. 142) (Amendment of First Schedule) Order 2010.
- 5) That I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information material relating to this insurance product

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:

- (a) Processing, underwriting, administering and managing my/his/her relationship with AIG;
- (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
- (c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
- (d) Managing AIG's infrastructure and business operations; and
- (e) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to (and if submitting information relating to another individual, refer such individual to) the full version of AIG's Data Privacy Policy found at [http://www.aig.com.sg/sg-privacy\\_1030\\_237853.html](http://www.aig.com.sg/sg-privacy_1030_237853.html) before you provide your consent, and/or the above representation and warranty.

I also consent, and if I am submitting information relating to another individual, I represent and warrant that such individual also consents, to AIG, AIG's group companies, service providers and business partners using, processing and disclosing my/his/her personal information to:

- (a) enrol me/him/her in contests, prize draws and similar promotions; and
- (b) contact me/him/her to market other insurance, and/or financial products and/or services of AIG, AIG's group companies and/or AIG's business partners.

If you or such individual wishes to opt out of being enrolled in contests, prize draws and similar promotions and from receiving marketing messages, please send an SMS to 76161 in the following format "optout<space>NRIC/FIN number" or call us at +65 6419 3000. Alternatively, you or such individual can opt out via our website at <https://www.aig.com.sg/contactus/CustomerForm.aspx>.

Signature of Proposer

This insurance is underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Date

AIG



U1900010

## Payment Mode

By Credit Card    VISA

Card No.: 4242 3364 4545 6272

Cardholder's Name: Evie

Expiry Date (MM/YY): 07/22

By Cheque

Please make cheque payable to AIG Asia Pacific Insurance Pte. Ltd.

Cheque No.: \_\_\_\_\_

Bank: \_\_\_\_\_

By Annual GIRO with Automatic Renewal

Please complete the attached interbank GIRO Payment Authorisation Form.

✓ Enjoy a 5% discount if you currently have any type of annual policy with us

Plan Name: \_\_\_\_\_ Policy No: \_\_\_\_\_

## Important

- a) No insurance is in force until premiums are received and the Policy is issued by AIG Asia Pacific Insurance Pte. Ltd.
- b) This document is not a contract of insurance. This specific terms, exclusions and conditions applicable to this Insurance are set out in the Policy.
- c) Statement Pursuant to the Insurance Act or any amendments thereof; You are to disclose in this Proposal Form, fully and faithfully, all the facts you know or ought to know, otherwise, the Policy issued may be void and you may receive nothing from this Policy.

Mail back to us or fax to: 6415 3723

Producer's Name	
Producer's Code	

## PERIOD OF INSURANCE

Proposed period of insurance to take effect from \_\_\_\_\_ for 1 year.

## PAYMENT MODE

By Credit Card



Card No.: 5242 013 2017 111

Cardholder's Name: John Lefty

Expiry Date (MM/YY): 05/24

By Cheque

Please make cheque payable to AIG Asia Pacific Insurance Pte. Ltd.

Cheque No.: \_\_\_\_\_ Bank: \_\_\_\_\_

## IMPORTANT

- a) No insurance is in force until premiums are received and the Policy is issued by AIG Asia Pacific Insurance Pte. Ltd.
- b) This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this Insurance are set out in the Policy.
- c) Statement Pursuant to the Insurance Act or any amendments thereof; You are to disclose in this Proposal Form, fully and faithfully, all the facts you know or ought to know, otherwise, the policy issued may be void and you may receive nothing from this policy.

## DECLARATION AND AUTHORISATION

I/We declare:

- 1) That in respect of any of the risks to be insured:
  - i) No loss, damage, injury or liability has arisen in the last few years; and
  - ii) There are no reasons that may cause my/our property to be at higher risk of loss or damage than normal.
- 2) That the above particulars are true and correct and I/we agree that my/our warranties, declarations and disclosures herein shall form the basis of the contract between AIG Asia Pacific Insurance Pte. Ltd. (AIG) and myself/ourselves if the application is being approved.
- 3) Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.
- 4) That I am/we are ordinarily resident(s) in Singapore as defined by the Insurance Act/Corp.142) (Amendment of First Schedule) Order 2010.
- 5) That I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information material relating to this insurance product

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their associations, courts, other alternative (iv) governmental / regulatory authorities stated in AIG's Data Privacy Policy which include:

- (a) Processing, underwriting, administering and managing my/his/her relationship with AIG;
- (b) Audit compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
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I also consent, and if I am submitting information relating to another individual, I represent and warrant that such individual also consents, to AIG, AIG's group companies, service providers and business partners using, processing and disclosing my/his/her personal information to:

- (a) enroll me/him/her in contests, prize draws and similar promotions; and
- (b) contact me/him/her to market other insurance, and/or financial products and/or services of AIG, AIG's group companies and/or AIG's business partners.

