



AIA STAR SHIELD PLUS APPLICATION (PARTNERSHIP DISTRIBUTION)

Insurance Adviser's Unit Code: <input type="text"/>	Referral's Unit Code: <input type="text"/>
Insurance Adviser's Code: <input type="text"/>	Referral's Code: <input type="text"/>
Insurance Adviser's Name: <input type="text"/>	Referral's Name: <input type="text"/>

Policy 1 **P**

Policy 2 **P**

Corporate ID: WM

Master Policy No. (For Worksite Marketing Only)

WARNING: In accordance with Section 25(5) of the Insurance Act Cap.142, as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void.

1 DETAILS OF APPLICANT/OWNER (Please tick the circles as appropriate)

Name (shown on NRIC/FIN/Passport):	
Date of Birth: dd mm yyyy	Gender: <input type="radio"/> Male <input type="radio"/> Female
Place of Birth: <input type="radio"/> United States of America <input type="radio"/> Others (Country): _____	
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed / Divorced / Separated	Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others
	NRIC/FIN/Passport No.:
	Country of Residence:
Contact Details:	Home: Country Code - Phone No. Office: Country Code - Phone No.
	Mobile: Country Code - Phone No. Email:
Singapore Mailing Address (use of P.O. Box is not allowed):	Citizenship: <i>if not Singaporean</i>
	Foreign Permanent Residence Address (Compulsory for non-Singaporeans) <i>Please write in English</i>
	Postal Code:
Current Residence Address (if different from Singapore Mailing Address):	
	Postal Code:
Please provide reason(s) if the Current Residence Address is different from the address on NRIC:	
Relationship of Applicant/Owner to Proposed Insured: <input type="radio"/> Parent <input type="radio"/> Legal Guardian	

PART0008 (05/2015 06/2016 12/2016)



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2 DETAILS OF PROPOSED INSURED

Name (shown on NRIC/FIN/Passport):						
Date of Birth:	dd	mm	yyyy	Gender:	<input type="radio"/> Male	<input type="radio"/> Female
Place of Birth:	<input type="radio"/> United States of America	<input type="radio"/> Others (Country):	Country of Residence:			
NRIC/FIN/Passport No.:	Residency Status:		<input type="radio"/> Singapore	<input type="radio"/> Singapore PR	<input type="radio"/> Pass Holders	<input type="radio"/> Others
Name of School / College attending:				Citizenship: <i>if not Singaporean</i>		

3 DETAILS OF CONTINGENT OWNER

Name (shown on NRIC/FIN/Passport):			NRIC/FIN/Passport No.:			
Date of Birth:	dd	mm	yyyy	Relationship:		
Place of Birth:	<input type="radio"/> United States of America	<input type="radio"/> Others (Country):				

4 AIA STAR SHIELD PLUS (Policy 1)

Plan:	<input type="radio"/> Plan 1	<input type="radio"/> Plan 2	<input type="radio"/> Plan 3
Optional Benefit:	<input type="radio"/> Option 1: S\$30,000		
Critical Illnesses	<input type="radio"/> Option 2: S\$50,000		
	<input type="radio"/> Option 3: S\$100,000		
Regular Premium Payment Frequency:	<input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> Annually		

AIA STAR SHIELD PLUS (Policy 2)

Plan:	<input type="radio"/> Plan 1	<input type="radio"/> Plan 2	<input type="radio"/> Plan 3
Optional Benefit:	<input type="radio"/> Option 1: S\$30,000		
Critical Illnesses	<input type="radio"/> Option 2: S\$50,000		
	<input type="radio"/> Option 3: S\$100,000		
Regular Premium Payment Frequency:	<input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> Annually		

5 CREDIT CARD AUTHORISATION

I authorise AIA Singapore to charge to my credit card and issuer of the card the initial premium and all subsequent premiums including additional premiums levied (if any) payable to AIA Singapore. Should payment not be successfully effected pursuant to this authorisation for any reason, AIA Singapore shall under no circumstances be held responsible or liable for any non-inception, lapse or termination of the policy due to late or non-payment of premiums. This authorisation shall be binding and remain valid, notwithstanding death of the cardholder, irrespective of whether or not this application is accepted by AIA Singapore.

