



PERSONAL LINES CHANGE FORM
AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386R)

Policy No.: \_\_\_\_\_

Date: \_\_\_\_\_

Assured: \_\_\_\_\_

NRIC/FIN/Passport No.: \_\_\_\_\_

REQUEST FOR CHANGE

- Change of frequency of premium payment to Annual Monthly
Change of giro account (POSB/ DDA)
Change of Name of the Assured
Change of NRIC/FIN/Passport of the Assured
CHANGE OF ADDRESS LOCATION OF RISK & MAILING RISK ADD ONLY MAILING ADD ONLY

Termination of Policy Effective: \_\_\_\_\_

Others: Please specify \_\_\_\_\_

No request is valid until received by AIA Singapore Private Limited (the "Company") during the lifetime of the Insured and is finally accepted by the Company.

I/We understand and agree that the application of the Contracts (Rights of Third Parties) Act 2001 (No. 39 of 2001) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.

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.

Witness Assured
Name/ NRIC/FIN/Passport

Witness \*\*Trustee/ Assignee/ Owner
Name/ NRIC/FIN/Passport other than Assured, if any

Note: For each signatory, there should be a witness with the name and NRIC/FIN/Passport clearly indicated.
\*\*Delete where appropriate

ENDORSEMENT (BY THE COMPANY)
ATTACHED TO AND FORMING PART OF THE ABOVE POLICY(IES)

In accordance with the above request, it is hereby understood and agreed that with effect from \_\_\_\_\_ the policy is amended as per above request for change.

Effective July 1, 2002, the application of the Contracts (Rights of Third Parties) Act 2001 (No. 39 of 2001) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.

All other provisions and benefits of this policy(ies) shall remain unchanged.

Registrar

Date

Cc: Agency: \_\_\_\_\_
Location: \_\_\_\_\_

FSC/IR: \_\_\_\_\_
Note : Please forward one set of the document(s) to Policyholder.