If you or such individual wishes to opt out of being enrolled in contests, prize draws and similar promotions and from receiving marketing messages, please send an SMS to 76161 in the following format "optout<space>NRIC/FIN number" or call us at + 65 6419 3000. Alternatively, you or such individual can opt out via our website at <http://www-411.aig.com.sg/contactus/CustomerForm.aspx>.

Signature of Proposer

Date

Producer's Name:	
Producer's Code:	

This insurance is underwritten by AIG Asia Pacific Insurance Pte. Ltd.



AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building  
78, Shenton Way #07-16  
Singapore 079120  
[www.aig.com.sg](http://www.aig.com.sg)  
Co. Reg. No. 201009404M

**COMMERCIAL AUTOPLAN**  
PROPOSAL FORM (For commercial vehicles only)

www.AIG.com.sg



Limitations as to use:  
This policy does not cover if your Vehicle is used for hire or reward; for racing, pace making, reliability trial or speed testing; or when drawing a trailer, except if towing a single disabled vehicle.

Producer Name: Contact No.:  
Producer Code/SubCode Policy Reference No.

**ABOUT THE PROPOSER (REGISTERED OWNER OF VEHICLE ONLY)**

Name	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. (Please enter Full Name as per your NRIC/ROC/Passport and underline Surname)	NRIC/Passport/ROC No.*													
Address	(Block/House No.) _____ (Level-Unit No.) _____ (Street Name) _____ (Building Name) _____ (Singapore) <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							IF INSURED IS NOT A COMMERCIAL ENTITY, COMPLETE THE FOLLOWING  Date of Birth <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others (Please specify no. of years in Singapore) _____	D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y									
Contact Details	(Mobile) _____ (Office) _____ (Residential) _____ (Fax) _____ (Email) _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others (please specify) Driving Experience (Yrs) _____ (Mths) _____ Job Nature <input type="checkbox"/> Mostly Indoor <input type="checkbox"/> Mostly Outdoor Physical Impairment (if any) _____													
Type of Business/Trade	* Delete where applicable														
Nature of Business															

**DECLARATIONS**

Please tick (✓) below where applicable. Otherwise, declarations will be taken as 'NIL'.

- At fault claims\* experience in last 3 years (please provide details below)  
\*At fault claims refer to claims which result in the reduction of the No Claim Discount (NCD)

Date of accident (dd/mm/yy)	Description of accident	Amount of claim (\$)	Type of claim (Own Damage/Third Party/Theft/Bodily Injury)

No Claim Discount (NCD)(%) \_\_\_\_\_ (If NCD is nil or 10% with no claims experience, please provide the reason below)

First time owner  2nd or 3rd vehicle  Have been driving company's/relatives' vehicles  Others (please specify) \_\_\_\_\_

Is NCD to be transferred from existing/previous insurer?  Yes (please provide details below and arrange to effect a cancellation of your cover with your existing insurer in order for the declared NCD to be applied from the inception of this risk proposed.)

Previous Insurer \_\_\_\_\_ Registration No. \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiry/Cancellation Date \_\_\_\_\_

**REMOVED AND SUSPENDED LICENCE (in the past 10 years)**

Record of revoked/endorsed driving licence Date revoked \_\_\_\_\_ Reason \_\_\_\_\_  
Duration of revoked licence \_\_\_\_\_ Alcohol limit \_\_\_\_\_ mg/breath or \_\_\_\_\_ mg/blood  
Any accident when the licence was revoked?  Yes  No NCD before the licence was revoked \_\_\_\_\_  
Driving experience before the licence was revoked \_\_\_\_\_

**ABOUT THE VEHICLE**

Period of Insurance From <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> to midnight of <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	D	D	M	M	Y	Y	Type of Coverage <input type="checkbox"/> Comprehensive <input type="checkbox"/> TPFT <input type="checkbox"/> TPO
D	D	M	M	Y	Y								
D	D	M	M	Y	Y								
Make & Model	Engine Capacity/Tonnage	Body Type											
Engine No.	Registration No.												
Chassis No.	Year of Registration												
Hire Purchase Co.	Seating Capacity												
Vehicle Usage	Would vehicle be used to carry: <input type="checkbox"/> Own Goods <input type="checkbox"/> Own Passenger(s) <input type="checkbox"/> Passenger(s) on the cargo deck who are not employee(s) of the insured <input type="checkbox"/> For Hire or Reward to carry goods and/or passengers <input type="checkbox"/> Third Party Goods (please specify) _____												
	Are goods carried flammable, corrosive or explosive in nature? <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) _____												



**OTHER POLICY BENEFIT OPTIONS (ADDITIONAL PREMIUM APPLIES)**

The following additional benefits applicable to Comprehensive Cover can be purchased by paying additional premium.

