



# ASSIGNMENT OF POLICY AS COLLATERAL SECURITY FOR BANKING FACILITIES

AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386R)

POLICY NUMBER

POLICY DATE

MTH (e.g. Jan, Feb)

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NAME OF POLICYOWNER

NAME OF ASSIGNEE

ADDRESS OF ASSIGNEE

I, \_\_\_\_\_ (Name of Policyowner) in consideration of the Banking Facilities granted by \_\_\_\_\_ (Name of Assignee) (hereinafter called the Assignee) do hereby assign and transfer to the Assignee as collateral security for the Banking Facilities the full benefit of all the moneys assured or to become payable by or under the abovenumbered Policy of AIA Singapore Private Limited insuring the life of the abovenamed Insured, inclusive of the cash surrender and loan value and dividend (if any) thereof; but upon this express condition agreed to by the Assignee, that this Assignment is made for the purpose of securing Banking Facilities and for no other purpose whatever; that if I, the undersigned, shall repay the full indebtedness to the Assignee, the Assignee shall reassign the Policy to me; and I hereby covenant with the Assignee that I will not do or knowingly suffer anything to be done whereby the said Policy may be rendered void or voidable or the Assignee may be prevented from receiving or be deprived of the right to receive the moneys assured or to become payable by or under the said Policy.

IN WITNESS WHEREOF, I and the Assignee have hereunto set our hands this \_\_\_\_\_ day of \_\_\_\_\_ (Month) 20 \_\_\_\_\_ (Year)

## DECLARATION & AUTHORISATION

I/We hereby authorise, agree and consent to AIA Singapore Private Limited (the "Company") to use and/or disclose any information collected and/or held (whether contained in this application or otherwise obtained) to enable the Company, its associated individuals/organisations and/or independent third parties, within or outside Singapore, with regard to any matters pertaining to the Application/Policy and/or any other policies that I/we currently may have with the Company, including but not limited to, processing of this Application, and/or providing subsequent services to me/us and/or providing advice and/or information concerning products and/or services which the Company believes may be of interest to me/us and/or communicating with me/us for any purpose. I/We hereby specifically waive any right to bring a claim of any nature against the Company, its associated individuals/organisations and/or independent third parties, within or outside Singapore, in respect of any above-mentioned disclosure and/or any disclosure in the nature described above. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application is accepted by the Company. A photocopy of this authorisation shall be effective and valid as the original.

SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

SIGNATURE OF POLICYOWNER

SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

SIGNATURE OF ASSIGNEE

(Company's authorised signature(s) and stamp)

PT 0011059 (10/2008 06/2009 01/2012)



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POLICY NUMBER

Grid of 10 empty boxes for policy number

This part must be completed for all policies taken out under (a) Section 73 of the Conveyancing and Law of Property Act, chapter 61, Singapore OR (b) Section 69 (1) (f) of the Stamp Enactment Cap. 34, Brunei and Section II of the Married Women's Property Act 1882, England.

We hereby authorize the abovenamed Policyowner to assign on our behalf the abovementioned policy and hereby ratify and confirm the above Assignment.

**DECLARATION & AUTHORISATION**

I/We hereby authorise, agree and consent to the Company to use and/or disclose any information collected and/or held (whether contained in this application or otherwise obtained) to enable the Company, its associated individuals/organisations and/or independent third parties, within or outside Singapore, with regard to any matters pertaining to the Application/Policy and/or any other policies that I/we currently may have with the Company, including but not limited to, processing of this Application, and/or providing subsequent services to me/us and/or providing advice and/or information concerning products and/or services which the Company believes may be of interest to me/us and/or communicating with me/us for any purpose. I/We hereby specifically waive any right to bring a claim of any nature against the Company, its associated individuals/organisations and/or independent third parties, within or outside Singapore, in respect of any above-mentioned disclosure and/or any disclosure in the nature described above. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application is accepted by the Company. A photocopy of this authorisation shall be effective and valid as the original.

\_\_\_\_\_  
SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

\_\_\_\_\_  
SIGNATURE OF BENEFICIARY

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SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

\_\_\_\_\_  
SIGNATURE OF BENEFICIARY

\_\_\_\_\_  
SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

\_\_\_\_\_  
SIGNATURE OF TRUSTEE

\_\_\_\_\_  
SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

\_\_\_\_\_  
SIGNATURE OF TRUSTEE

This form is furnished by the AIA Singapore Private Limited as a matter of courtesy, but the Company assumes no responsibility for the validity or legality of the Assignment.

To : AIA Singapore Private Limited

This is to notify you of the above Assignment and shall be grateful if you will kindly register the same in your records.

\_\_\_\_\_  
SIGNATURE OF ASSIGNEE  
(Company's authorised signature(s) and stamp)

**IMPORTANT NOTES**

- 1) All signatures must be signed in ink.
- 2) For each signatory, there should be a witness with the Signature, Name and NRIC/FIN/Passport Number clearly indicated. The witness has to be 21 years old and above, and should not be the beneficiary of this policy.
- 3) Kindly submit 2 copies of the form.

PT 0011059 (10/2008 06/2009 01/2012)