Name of Cardholder (as shown on Credit Card): Contact No.(HP): Credit Card No.: Visa Mastercard

Card Expiry Date (MM/YY): / Relationship of Cardholder to the Policyowner: Name of Issuing Bank: Country of Issuing Bank:

Recurring Payment: Yes - applicable to monthly, quarterly and semi-annually modes for the FIRST YEAR'S premium only
 No

Cardholder's Signature (as per Credit Card)

Date (DD/MM/YYYY)

Important Notes

1. Credit Card payments for renewal premium and single premium policies will NOT be accepted.
2. Credit Card deduction will be processed upon receipt of this authorisation by AIA Singapore. The deduction does not constitute approval of the application.
3. For applications on monthly mode, premiums for the first two months will be deducted for initial premium.
4. Recurring Credit Card Payment is not applicable to AIA Healthshield Gold Max Plans.

6 DETAILS OF PREVIOUS & CONCURRENT INSURANCE APPLICATIONS AND PURSUITS OF PROPOSED INSURED

6.1 Do the Applicant/ Owner and the Proposed Insured(s) have any in-force insurance policy(ies) or pending insurance application(s)?
 If yes, please give details. Yes No

	Applicant/Owner		Proposed Insured	
Insurance Company				
Death				
Total & Permanent Disability				
Critical Illness				
Personal Accident				
Disability Income				
Others				

Important Note:

Before replacing one policy with another, you should find out whether you are entitled to free switching and consider carefully whether any fees, charges or disadvantages that may arise from a replacement will outweigh any potential benefits. Some of these disadvantages may include additional fees and charges, incurring penalties and the new policy may cost more or have fewer benefits at the same cost. Also, the new policy may be less or not suitable for you as you may not be insurable at standard terms and the new policy terms may be different.

6.2 Is this proposal to replace or intended to replace in full or in part any insurance policy or investment products with AIA Singapore or any other financial adviser or institution?
 No Yes – Please give details:

6.3 Is any application for or reinstatement of your life, critical illness, accidental, medical, disability or health-related insurance policy pending or has it ever been declined, postponed, rated or modified in any way? (If yes, please indicate Company and provide details).
 No Yes – Please indicate company:

7 HEALTH DETAILS OF PROPOSED INSURED (For Child Critical Illnesses Benefit)

7.1 a. Height (metres):	c. Was there any weight change in the past year? If yes, how much and state the reason: <input type="radio"/> Yes <input type="radio"/> No
b. Weight (kilograms):	
d. Name and Address of the Proposed Insured's doctor:	Give date, reason and result of last consultation:

7.2 Has the child received medical advice, counselling or treatment in connection with AIDS, AIDS Related Complex or any other AIDS related condition, been told the child has any of these; or that the child had HIV testing done OR in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions? Yes No

7.3 To the best of your knowledge and belief, has any member of the child's immediate family ever had tuberculosis, diabetes, cancer, cardiomyopathy, polycystic disease, mental disease or any AIDS related condition? Yes No

Relationship	Age at Onset	Current Age	Illness/Age at Death (if deceased)



7.4 Has the child ever had, or have been told or been treated for:

a. any respiratory disease, prolonged cough, bronchitis, asthma, heart problems, fits, epilepsy or disorder affecting the nervous system? Yes No

b. any heart disorder, blood disorder, diabetes, endocrine disorder, liver disease or any gastrointestinal disorder, kidney problems, nephritis or abnormality of the genitourinary system? Yes No

c. condition affecting the sight, hearing or speech, physical or developmental defects, abnormal or premature birth or any cancer, growth, tumor? Yes No

7.5 In the past 5 years, has the child had any (other than for immunisation or vaccination)

a. of the following tests done? If yes, please give details as indicated below Yes No

Test	Date	Reason	Results	Test	Date	Reason	Results
a. Blood Test				g. Liver Function Tests			
b. Biopsy				h. PAP Smear			
c. Chest X-Ray				i. Ultrasound			
d. CT Scan				j. Urine			
e. ECGs				k. Others. Please specify			
f. Cholesterol							

b. illness, operation, medical advice, investigations or hospital treatment not mentioned above? Yes No

8 REMARKS In connection with insurance applied for, if any answer to question 7 is "Yes", give details below, quoting the relevant question number(s).