**Additional benefits**

Additional equipment or fixtures on the vehicle (Premium is calculated at 2.5% of the Sum insured)  
(Please provide receipt)  Tailgate  Freezer  Hood  Others† (please specify) \_\_\_\_\_

Sum Insured (round up to the nearest '000) \_\_\_\_\_ Make of Model (if applicable) \_\_\_\_\_

TOTAL ADDITIONAL PREMIUM (before GST)

† Refer to AIG underwriter for premium calculation.

**PAYMENT MODE** [Please tick (v) and circle accordingly]

Cash  Cheque Please make cheque payable to: AIG Asia Pacific Insurance Pte. Ltd. 

Bank		Cheque No. _____
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Credit Card (MasterCard / Visa / American Express)

I/We hereby authorise AIG Asia Pacific Insurance Pte. Ltd. (AIG) to charge the stated annual premium to the following credit card. Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to its use.

Full Annual Payment

12 Monthly 0% Interest Instalments with DBS<sup>1</sup> / POSB / UOB / Citibank credit card<sup>1</sup>

6 Monthly 0% Interest Instalments with DBS<sup>1</sup> / POSB / UOB / Citibank credit card<sup>1</sup>

Name as on card \_\_\_\_\_

Card No. 

5	4	5	4	-	3	1	3	2	-	4	2	0	4	-	3	7	6	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Card Expiry Date 

1	1	2	0
---	---	---	---

(If you are an American Express Cardholder, please fill up your card number from the second box)

<sup>1</sup> Not applicable for DBS Corporate Cards/ DBS AMEX Credit Cards/ Black Cards

<sup>†</sup> Subject to the relevant bank's terms and conditions. Please note that administrative fees may be imposed by the relevant bank in accordance with its respective terms and conditions in the event of premature cancellation or termination of the IPP and/or credit card account.

Amount \$ \_\_\_\_\_

**IMPORTANT NOTICE TO PROPOSER**

A Young and/or Inexperienced Driver Excess ("YIDR") of \$3,000.00 (before GST), in addition to the Policy Excess, applies to You or any Authorised Driver (named and unnamed) who is below the age of 23 (in case of All Age Condition policies) and/or has less than 2 years' driving experience. The YIDR Excess is not applicable to Named Driver policies.

If this proposal is accepted or when the cover commences, it is a fundamental and absolute Special Condition of this contract of insurance that for individually-owned policies, the premium due must be paid to the insurer/broker/agent before the inception of the cover.

No insurance is in force until premiums are received and the Policy is issued by AIG Asia Pacific Insurance Pte. Ltd. This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this Insurance are set out in the Policy.

All modifications made to the vehicle must also be declared to the company and is subject to the company's acceptance. If accepted, additional terms and conditions may apply. If you fail to disclose such modifications to the company, your policy may be void and you may not receive any benefits under the policy.

**ACKNOWLEDGEMENT AND DECLARATION**

I/We declare

1. That I/We am/are the registered owner of the above mentioned Motor Vehicle and it will be kept in good condition

2. That the above particulars to be true and correct and I/We agree that My/Our warranties, declarations and disclosures herein shall form the basis of the contract between AIG Asia Pacific Insurance Pte. Ltd. (AIG) and Myself/Ourselves

3. That I/We understand that I/We must inform AIG immediately if any of the information that I/We have given AIG changes or is no longer accurate. It is My/Our duty to disclose fully and faithfully, all the facts which I/We know or ought to know in respect of this proposed insurance and to ensure that all information provided to AIG is accurate and updated. Information that I/We should disclose to AIG would relate to my/our vehicle, myself/ourselves or my/our authorised driver(s). Examples of such information include a change in occupation or nature of business, revocation/suspension of driver license/ traffic related convictions, change in claim experiences, physical impairment or illness affecting driving ability, change in the usage of the vehicle, or modification(s) done to the vehicle. These information could result in additional premium being payable by me/us and different terms and conditions may apply. If such information is not disclosed to AIG, my/our policy may be void and I/we may not receive any benefits under the policy.

4. That I/We understand that AIG will verify the No Claim Discount (NCD) with My/Our existing/ex-insurer on the declared NCD entitlement. Unless otherwise required to do so by AIG, I/We hereby undertake to pay any difference in the premium amount owing which may arise in the event of a discrepancy between the NCD provided by My/Our existing/ex-insurer and the declared figure by Me/Us; failing which the Policy shall cease to be in force either upon the expiry of any notice which AIG may give for the purpose of cancelling the Policy or if no such notice is given, upon the expiry of such reduced period of coverage as the Proposer is rightly entitled to having regard to the portion that the premium paid bears to the premium properly payable.

