



**AIA HEALTHSHIELD GOLD MAX ESSENTIAL
12-MONTH INSTALMENT PAYMENT PLAN APPLICATION FORM**



Conditions:

- a) Credit Card payments for IPP are accepted only for the **FIRST year's premium**.
 b) AIA Financial Services Consultants (AIA FSC) are not allowed to use personal credit card to pay premiums of Policyholders. Disciplinary action will be imposed accordingly.

Policy Details

Policy Number	Name of Policy Owner	Amount to be deducted
E		
E		
E		
E		
E		

Cardholder's and Credit Card Details

Name on Credit Card: _____ Contact No. (Home/HP): _____ Relationship to Policy Owner: _____
(if different from Policy Owner)

Address of Cardholder (P. O. Box not allowed): _____

*DBS/POSB Visa/Master Card No.

Card Expiry Date (MM/YY)
 /

*Delete as appropriate

Declaration to DBS

I would like your approval to pay for the Insurance Policy purchased from AIA Singapore Private Limited ("AIA Singapore") by debiting my above card account (or any other card account established in replacement of or substitution for my above card account) ("Card Account") with the instalments stated above. If you approve my application, I agree with you as follows:

- I unconditionally authorise you to pay AIA Singapore (in any manner that you may decide upon with AIA Singapore) the First Year Premium for the Insurance Policy, and to debit my Card Account with the First Year Premium in 12-month instalments. The first instalment shall be debited immediately to the Card Account, and following which, each subsequent instalment shall be debited on or about the same day in each following month, until the First Year Premium has been completely debited to the Card Account.
- I understand that the Credit Limit relating to my Card Account will be reduced by the balance of the First Year Premium remaining outstanding for the time being although the same may not be posted to my Card Account as yet.
- If any instalment debited to the Card Account is not paid in full when due and payable, I shall pay you the finance charges, interest and fees on the outstanding amount at the rate then prevailing in the DBS Card Agreement. DBS reserves the right to approve/reject any instalment plan(s).
- You may at your absolute discretion and without any notice to me, debit the whole balance of the First Year Premium then outstanding to the Card Account at any time, in which case such balance shall become immediately due and payable by me.
- You shall not be liable in any way for, and I acknowledge that you make no representation as to, the provision, quality or performance of any goods, facilities and/or services in connection with the Insurance Policy. I acknowledge you are not acting as an agent for AIA Singapore. If I have any complaint arising from the Insurance Policy, I shall resolve my complaint directly with AIA Singapore and you may continue to debit the instalment of the First Year Premium to my Card Account.
- I understand that this instalment payment plan is also subject to the terms and conditions of the DBS Card Agreement. Should there be any inconsistency between the terms set out in this application with regards to the instalment payment plan, the terms in this application shall prevail.
- An administrative charge of S\$150 will be levied for early repayment and/or Card Account termination. In the event of Card Account termination, the outstanding balance under the IPP shall become payable immediately.

I warrant that all information stated in this application is true, correct and complete in all respects.
 *Any terms used here shall have the same meanings in the DBS Card Agreement unless they are defined otherwise.

Cardholder's Authorisation

- I, the Cardholder identified on this form hereby authorise AIA Singapore Private Limited ("AIA Singapore") to charge the aforesaid card and the issuer of the said card to pay the amount shown above to AIA Singapore.
- I hereby authorise, agree and consent to AIA Singapore using and/or disclosing any information, including my personal data collected, to its employees, agents, affiliates, related corporations and/or independent third parties, in or outside Singapore, for the following purposes:
 - processing and administering this form and the Instalment Payment Plan, including but not limited to any communications with me and/or the Policy Owner(s) in connection with such purposes;
 - providing services to me and/or the Policy Owner(s), and attending to my requests or the Policy Owner's requests, in connection with the Instalment Payment Plan; and
 - marketing and introducing to me any AIA Singapore products or services which AIA Singapore believes may be of interest to me.
- Should payment not be successfully effected pursuant to this authorisation for any reason, AIA Singapore shall under no circumstances be held responsible or liable in any manner whatsoever including any subsequent expiry of the policies due to late or non-payment of premiums.
- This authorisation shall be binding and remain valid, notwithstanding death of the Cardholder, irrespective whether or not this form/aforesaid policies are accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as original.

 Cardholder's Signature (as per Credit Card)

 Date (MM/DD/YYYY)

Financial Services Consultant's (FSC's) / Insurance Representative's (IR's) Declaration

I hereby certify that I have witnessed the cardholder's signature on this form.

 Name of FSC / IR

 Unit Code & FSC / IR Code

 Signature of FSC / IR

 FSC / IR Handphone No.

For Cashier Use Only (Authorisation Code)



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