

AIA GolfSure Family Plus

For the business professional, golf has long been an effective deal-making tool. Recent lifestyle trends now see whole families taking up the sport as well. That increases golfing costs and the probability of loss and damage – a handicap you certainly don't need! So it makes sense to ensure that you, your family and your expensive equipment are covered against accidents. AIA brings you a simple solution with AIA GolfSure Family Plus, a first-of-its-kind comprehensive accident package that covers not just you and your spouse on the golf course anywhere in the world, but your children as well!

Discounted premiums for family members

When you apply as a family, you save on premiums as stated in the table. Your spouse receives exactly the same coverage on your chosen plan as you do and your children receive 50% of the cover. Here's how you can save:

	Individual cover for a family with 3 children	AIA GolfSure Family Plus	Coverage
You	S\$122.58	S\$122.58	100%
Your Spouse	S\$122.58	S\$98.07	100%
Child 1	S\$122.58	S\$61.30	50%
Child 2	S\$122.58	S\$49.04	50%
Child 3	S\$122.58	S\$49.04	50%
Total premium	S\$612.90	\$380.03	

That's a saving of up to **S\$232.87!**

Lump sum payment for personal accident up to S\$100,000

Accidental death or permanent injury is a life-changing tragedy for any family. To maintain the family's financial security at this difficult time, AIA GolfSure Family Plus will pay a lump sum according to the Schedule of Benefits.

Up to S\$1,000 for a hole-in-one

While every golfer aspires to have a perfect tee-off, achieving it can put a large hole in your pocket! AIA GolfSure Family Plus will pay S\$500 to cover your entertainment costs. What's more, we double the payment to S\$1,000 if you achieve your hole-in-one during an official tournament!

First-of-its-kind cover for your golf caddie-cars

Loss or damage to the course golf caddie-car can be a worry. AIA GolfSure Family Plus pays up to S\$300 for loss or damage to your golf caddie-cars (only applicable to comprehensive plan).

Worldwide coverage in 2 unique plans

- Personal Liability up to S\$1,000,000**
 With AIA GolfSure Family Plus, we've got you covered for third party liability on the golf course.
 - Travel Protection**
 Check-in baggage and personal documents are covered up to the amount stated in the Schedule of Benefits for your plan. Emergency medical evacuation up to S\$50,000 (for comprehensive plan only) relieves that financial burden from your family.
 - Medical Expense Reimbursement up to S\$500**
 For any injury you sustain on the golf course due to an accident (for comprehensive plan only).
 - Up to S\$3,000 coverage for your valuable golf equipment**
 Golf equipment is expensive to replace. AIA GolfSure Family Plus can lighten that financial stress by providing comprehensive coverage of:
 - S\$3,000 for loss or damage due to theft or fire
 - S\$300 per club in the event of accidental breakage of golf clubs during play or practice
- Protect your golfing family and your golfing investment in one simple plan!
- Don't be handicapped by inadequate cover! Simply complete the attached form and return it to us to apply for AIA GolfSure Family Plus today!

Important Notes:

- This brochure is not a contract of insurance. This brochure gives a simplified description of the product features and general exclusions applicable to this plan and is not exhaustive. The specific terms and conditions as appears in the policy contract will bind the parties.
- This insurance plan is underwritten by AIA Singapore Private Limited (AIA). All applications are subject to AIA's underwriting and acceptance.
- Information in this brochure is correct as at August 2009.

PROTECTION AIA GOLFSURE FAMILY PLUS



Lower your handicap with coverage

AIA GolfSure Family Plus is an accident package that covers you and your family on the golf course. It's best to be prepared.



