



BOND OF INDEMNITY FORM
AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386R)

TO: POLICY SERVICES DEPARTMENT / CUSTOMER SERVICE

Name of Insured: _____ NRIC/FIN/Passport No: _____ Unit Name: _____
 Name of Policyowner: _____ NRIC/FIN/Passport No: _____ Location: _____
 FSC/IR Name: _____ FSC/IR Code: FSC/IR Tel No: _____

WHEREAS, The AIA Singapore Private Limited did issue its Policy Number _____ (Policy Number) on the _____ (Name of Insurance Plan) Plan on the life of _____ (Name of Insured) in the sum of _____ (Types of Currency) Dollars _____ (Sum Assured) Thousand only (\$ _____) and WHEREAS, Said Policy together with all premium receipts is said to have been lost or mislaid and cannot be found, and WHEREAS, The said Policy has not been assigned by the Insured to any person other than the undermentioned assignee and WHEREAS, The Said, AIA Singapore Private Limited, at the request of the Insured, has consented to pay the sum due on the said Policy to the Insured without the surrender of said Policy together with all premium receipts, provided the undersigned will covenant to indemnify and save harmless said Insurance Company in so doing.

WHEREAS, We, the undersigned _____ (Name of Policyowner/Trustee/Assignee) and _____ (Name of Policyowner/Trustee/Assignee) all residing in _____ (Address), jointly and severally bind ourselves, our heirs, representatives and assigns to indemnify and save harmless the said Insurance Company from any and all actions, causes of action, claims and demands growing out of any interest in said Policy or any assignment thereof which anyone may have or claim to have against said Insurance Company by reason of its paying the amount due under said Policy to the Insured without receiving or getting into its possession said Policy together with all premium receipts or for any other cause whatsoever.

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.

Executed in (place) _____ on Month (e.g. Jan, Feb) /Day /Year

SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

SIGNATURE OF INSURED

SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

SIGNATURE OF *OWNER/TRUSTEE(S)/ASSIGNEE(S) IF ANY
(*Delete as appropriate)

SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

SIGNATURE OF *OWNER/TRUSTEE(S)/ASSIGNEE(S) IF ANY
(*Delete as appropriate)



PT 0008026 (01/2009 06/2009 01/2012)