5. That I/We am/are ordinarily resident(s) in Singapore as defined by the Insurance Act (Cap. 142) (Amendment of First Schedule) Order 2010.

6. That I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and/or any information material relating to this insurance product.

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- (e) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to (and if submitting information relating to another individual, refer such individual to) the full version of AIG's Data Privacy Policy found at [http://www.aig.com.sg/sq-privacy\\_1030\\_237853.html](http://www.aig.com.sg/sq-privacy_1030_237853.html) before you provide your consent, and/or the above representation and warranty.

I also consent, and if I am submitting information relating to another individual, I represent and warrant that such individual also consents, to AIG, AIG's group companies, service providers and business partners using, processing and disclosing my/his/her personal information to:

- (a) enrol me/him/her in contests, prize draws and similar promotions; and
- (b) contact me/him/her to market other insurance, and/or financial products and/or services of AIG, AIG's group companies and/or AIG's business partners.

If you or such individual wishes to opt out of being enrolled in contests, prize draws and similar promotions and from receiving marketing messages, please send an SMS to 76161 in the following format "optout<space>NRIC/FIN number" or call us at +65 6419 3000. Alternatively, you or such individual can opt out via our website at <https://www.411.aig.com.sg/contactus/CustomerForm.aspx>.

Signature \_\_\_\_\_ Company Stamp (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**PREMIUM DETAILS (FOR OFFICIAL USE)**

Basic Premium: \$ \$ _____	GST: \$ \$ _____
Less: _____ % No Claim Discount (NCD) \$ \$ _____	Total Premium Payable: \$ \$ _____
Add: Fixtures and Accessories \$ \$ _____	Excess: \$ \$ _____
Add: Others \$ \$ _____	

FOR OFFICIAL USE  
AIG - Underwriter AIG - CSG  
Signature & Date Signature & Date

## Plan Options and Payment Mode (Prices are inclusive of 7% GST)

### 5-year Plan

#### By Credit Card Instalment



\$28 per month for 12 months\*

\$56 per month for 6 months\*

DBS     POSB     UOB     Citibank

SAVE  
\$17.10!

#### By Credit Card Lump Sum

Lump Sum Payment of \$331.70

SAVE  
\$21.40!

Card No.: 4024 4242 1653 8019

Cardholder's Name: Joe Smith

Expiry Date (MM/YY): 11/22

#### By Cheque

Lump Sum Payment of \$331.70

SAVE  
\$21.40!

Please make cheque payable to AIG Asia Pacific Insurance Pte. Ltd.

Cheque No.: \_\_\_\_\_

Bank: \_\_\_\_\_

### 1-year Plan

By Annual GIRO with Automatic Renewal at \$70.62 per year

Please complete the attached Interbank GIRO Payment Authorisation Form.

\*Subject to the relevant bank's terms and conditions. Please note that administrative fees may be imposed by the relevant bank in accordance with its respective terms and conditions in the event of premature cancellation or termination of the IPP and/or credit card account.

### Important

- a) No insurance is in force until premiums are received and the Policy is issued by AIG Asia Pacific Insurance Pte. Ltd.
- b) This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this Insurance are set out in the Policy.
- c) Statement Pursuant to the Insurance Act or any amendments thereof; You are to disclose in this Proposal Form, fully and faithfully, all the facts you know or ought to know, otherwise, the Policy issued may be void and you may receive nothing from this Policy.

**Mail back to us or fax to: 6415 3723**

Producer's Name	
Producer's Code	



Hotline : 6419 3000  
 Fax (Personal Line) : 6415 3723  
 Fax (Accident & Health) : 6835 7404

### NOTIFICATION FORM

Policyholder / Insured Name: \_\_\_\_\_

NRIC / FIN / Passport No: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Part A: Change in Particulars

- New Address: \_\_\_\_\_
- New Contact Details(s): \_\_\_\_\_ (Home) \_\_\_\_\_ S( )  
(Mobile) \_\_\_\_\_ (Office) \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Name Change: From \_\_\_\_\_ (Please attach copy of Deed Poll to effect the change) to \_\_\_\_\_
- NRIC/ FIN/ Passport No: \_\_\_\_\_
- Marital Status: \_\_\_\_\_ (Single / Married / Others)
- New Occupation: \_\_\_\_\_

(Indoor / Outdoor) \*\* Delete when applicable

Part B: Change in Payment Mode

- New  (Bank) credit card.
- Credit Card Number: 5555 1111 2222 4671  Name of Card Holder: Pencil
- New Saving Account: \_\_\_\_\_
- Change of Payment Mode from:  Giro to Credit Card  Credit Card to Giro (\*Please attach complete GIRO Form)

Expiry Date: 3 / 19

Part C: Change in Scope of Coverage (\*Applicable to Accident & Health Policy Only)

- Delete Insured / Spouse / Child(ren): \_\_\_\_\_
- Include Spouse: \_\_\_\_\_  
DOB: \_\_\_\_\_ of NRIC / FIN No: \_\_\_\_\_  
His / Her Occupation: \_\_\_\_\_
- Include Children: \_\_\_\_\_  
DOB: \_\_\_\_\_ of NRIC / FIN No: \_\_\_\_\_  
(Please attach copy of child(ren) birth certificate(s))
- Change of Plan: From \_\_\_\_\_ Plan to \_\_\_\_\_  
premium will be change to S\$ \_\_\_\_\_ per month with effect from \_\_\_\_\_ Plan and I am aware that the \_\_\_\_\_ (effective date).



