

AIA CoverMax

The home insurance plan for condominium owners

The recent trend towards condominium and private apartment living is evident and this comes with new home protection needs. If you belong to this group, AIA CoverMax is the plan for you.

AIA CoverMax comes with a comprehensive list of benefits to cater to the needs of every condominium or private apartment dweller. At a low premium rate and packed with special features, AIA CoverMax is the plan you will require.

What you ought to know

The mandatory MCST fire insurance or the fire insurance you acquired together with your home loan, usually covers only the building structure and common areas. It may not be sufficient. AIA CoverMax complements these policies by protecting almost everything else within your home - from floor to ceiling, wall to wall (please refer to the Schedule of Benefits for the comprehensive list).

***Insured Perils**
 This policy protects your home against Fire, Lightning, explosion, malicious damage (Vandalism), burglary (evidence of forced entry NOT required), impact by road vehicles, impact by aircraft or other aerial devices, riots, civil commotion, earthquakes, hurricanes, windstorms, floods, bursting of water tanks or pipes (excludes loss / damage to water tanks / pipes. Loss / damage due to water leakage / leaking NOT covered).

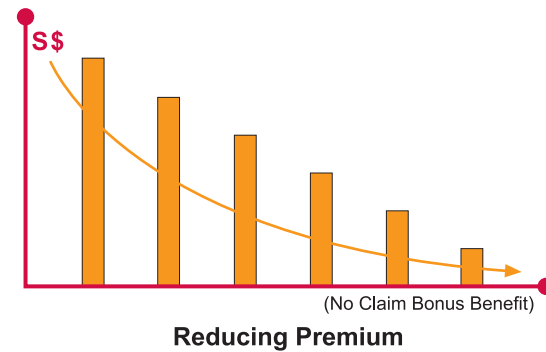
Note
 There is an excess of S\$100 or 5% of the claim amount, whichever is higher, on all claims except for loss or damage due to fire.

Why AIA CoverMax is unique

To cater to your growing needs, included in AIA CoverMax are these new benefits:

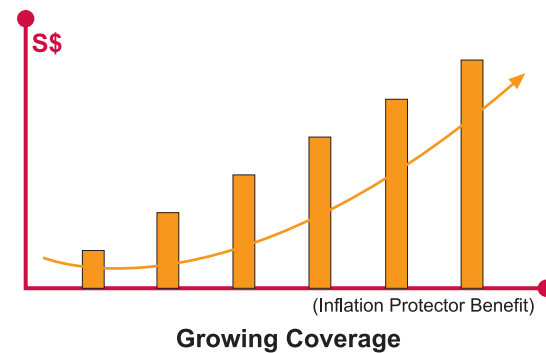
No Claim Bonus Benefit

Your premium reduces by 5% annually in the event that there are no claims made in the previous year/s. You may save 5% on premiums every year up to 3 consecutive years.



Inflation Protector Benefit

With this policy, you need not worry about inflating property material and labour prices. Your coverage automatically increases by 5% annually for the first 5 years.



Maintenance Fee Protection Benefit

You and your family need not worry about the monthly maintenance fee or conservancy charges. A benefit of up to S\$3,000 is provided in the event of death due to accidents or illness.

Emergency Hardship Expenses Benefit

In the event your home is rendered inadequate for occupancy, up to S\$3,000 is provided to tide you over this difficult period. This amount is provided to cover any of your daily necessities or personal effects that were destroyed by any of the named perils.

Worldwide Purchase Protection Benefit

With AIA CoverMax, your new purchases are secured. In the event of theft, within 14 days from the date of purchase, we'll cover the items you purchased.

What's more

First Loss Policy

This feature ensures that the insured will not be penalised in the event of underinsurance.

Full Theft Coverage

In event of burglary, evidence of forcible or violent entry is not required.

Worldwide Coverage

You can enjoy the coverage of AIA CoverMax even outside Singapore.

Extended Coverage

Immediate family members (including parents, siblings, spouse and children) of the insured residing in the same home is included in the AIA CoverMax coverage.

Sign up now!

To enjoy these benefits, sign up for AIA CoverMax today! Complete the application and pass it to your AIA Financial Services Consultant now.

Neither the brochure nor the proposal form is a contract of insurance. However, your declarations or disclosures shall form the basis of the contract of insurance. The specific terms, conditions and exclusions applicable to this insurance are set out in the policy, a copy of which is available upon request.

