COUPON CHEQUE DEPOSIT FORM

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

TO: CASHIER *(Please tick as appropriate)*

Policy No(s): ☐☐☐☐☐☐☐☐☐☐ Date: ☐☐☐ / ☐☐ / ☐☐ (MTH e.g. Jan, Feb / DD / YY)

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: _____

PART 1: DEPOSIT OF COUPON CHEQUE

☐ **I would like to <u>DEPOSIT</u> the <u>Full Amount</u> of my coupon cheque in the Coupon Deposit Account with the Company**

Cheque Amount _____ Cheque Number _____

PART 2: USING COUPONS TO PAY PREMIUMS / OUTSTANDING LOANS

☐ **I would like to use my coupon cheque for the following payment:**

◯ Pay the **<u>Premium(s)</u>** due on my policy(ies) stated below:

Policy No. ☐☐☐☐☐☐☐☐☐☐ Due on ☐☐☐ / ☐☐ / ☐☐ Amount _____
MTH (e.g. Jan, Feb) D D Y Y

Policy No. ☐☐☐☐☐☐☐☐☐☐ Due on ☐☐☐ / ☐☐ / ☐☐ Amount _____
MTH (e.g. Jan, Feb) D D Y Y

◯ Pay the **<u>Outstanding Loans</u>** on my policy(ies) stated below:

Policy No. ☐☐☐☐☐☐☐☐☐☐ Amount _____

Policy No. ☐☐☐☐☐☐☐☐☐☐ Amount _____

In this respect, if there is any balance, please refer to the following payment instruction:

☐ Deposit the balance coupons in the Coupon Deposit Account with the Company

☐ Forward the balance to me directly

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

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