## LOYALTY HOME COVER APPLICATION FORM

### AIG Asia Pacific Insurance Pte. Ltd.

Mail : AIG Building, 78 Shenton Way, #07-16, Singapore 079120  
Hotline : (65) 6419 3000  
Fax : (65) 6415 3723

The Loyalty Home Cover will be added to your Policy below upon enrolment and with payment of S\$101.65 (incl. 7% GST).

Vehicle No.:

Motor Policy No.:

Policy Period:

### SUMMARY BENEFITS OF COVERAGE

Item	Benefits	Maximum Cover (up to)	Premium Payable (incl 7% GST)
1	Cover for Renovated Items and Household Contents including personal effects belonging to you and your family against fire, explosion of domestic appliances, lightning, malicious damage and resultant damage caused by burst water pipe. Includes coverage up to S\$30,000 for loss or damage to household contents due to break-in by forcible entry to your insured premises.	S\$150,000	
2	Alternative Accommodation Expenses when your insured premises is made uninhabitable by fire or other insured perils.	S\$10,000	
3	Third party property damages or bodily injury to third party caused accidentally by you or your immediate family members.	S\$500,000	
4	Home Personal Accident Cover for you and your spouse (aged between 18 and 70 years old - both ages inclusive) for death or permanent disablement due to an accident that occurred within the insured premises.	S\$30,000 each	
	<b>Worldwide Personal Accident Protection (for Policyholder between 18 and 70 years old - both ages inclusive) for death due to a non-motoring accident</b>	S\$50,000	<b>FREE</b>

## LOYALTY HOME COVER APPLICATION FORM

Enjoy coverage for  
your car, home and more  
under one policy

Yes, I would like to enrol for Loyalty Home Cover at S\$101.65 (incl. 7% GST) per annum. Please add Loyalty Home Cover to my Motor Policy below.



U0100110

Insured Name : *Hey JWE*

Property to be insured :

Motor Policy No. :

Policy Period :

#### Payment Mode

By Cheque payable to AIG Asia Pacific Insurance Pte. Ltd.

Cheque No. \_\_\_\_\_

Bank \_\_\_\_\_

Amount **S\$101.65**

By Credit Card. Please charge the amount of **S\$101.65** to the following MasterCard/Visa/American Express Card. Where a third party credit card is used, I/We declare that the cardholder has authorised and consented to such use.

Card No. *42426947128117918164*

Expiry Date *04/17* Name on card: \_\_\_\_\_  
m m y y

#### IMPORTANT

1. No insurance is in force until premiums are received and the Policy is issued by AIG Asia Pacific Insurance Pte. Ltd.
2. This document is not a contract of insurance. The specific terms, exclusions and conditions applicable to this Insurance are set out in the Policy.
3. Statement Pursuant to the Insurance Act or any amendments thereof; You are to disclose in this Form, fully and faithfully, all the facts you know or ought to know, otherwise, the policy issued may be void and you may receive nothing from this Policy.
4. The Loyalty Home Cover when endorsed to your Motor Policy will be in force for as long as your Motor Policy remains in force.

#### DECLARATION & AUTHORISATION

I/We declare:

- a) That in respect of any of the risks to be insured:
  - i) No loss, damage, injury or liability has arisen in the last few years; and
  - ii) There are no reasons that may cause my/our property to be at higher risk of loss or damage than normal.
- b) That the above particulars are true and correct and I/we agree that my/our warranties, declarations and disclosures herein shall form the basis of the contract between AIG Asia Pacific Insurance Pte. Ltd. (AIG) and myself/ourselves if the application is being approved.
- c) And I agree on behalf of myself/ourselves and any person(s), firm or corporation that any information collected or held by AIG (whether contained in this Application or otherwise obtained) may be used and disclosed by AIG to associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this Application, any Policy issued and to provide advice or information concerning products and services which AIG believes may be of interest to me/us, and to communicate with me/us for any purposes.
- d) Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.

Signature of Insured/Date

Underwritten by

AIG Asia Pacific Insurance Pte. Ltd.