AIA.COM.SG



AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386R)
APPLICATION FORM FOR AIA GOLFSURE FAMILY PLUS

Schedule of Benefits

Contents	Amount of Cover (S\$)	
	Comprehensive (Individual)	Standard (Individual)
Worldwide Personal Accident		
• Accidental Death	50,000	50,000
• Death due to Lightning Strike on Golf Course	100,000	100,000
• Loss of Both Eyes or Limbs	50,000	50,000
• Loss of 1 Eye or Limb	25,000	25,000
• Permanent Total Disability (per week, max 52 weeks)	500/wk	500/wk
Loss or Damage of Golfing Equipment[^] (Includes personal effects due to theft or fire (excluding personal valuables))	3,000	3,000
Accidental Breakage of Golf Clubs[^] Pays for accidental breakage of golf clubs occurring during the course of actual play or practice, excludes breakage due to wear and tear	up to 300 per club	up to \$300 per club
Worldwide Personal Liabilities within Golf Premises*	1,000,000	500,000
Accidental Damage of Golf Caddie-Cars*	300	-
Hole-In-One	500	500
Double indemnity for Hole-In-One during official Tournament	1,000	1,000
Loss or Damage of Check-in Golf Baggage[^]	3,000	3,000
Replacement cost of passport and driving licence in the event of loss due to theft or robbery during the course of actual play or practice[^]	300	300
Medical Reimbursement for Accident on Golf Premise	500	-
Emergency Medical Evacuation Covers all AIAS emergency medical evacuation expenses	up to 50,000	-
Territorial Limit	Worldwide**	Worldwide**
Annual Premium (with 7% GST)	122.58	86.22

* There shall be a deductible of S\$100 or 5% of the claim amount whichever higher payable by the Insured
[^] There shall be a deductible of S\$50 per claim payable by the Insured
** Exclude Albania, Libya, Cambodia, Laos, North Korea, Cuba and Iran

NOTES:

- Children Golfers must be from 12 to 18 years old, birth cert. required
- Spouse rate applies at 80% of the chosen golf plan, marriage cert. required
- Premium rate for 1st child at 50% of the chosen plan
- Subsequent rate for children at 40% of the chosen plan

WARNING: In accordance with Section 25(5) of the Insurance Act, 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. If a foreign currency policy is applied for, the equivalent of returns in Singapore-dollars will depend on the prevailing exchange rate (as determined by AIA), which may be highly volatile.

A. Personal Particulars

Policy No.: C

Applicant's Name: _____

NRIC/FIN/Passport No.: _____

Date of Birth: ____mm ____dd _____yyyy Age: _____ Gender: M/ F

Citizenship: _____ Marital Status: _____

Singapore Address (P.O. Box not allowed): _____

Tel: _____ (H) _____

(O) _____ (M) _____

Company: _____

Occupation: _____

B. Spouse's Particulars (Optional) (Marriage Certificate required)

Policy No.: C

Applicant's Name: _____

NRIC/FIN/Passport No.: _____

Date of Birth: ____mm ____dd _____yyyy Age: _____ Gender: M/ F

Citizenship: _____ Marital Status: _____

Status: Singaporean Singaporean PR Others

Country of Residence: _____

Tel: _____ (H) _____

(O) _____ (M) _____

Company: _____

Occupation: _____

C. Child(ren)'s Particulars (Optional) (Birth Certificate required)

Child 1: Policy No.: C

Name: _____

NRIC/FIN/Passport No.: _____

Date of Birth: ____mm ____dd _____yyyy Age: _____ Gender: M/ F

Citizenship: _____

Status: Singaporean Singaporean PR Others

Country of Residence: _____

C. Child(ren)'s Particulars (Optional) (Birth Certificate required)

Child 2: Policy No.: C

Name: _____

NRIC/FIN/Passport No.: _____

Date of Birth: ____mm ____dd _____yyyy Age: _____ Gender: M/ F

Citizenship: _____

Status: Singaporean Singaporean PR Others

Country of Residence: _____

Child 3: Policy No.: C

Name: _____

NRIC/FIN/Passport No.: _____

Date of Birth: ____mm ____dd _____yyyy Age: _____ Gender: M/ F

Citizenship: _____

Status: Singaporean Singaporean PR Others

Country of Residence: _____

D. Type of Plan (with 7% GST)

Only Singaporean or Permanent Resident or Foreigner with employment pass is eligible to apply.