9 DECLARATION

1. RESIDENCY – Please answer according to your Citizenship/Residency that you are holding.	Applicant/Owner		Proposed Insured	
	Yes	No	Yes	No
A. For Singapore Citizen				
A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.2 Are you currently residing in Singapore?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. For Singapore Permanent Resident & employment pass, work permit, dependant pass or other work pass holders				
Have you resided in Singapore for a total of less than 183 days in the 12 months preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. For student pass or long term visit pass holders				
C.1 Does your pass have a duration of less than 90 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. If you do not belong to any of the above categories, please tick here		<input type="radio"/>		<input type="radio"/>

For Applicant/Owner application, both the Proposed Insured and Applicant need to answer; where the Applicant is not an individual, only the Proposed Insured needs to answer.

I/We acknowledge and agree that the Policy to be issued in relation to this application shall be deemed to be a Singapore Policy.

2. YOUR GUIDE TO HEALTH INSURANCE - Tick as appropriate

I have been informed and directed to view or download a copy of "Your Guide to Health Insurance" (applicable only to accident and health business) from www.aia.com.sg, or www.lia.org.sg

I have been informed and I request to be given a hardcopy of "Your Guide to Health Insurance" (applicable only to accident and health business).



10 ADDITIONAL DECLARATION

I/We agree and declare on behalf of myself and any other person or persons, firm or corporation, who may have or claim any interest in any insurance on this application that:

1. No statement, information or agreement made by/to or given by/to the person soliciting/taking this application or any other persons, shall be binding on AIA Singapore Private Limited ("AIA Singapore"), unless presented in writing.
2. The statements and answers in this application together with any required questionnaire or amendments (the "Information") are full, complete, true and correct and that no information or material has been withheld. I/We understand that AIA Singapore, believing the Information to be such, will rely and act on the Information accordingly. I/We further agree that the Information shall form the basis of the contract between the parties hereto. I/We understand that if any of the Information is not full or complete or true or correct, the Policy issued hereunder may be void and I/we will receive only a refund of the premiums (without interest) less any and all medical expenses incurred in AIA Singapore's consideration of my/our application.
3. AIA Singapore shall assume no liability whatsoever, and that my/our Policy/Policies will only be effective after this application is accepted by AIA Singapore and the first premium duly paid in full to and accepted by AIA Singapore during the Insured's lifetime and good health.
4. All my/our declarations made and my/our statements or answers in this application and in any required questionnaire or amendments together with the relevant Policy shall constitute the entire contract between the parties in so far as it may be relevant to the Policy or Policies I/we have requested.
5. I (the Applicant/Owner if other than the Proposed Insured) am not an undischarged bankrupt and no bankruptcy application (including any statutory demand) or order has been made against me/us within the last twelve months.
6. I/We hereby authorise, agree and consent to:
 - a. any medical source, insurance office or organisation to release to AIA Singapore, any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
 - b. AIA Singapore to release to any medical source or insurance office any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
 - c. AIA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any resulting claim; and
 - d. AIA Singapore Private Limited ("**AIA Singapore**"), its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy ("**PD Policy**") which is available on AIA Singapore's website, including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein.

This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective whether or not my/our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.