## Golfers' Insurance

### Summary of Benefits (Worldwide)

#### 24-Hour Personal Accident

Provides coverage of up to \$50,000 in the event of an accident whilst playing or practising golf in any golf club.

#### Medical Expenses

Reimbursement of up to \$1,000 for medical expenses incurred as a result of accidents whilst playing or practicing golf on any golf course or driving range.

#### Club Subscription Fees\*

Reimbursement of up to \$500 for club subscription fees if you are unable to play golf due to injury sustained from an unforeseen accident or due to sickness.

#### Golfing Equipment & Personal Effects\*\*

Coverage of up to \$3,000 for loss of or damage to your golfing equipment and personal effects whilst playing or practising golf in any golf club or whilst in transit to or from any golf course or driving range.

#### Breakage of Clubs\*\*\*

Provides coverage of up to \$500 for accidental breakage of clubs during the course of actual play or practice on any golf course or driving range.

#### Golfing Equipment Hire

Reimbursement of up to \$100 for the cost of hiring replacement golfing equipment incurred as a result of loss of or damage to your golfing equipment as covered under the Policy.

#### Hole-In-One

Provides coverage of up to \$1,000 for the cost of hospitality (food and beverages) incurred anywhere within 30 days of you scoring a "hole-in-one".

#### Liabilities to the Public

Provides coverage of up to \$500,000 for losses which you are legally liable to pay as compensation in respect of accidental bodily injury to a third party or accidental loss of or damage to third party property whilst you are engaged in actual play or practice at any golf course or driving range.

#### Annual Premium

\$86.00 (inclusive of 7% GST)

All the above benefits are subject to Policy terms, conditions and exclusions.

\* Exclude first 14 days of injury or sickness.

\*\* Claim on personal effects on each occurrence should not exceed \$300 for any one article.

\*\*\* Excess of \$50 applies for a claim on breakage of each golf club.

**Mail back to us or Fax to : 6415 3723**

Producer's Name	
Producer's Code	

## Golfers' Insurance Proposal Form

### Proposer's Details

Name (Mr/Mrs/Mdm/Miss): Blue

NRIC/Passport No.: \_\_\_\_\_ Sex: M / F

Date of Birth (DD/MM/YY): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ (HP) \_\_\_\_\_ (H)

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

Occupation: \_\_\_\_\_

Proposer needs to be between 18 and 70 years old and must be a Singaporean, Permanent Resident or Employment Pass holder.

### The following questions must be answered by the Proposer (Please tick where applicable)

1. Has any insurer ever refused to accept, renew or continue your insurance cover or quoted increased rate or special terms?  Yes  No
2. Are you in good health and free from physical impairment?  Yes  No
3. Have you sustained any accident necessitating medical attention during the last five years or ever made a claim against any insurance company for any such injury?  Yes  No
4. Have you sustained any loss or damage to your golf equipment or has any third party claimed against you for loss or damage to their property or for bodily injury?  Yes  No

### Period of Insurance

Proposed coverage to take effect from(DD/MM/YY): \_\_\_\_\_

### Payment Mode

By Credit Card  Visa  Mastercard

Card No.: 4011-9335-1109-1134

Cardholder's Name: Blue

Expiry Date(MM/YY): 11/18

By Cheque

Please make cheque payable to AIG Asia Pacific Insurance Pte. Ltd.

Cheque No.: \_\_\_\_\_

Bank: \_\_\_\_\_

By Annual GIRO with Automatic Renewal

Please complete the attached Interbank GIRO Payment Authorisation Form.

### Declaration & Authorisation

I/We declare:

- 1) That in respect of any of the risks to be insured:
  - i) No loss, damage, injury or liability has arisen in the last few years; and
  - ii) There are no reasons that may cause my/our property to be at higher risk of loss or damage than normal.
- 2) That the above particulars are true and correct and I/we agree that my/our warranties, declarations and disclosures herein shall form the basis of the contract between AIG Asia Pacific Insurance Pte. Ltd. (AIG) and myself/ourselves if the application is being approved.
- 3) Where a third party credit card is used, I/we declare that the cardholder has authorised and consented to such use.
- 4) That I am/we are ordinarily resident(s) in Singapore as defined by the Insurance Act (Cap. 142) (Amendment of First Schedule) Order 2010.
- 5) That I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information material relating to this insurance product

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:

- (a) Processing, underwriting, administering and managing my/his/her relationship with AIG;
- (b) Audit, compliance, investigation and inspection purposes and handling regulatory / governmental enquiries;
- (c) Compliance with legal or regulatory obligations, risk management procedures and AIG internal policies;
- (d) Managing AIG's infrastructure and business operations; and
- (e) Carrying out market research and analysis and satisfaction surveys.