Applicant Comprehensive **S\$ 122.58** Standard **S\$ 86.22** \$ _____

Spouse Comprehensive S\$ 98.07 Standard S\$ 68.97 \$ _____

Child #1 Comprehensive S\$ 61.30 Standard S\$ 43.11 \$ _____

Child #2 Comprehensive S\$ 49.04 Standard S\$ 34.49 \$ _____

Child #3 Comprehensive S\$ 49.04 Standard S\$ 34.49 \$ _____

Total Premium Payable **\$** _____

PAYMENT

Relationship of Payor and Applicant Owner: _____

Cash

Cheque (Bank & No.) _____

Visa/Mastercard/Amex

_____ - _____ - _____ - _____

Cardholder's name _____

Amount to be deducted _____

Country of Residence: _____

Cardholder's Signature/NRIC No. _____ Expiry Date (mm/yy) _____

E. Declaration

Applicant to answer the following questions:

1. Has any insurer ever refused to accept, renew or continue yours or your spouse or child(ren)'s insurance cover or quoted increase rate or special terms? Yes No

2. Have you or your spouse or child(ren) has/have any physical defects or health impairment? Yes No

3. Have you or your spouse or child(ren) has/ have sustained any accident necessitating medical attention during the past 5 years or made any claims against any insurance company for such injury? Yes No

4. Have you or your spouse or child(ren) sustained any loss or damage to your golfing equipment during the last 12 months or had any person claim against you for loss or damage to their property or causing bodily injuries to any 3rd party while engaging in any golfing activities? Yes No

If your answers is "Yes" to any of the above, please provide details: _____

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. I/We agree that 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 (the "Company"), unless presented in writing.

2. I/We declare that 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 the Company, 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 may receive nothing from the policy.

3. I/We agree that the Company shall assume no liability whatsoever, and that my/our Policy/Policies will only be effective after this Application is accepted by the Company and the first premium duly paid in full to and accepted by the Company during the Assured'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(s) and no bankruptcy application (including any statutory demand) or order has been made against me within the last twelve months.

6. I/We hereby authorise, agree and consent to:

a. any medical source, insurance office or organization to release to the Company, any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by the Company; and

b. the Company 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 the Company; and

c. the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate a Proposed Insured's health status in relation to this Application and any resulting claim; and

d. the Company to use and/or disclose any information collected and/or held (whether contained in this Application or otherwise obtained) to 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/organizations 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 whether or not my/our Application is accepted by the Company. A photocopy of this authorisation shall be effective and valid as the original.

7. 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 to which I/we have instructed the Company to send correspondences. I/We agree to inform the Company immediately of any change in my/our correspondence address.

8. I/We understand and agree that the Company is entitled not to accept or process this Application should I/ we be found to be a Prohibited Person, meaning a person/entity subject to any laws, regulations and/or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting the Company from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me/ us or any other beneficiary under the relevant policy, and the decision of the Company shall be final. I/We further agree that in the event that the Company becomes aware subsequently that I/ we have become a Prohibited Person, the Company may block and/ or terminate the relevant policy with immediate effect and shall not thereafter be required to transact any business with me/us in connection with the relevant policy, including but not limited to, making or receiving any payments under the relevant policy.

9. Declaration of Residency

Please answer according to your Citizenship/Status/Visa Type that you are holding. Please skip the questions that are not applicable to you.

	Applicant Owner		Spouse		Child 1		Child 2		Child 3	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
a. For Singapore Citizen Have you resided outside of Singapore continuously for at least 5 years preceding the date of Application? Are you currently residing in Singapore?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
b. For Singapore Permanent Resident & employment pass, work permit, dependant's 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="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
c. For student pass or long term visit pass holders Does your pass have a duration of less than 90 days? Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of Application?	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
d. If you do not belong to any of the above categories, please tick here	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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

10. By signing this Application below, I/we confirm that the agent/broker or any representative of the Company 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.

Dated in Singapore on (mm/dd/yyyy): _____

Signature of Applicant/Spouse/Child(ren)* _____ Signature of FSC _____
(Age 16 years old and above)

FSC _____
Agency Name SP _____
Code _____
FSC Contact No. _____

(08/2009) (01/2012)