7. Marketing Consent

I (being the Applicant/Owner, for the purposes of this clause) consent to allow AIA Persons to collect, use, disclose, store, retain and/or process Personal Data that had/has been provided to AIA Persons and/or that AIA Persons possess about me (whether from me or a third party) for the purposes of conducting consumer, marketing related or other similar research and analysis and to provide marketing and promotional information relating to existing or future products and/or services, by the following modes of communication where I have indicated my consent below:

- (a) postal mail to my *postal address(es);
- (b) electronic transmission to or through my *email address(es) and/or *social media account(s);
- (c) with respect to all my *telephone number(s) (of which I confirm I am the user and/or subscriber), by way of:
- (i) Phone/ Voice Call; and
- (ii) SMS/MMS

* which are in AIA Persons' records as may be updated from time to time by notice to AIA Persons

In relation to one or more of the above purposes, I consent to my Personal Data being disclosed to independent third parties and their representatives and such third parties processing my Personal Data.

Note:

- I may withdraw one or more consents provided by me at anytime via AIA Customer Care Hotline at 1800-248-8000 or AIA e-Care (for policyholders) or my Insurance Adviser(s) (for policyholders and non-policyholders). I will stop receiving marketing messages via the selected modes of communication after 30 days. I will continue to receive marketing messages via other modes of communication where my consent has been given and information arising from my AIA policies or programmes.
- The consent provided by me in this form is in addition to and does not supersede, vary or nullify any consent which I may have provided previously in respect of the above purposes, unless my consent is withdrawn in the manner specified by AIA.

8. I am/We are aware that the Policy Contract and all other documents are considered to be received by me/us within 7 days of posting to the address which I/we have instructed AIA Singapore to send correspondence to. I/We agree to inform AIA Singapore immediately of any change in my/our correspondence address.
9. I/We have received a copy of (1)Your Guide to Health Insurance and (2) the Product Summary, (3) “Your Guide to Life Insurance” and (4) “Your Guide to Health Insurance” (applicable only to accident and health business), the contents of which have been explained to me/ us to my/our satisfaction.
10. I am/We are aware that the benefits of the Policy will generally only be payable as a result of an accident.
11. I/We understand and agree that AIA Singapore is entitled not to accept or process this application should a person connected with the relevant Policy be found to be a Prohibited Person, meaning a person or entity (including any director or direct / indirect shareholder or person having executive authority or natural persons appointed to act on my/our behalf, beneficiaries or my/our beneficial owners or beneficiaries’ beneficial owners therein) subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting AIA Singapore from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me/us or any other beneficiaries or assignees under the relevant Policy, and the decision of AIA Singapore shall be final. I/We further agree that in the event that AIA Singapore becomes aware subsequently that a person connected with the relevant Policy has become a Prohibited Person, AIA Singapore may block and/or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status/constitution/establishment, particulars and identification documents of these persons. If an application is accepted or processed by AIA Singapore despite a person connected with the relevant Policy being a Prohibited Person, AIA Singapore shall be entitled to block and/or terminate the relevant Policy at any time, whether with effect from inception of the relevant Policy or otherwise.
12. By signing this application, I/we confirm that the agent/broker or any representative of AIA Singapore has solicited insurance business from me/us in the Republic of Singapore and that the signing of this application has taken place in the Republic of Singapore.

PLEASE NOTE: You are discouraged to switch between an existing accident and/or health insurance Policy without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early Policy termination and the new Policy may cost more or have fewer benefits at the same cost.

WARNING: If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Insurance Adviser(s) but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal. Additionally and without prejudice to the parties’ rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

WARNING: Please note that with effect from 1 May 2005, all Policies, Renewal Certificates, Cover Notes, Endorsements for Policies with commencement date on or after 1 May 2005 carry a Payment Before Cover Warranty Clause which requires the premium to be paid in full on or before the date of inception of the Policy. Failing which there would be no liability under the Policy, Renewal Certificates, Cover Notes and Endorsements.

Declared in SINGAPORE on	Day:	Month:	Year:
SIGNATURE OF APPLICANT/OWNER	WITNESSED BY		
SIGNATURE OF APPLICANT/OWNER	NAME & SIGNATURE OF AIA INSURANCE ADVISER(S)		

Please note: copies of the terms and conditions on which the insurance will be made, and this completed application form, will be available on your request.

Have you signed your Product Summary and/or Financial Health Review?