Note: Please refer to (and if submitting information relating to another individual, refer such individual to) the full version of AIG's Data Privacy Policy found at [http://www.aig.com.sg/sg-privacy\\_1030\\_237853.html](http://www.aig.com.sg/sg-privacy_1030_237853.html) before you provide your consent, and/or the above representation and warranty.

I also consent, and if I am submitting information relating to another individual, I represent and warrant that such individual also consents, to AIG, AIG's group companies, service providers and business partners using, processing and disclosing my/his/her personal information to:

- (a) enrol me/him/her in contests, prize draws and similar promotions; and
- (b) contact me/him/her to market other insurance, and/or financial products and/or services of AIG, AIG's group companies and/or AIG's business partners.

If you or such individual wishes to opt out of being enrolled in contests, prize draws and similar promotions and from receiving marketing messages, please send an SMS to 76161 in the following format "optout<space>NRIC/FIN number" or call us at +65 6419 3000. Alternatively, you or such individual can opt out via our website at <https://www-411.aig.com.sg/contactus/CustomerForm.aspx>.

Signature of Proposer

This insurance is underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Date



U1900010

## Plan Options and Payment Mode (Prices are inclusive of 7% GST)

### Monthly Plan

\$13 Monthly\* by **GIRO** (Please complete Interbank GIRO Payment Authorisation Form overleaf)

\$13 Monthly\* by **Credit Card**    VISA

Card No.: 3758 4231 6723 2146

Cardholder's Name: Robert Yolanda

Expiry Date (MM/YY): 05/22

### 3-year Plan

By **Credit Card Instalment**



VISA

\$39 per month for 12 months\*

\$78 per month for 6 months\*

DBS  POSB  UOB  Citibank

By **Credit Card Lump Sum**

Lump Sum Payment ~~\$468~~ \$445



Card No.: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Expiry Date (MM/YY): \_\_\_\_\_

By **Cheque**

Lump Sum Payment ~~\$468~~ \$445



Please make cheque payable to AIG Asia Pacific Insurance Pte. Ltd.

Cheque No.: \_\_\_\_\_

Bank: \_\_\_\_\_

\*Subject to the relevant bank's terms and conditions. Please note that administrative fees may be imposed by the relevant bank in accordance with its respective terms and conditions in the event of premature cancellation or termination of the IPP and/or credit card account.

### Important

- a) No insurance is in force until premiums are received and the Policy is issued by AIG Asia Pacific Insurance Pte. Ltd.
- b) This document is not a contract of insurance. This specific terms, exclusions and conditions applicable to this Insurance are set out in the Policy.
- c) Statement Pursuant to the Insurance Act or any amendments thereof; You are to disclose in this Proposal Form, fully and faithfully, all the facts you know or ought to know, otherwise, the Policy issued may be void and you may receive nothing from this Policy.

**Mail back to us or fax to: 6415 3723**

Producer's Name	
Producer's Code	



Diamond Hospital Income Plan			
Benefits	Plan 1	Plan 2	Plan 3
Daily Hospital Cash (Up to 365 days per sickness)	S\$50 per day	S\$100 per day	S\$150 per day
Daily Hospital Cash (Up to 365 days per accident)	S\$200 per day	S\$300 per day	S\$500 per day
Intensive Care Cash (Up to 30 days per sickness)	S\$100 per day	S\$200 per day	S\$300 per day
Intensive Care Cash (Up to 30 days per accident)	S\$200 per day	S\$300 per day	S\$500 per day
Accident Medical Reimbursement	S\$5,000	S\$7,500	S\$10,000
Overseas Hospital Cash (Up to 365 days per sickness)	S\$50 per day	S\$100 per day	S\$150 per day
Overseas Hospital Cash (Up to 365 days per accident)	S\$200 per day	S\$300 per day	S\$500 per day
Discharge Transportation Cash	S\$50	S\$50	S\$50

Annual Premium in S\$ (inclusive of GST)							
Age At Last Birthday	Plan 1	Plan 2	Plan 3	Age At Last Birthday	Plan 1	Plan 2	Plan 3
0 - 4 years old	\$321.00	\$505.00	\$735.00	35 - 39 years old	\$259.00	\$401.00	\$570.00
5 - 9 years old	\$191.00	\$286.00	\$387.00	40 - 44 years old	\$269.00	\$418.00	\$598.00
10 - 14 years old	\$192.00	\$287.00	\$388.00	45 - 49 years old	\$279.00	\$434.00	\$623.00
15 - 19 years old	\$201.00	\$303.00	\$414.00	50 - 54 years old	\$286.00	\$447.00	\$643.00
20 - 24 years old	\$208.00	\$315.00	\$433.00	55 - 59 years old	\$351.00	\$556.00	\$818.00
25 - 29 years old	\$239.00	\$367.00	\$515.00	60 - 64 years old	\$442.00	\$710.00	\$1,062.00
30 - 34 years old	\$255.00	\$395.00	\$560.00	65 - 69 years old (renewal only)	\$564.00	\$915.00	\$1,388.00