A home insurance plan

AIA Cover Max provides comprehensive coverage to cater to the needs of every condominium or private apartment dweller, at a low premium rate and packed with special features.



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.

TM3388002 (08/2009) (01/2012)



AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386R)
APPLICATION FORM FOR AIA COVERMAX

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.

Personal Particulars

Insured's Name (1) _____

(2) _____ (relationship)

(3) _____ (relationship)

(4) _____ (relationship)

Date of Birth (1) _____ (2) _____

(mm/dd/yy) (mm/dd/yy)

(3) _____ (4) _____

(mm/dd/yy) (mm/dd/yy)

Citizenship: _____

Status: Singaporean Singaporean PR Others

Country of Residence: _____

NRIC/FIN/Passport No.: (1) _____ (2) _____

(3) _____ (4) _____

Marital Status: _____ Gender: Male Female

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

Postal Code _____

Tel: (H) _____ (O) _____ (M) _____

Occupation: _____ Company: _____

Details of Property Insured

(i) Effective Date: _____

(ii) Owner Occupied Fully / Partially Rented: Landlord Tenant

(Please enclose Tenancy Agreement with this Application)

(iii) Year Built: less than 10 yrs between 10-20 yrs more than 20 yrs

(iv) Other Insurance on Property Insured and Policy No. (if any) _____

(v) Property Insured (if different from Singapore address stated above) _____

Type of Plan

Paramount Premier Prime

Flexi (For Flexi Plan, please fill in below) (min S\$250 excluding GST)

	Coverage	Premium
Contents Benefit (max. S\$500,000)	(a) _____	0.21% of (a)
Unscheduled Personal Valuables (max. S\$5000 each item less than S\$2500)	(b) _____	2% of (b)
Maintenance Fee Protection Benefit (max. S\$6,000)	(c) _____	0.25% of (c)
Sub-total	(d) _____	
5-Years Premium Waiver (optional)		4% of (d)
Total Premium		
Please include 7% GST		

Contents Benefit (max. S\$500,000)

Unscheduled Personal Valuables (max. S\$5000 each item less than S\$2500)

Maintenance Fee Protection Benefit (max. S\$6,000)

Sub-total (d) _____

5-Years Premium Waiver (optional) 4% of (d)

Total Premium

Please include 7% GST

Optional

(a) Scheduled Personal Valuables (Premium = 2% of coverage)

Please enclose receipts / appraisals

Description	Sum Insured	Additional Premium (Please include 7% GST)

(b) 5-Year Premium Waiver _____

(4% of total premium)

For Scheduled Personal Valuables coverage above S\$20,000, please complete the PL Personal Valuables Questionnaire and submit together with the AIA CoverMax application for underwriting.

Payment

Annual Premium Monthly Premium

(Annual premium with GST x 0.088) (Payment to be made by GIRO or DDA, initial payment of first 2 months required. Please attach GIRO or DDA form.)

Premium Paid: _____

Cash Receipt No. _____

Cheque Bank and Cheque No. _____

Credit Card (Visa or MasterCard or AMEX)

Cardholder's Name: _____

Card No.

Amount to be deducted: _____

Cardholder's Signature / NRIC No. _____

Card Expiry Date (mm/dd/yy) _____

For Official Use

Policy Number _____

FSC _____

Agency Name _____

FSC Contact No. _____

Agency Location _____

Code _____

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:

Applicant must complete the following questions: Agree Disagree

- a) The property insured is constructed of brick, stone or concrete; A D
- b) The property insured is not used in any part for the purpose of trade, business or profession or receiving paying guest; A D
- c) There are no circumstances that exist which may cause the risks of this policy abnormal. A D
- d) There are no previous claims for a similar home insurance which has been filed by me in the last 5 years. A D

If any of your questions is 'Disagree', please provide us with details:

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/ Insured 1		Joint Insured 2		Joint Insured 3		Joint Insured 4	
	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	<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	<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	<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"/>	<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

Signature of Insured (1) _____ Date _____

Signature of Insured (2) _____ Date _____

Signature of Insured (3) _____ Date _____

Signature of Insured (4) _____ Date _____

FSC's Declaration

Have you ever visited the Property Insured? Y N

Signature of FSC _____ Date _____

[^] Note: The amounts paid out for extensions will be deducted from the respective benefit sum assured.

* Unless otherwise stated, coverage is provided to insured and spouse who are below the age of 65; coverage is also provided to children who are between 1 and 24 years old, full time student and is unmarried.