Please circle selected Plan and indicate premium					
	Main Applicant	Spouse	Child 1	Child 2	Child 3
Plan	1 / 2 / 3	1 / 2 / 3	1 / 2 / 3	1 / 2 / 3	1 / 2 / 3
Premium S\$					

Total Premium S\$

**Authorization of premium payment via credit card**

I/We agree to pay the premiums according to the plan chosen and I/We hereby authorize AIG Asia Pacific Insurance Pte. Ltd. (AIG) to charge the stated annual premium to the following credit card. Where a third party card is used, I/We declare that the cardholder has authorized and consented to its use.

Visa

Mastercard

Amex

Diners

Name Of Cardholder:

Test

Total Premium to be charged:

Credit Card Number:

4602 3578 6100 3532

Expiry Date:

7/19

Please tick accordingly

One Time Payment

One Time & Recurring Payment

**Declaration & Authorization**

- I/We hereby declare and agree on behalf of myself/ourselves and any person(s), firm or corporation, that any information collected or held by AIG (whether obtained in this application form or otherwise obtained) may be used and disclosed by AIG to its associated individuals/companies or any independent third parties (within or outside Singapore) for any matters relating to this application form, any policy issued and to provide advice or information concerning products and services which AIG believes may be of interest to me/us, and to communicate with me/us for any purposes.
- I/We understand that all Pre-Existing Conditions are not covered. If I am/ We are switching policy, I/We should consider whether this will result in any cost and whether the benefits under the new policy are more suitable.
- I am/ We are aware that I/We can seek advice from a qualified advisor before I/We sign this application form. Should I/We choose not to, I/We take sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objectives.
- I/We hereby declare that I am/ We are ordinarily resident in Singapore as defined by "Insurance Act (Cap. 142) (Amendment of First Schedule) Order 2010"
- I/We hereby declare that I/we have received, read and understood, or have been advised of and understand, the contents of this application form and any information material relating to this insurance product.

Signature of Applicant :

Date : \_\_\_\_\_

For Official Use – DIAMOND HOSPITAL INCOME PLAN APPLICATION FORM		
Producer Name / Agency:	Producer Code:	
Office :	Mobile :	Email :

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact AIG Asia Pacific Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-sites ([www.AIG.com.sg](http://www.AIG.com.sg) or [www.gia.org.sg](http://www.gia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

This application form is not a contract of insurance. However, your declarations or disclosures shall form the basis of the contract of insurance. The terms, conditions and exclusions applicable to this insurance are set out in the Policy, a copy of which is available upon request.

This Insurance is underwritten by : AIG Asia Pacific Insurance Pte. Ltd.

# Travel Guard® Application Form



## Primary Insured Details

Full Name (as per NRIC/Passport): Hunter  
NRIC/Passport No: \_\_\_\_\_ Date of Birth: 

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 DD 

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 MM 

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 YYYY  
Address in Singapore: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Insured 2 (ONLY applicable for Family Plan)

Full Name (as per NRIC/Passport): \_\_\_\_\_  
NRIC/Passport No: \_\_\_\_\_ Date of Birth: 

--	--

 DD 

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 MM 

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 YYYY  
Address in Singapore: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Number of Accompanying Children:

(A Child or Children shall mean an unmarried person or persons not older than 18 years of age or below 23 years of age if enrolled for full-time study in a recognised institution of learning or higher learning during the Policy period. For Family Per trip Plan, the Child must be legally related to either of the 2 insured adults and unemployed. For the Family Annual Multi-Trip Plan, the Child must be the natural or legally adopted Child of the 2 insured adults who are legally married to each other and the Child must be dependent on either or both of them for financial support and travelling with one or both of them for the entire Trip.)

### Choice of Plan

### Choice of Cover

### Zone of Travel

Individual Plan  Family Plan  Classic  Superior  Premier  Zone 1  Zone 2  Zone 3

## Per Trip Plan (Maximum of up to 182 consecutive days per trip)

Furthest Country Destination: \_\_\_\_\_ Length of Trip (both days inclusive): \_\_\_\_\_  
Depart from Singapore: 

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 D D 

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 Y Y Arrive in Singapore: 

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 D D 

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 M M 

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 Y Y

## Annual Plan (Maximum of up to 90 consecutive days per trip)

Effective Date: 

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 Y Y Expiry Date: 

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 D D 

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 Y Y

## Total Premium Payable (No GST Required):

\$ \$

## Payment Details



VISA

AMEX

DINERS

### Card Number:

5133 1824 8914 91839

### Card Expiry Date:

1299  
MM YY

### Cardholder's Name:

That Guy