

Embark on a year of unlimited worry-free travel

Don't let unforeseen circumstances or the hassle of having to sign up for travel insurance plans each time you go abroad, diminish the pleasure you deserve for every trip.

With your needs in mind, we bring you AIA Around The World. **ONE annual payment** is all that is required to cover you through endless trips, and **with superior benefits**, to places you travel.

A world of convenience...and pleasure

There are no medical examinations or trip declarations to make. Travel with an ease of mind, because you know you are protected 24 hours a day, whenever you are away.

Be it your favourite sports or holiday activities, derive the greatest pleasure from knowing that while you are enjoying yourself, AIA is keeping you covered.

Furthermore, you get to extend this world of convenience to your spouse and children when you sign up for the Family Policy. Your one-time annual payment **ensures a year of worry-free travel for the entire family!**

A sheltered journey

AIA Around The World shelters you from costly medical and **hospitalisation bills** should sickness or injuries occur when you are abroad. In the event of death or permanent disability, the policy benefits can help tide you and your family over the difficult initial period.

Shield against losses

Each time you travel, you take flight with the assurance that should your baggage, money, travel documents get lost or damaged, you will be compensated. This coverage is also extended to your costly golfing equipment and laptop computer.

Schedule of Benefits

Benefits	Sum Assured	
	Standard (S\$)	Executive (S\$)
1. Accidental Death & Dismemberment	125,000	250,000
2. Medical Expenses (Including follow-up treatment)	125,000	250,000
3. Emergency Medical Evacuation	1,000,000	2,000,000
4. Repatriation	Actual Cost	Actual Cost
5. Hospital Income Benefit	3,000	6,000
6. Trip Curtailment	1,000	2,000
7. Trip Cancellation	2,000	4,000
8. Flight Delay	500	500
9. Loss of Baggage	3,000	3,000
10. Baggage Delay	1,000	1,000
11. Personal Liability	250,000	500,000
12. Personal Money & Travel Documents	1,000	1,000
13. Laptop Computer	500	1,200
14. Golf Equipment	300	600
15. Compassionate Visit	2,500	5,000
	Annual Premium (S\$)	
Individual	320	380
Family	480	570

Accidental Death, Dismemberment and Loss of Sight Indemnity Schedule

Event	% of Principal Sum
Loss of life	100
Permanent total loss of sight of both eyes	150
Permanent total loss of sight of one eye	100
Loss of or the permanent total loss of use of two limbs	150
Loss of or the permanent total loss of use of one limb	125
Loss of or the permanent total loss of use of one limb and loss of sight of one eye	150
Permanent loss of speech and hearing	150
Permanent and incurable insanity	100
Permanent total loss of hearing	
- both ears	75
- one ear	25
Permanent loss of speech	50
Permanent total loss of the lens of one eye	50
Loss of or the permanent total loss of use of four fingers and thumb of	
- right hand	70
- left hand	50
Loss of or the permanent total loss of use of four fingers of	
- right hand	40
- left hand	30
Loss of or the permanent total loss of use of one thumb	
- both right phalanges	30
- one right phalanx	15
- both left phalanges	20
- one left phalanx	10
Loss of or the permanent total loss of use of fingers	
- three right phalanges	10
- two right phalanges	7.5
- one right phalanx	5
- three left phalanges	7.5
- two left phalanges	5
- one left phalanx	2
Loss of or the permanent total loss of use of toes	
- all of one foot	15
- great toe - two phalanges	5
- great toe - one phalanx	3
- other than great toe, each toe	1
Fractured leg or patella with established non-union	10
Shortening of leg by at least 5 cm	7.5

Important Notes

- This Brochure is not a contract of insurance. The precise terms and conditions of the plan are specified in the Policy contract.
- You are discouraged from switching from an existing accident and / or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have less benefits at the same cost.
- Information is correct as at February 2009.

An insurance plan that assures peace of mind when travelling all year around



AIA.COM.SG

AIA Around The World

Thank you for choosing AIA for your travel needs.

You are covered effective from _____ upon your premium payment and completion of product summary. We will deliver your contract to you shortly. Meanwhile, please keep this cover note as reference.

Policy No. _____

Signature of Proposed Assured

Signature of AIA Representative

Dated in Singapore on _____

General Exclusions:

This policy will not cover for any losses resulting from:

- War or invasion;
- Flying as a pilot or crew member in an aircraft;
- Suicide or intentional self-injury;
- Professional sports;
- Travelling in, to, or through Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan or Syria.
- The assured who is or is found to be a terrorist or member of a terrorist entity, a drug trafficker, or purveyor of nuclear, chemical or biological weapons.

For the full list of exclusions, please refer to the policy contract.

Comprehensive Benefits

- Accidental Death & Dismemberment (up to 150% of the ADD Schedule)**
Covers Accidental Death and Dismemberment occurring within 365 days of an accident that occurred during the Insured Journey.
- Medical Expenses**
Covers all expenses incurred whilst overseas as a result of an injury or unexpected sickness whilst overseas. It also includes follow-up treatment for injuries or sickness within 90 days of returning to Singapore.
- Emergency Medical Evacuation**
Covers all emergency medical evacuation expenses incurred as a result of a serious accident or sickness.
- Repatriation**
Covers all AIAS expenses in event of death due to injury or sickness, for returning the remains of the deceased Assured back home.
- Hospital Income Benefit**
Pays up to S\$200 for each day of hospitalisation whilst overseas, up to the limits stated in the Schedule of Benefits.
- Trip Cancellation**
Refunds the unused and non-refundable part of Insured Journey up to limits stated in the Schedule of Benefits and in proportion to the non-used days.
- Trip Curtailment**
Refunds the unused and non-refundable part of Insured Journey up to limits stated in the Schedule of Benefits and in proportion to the non-used days.
- Trip Cancellation**
Covers loss of travel fare and / or accommodation expenses paid in advance due to unforeseen circumstances as defined in the policy occurring within 30 days prior to departure from Singapore.
- Flight Delay**
Pays S\$100 for each full 12 consecutive hours of delay, up to a maximum of S\$500 per insured journey due to weather, equipment failure, strike or hijack.
- Loss of Baggage**
Covers loss or damage of the Assured's baggage, clothing and personal effects.
- Baggage Delay**
Pays S\$200 for each full 12 consecutive hours if the Assured's baggage is delayed, up to a maximum of S\$1,000 per Insured Journey.
- Personal Liability**
Covers the Assured against legal liability to a third party arising during the Insured Journey as a result of death or accidental injury and lost or damage of third party's property.
- Personal Money and Travel Documents**
Pays up to S\$1,000 against theft of personal money and travel documents, including cost of obtaining replacement passports, travel tickets and other relevant documents.
- Laptop Computer**
Pays up to S\$1,200 for loss of laptop computer due to theft.
- Golf Equipment**
Pays up to S\$600 for theft or damage to golfing equipment.
- Compassionate Visit**
A return economy ticket and hotel accommodation of up to S\$5,000 will be arranged by AIAS for a relative to accompany the Assured during an emergency evacuation or visit the Assured if he / she is hospitalised for more than 10 days overseas.

Note:
The maximum period for one Insured Journey is 90 days.

Table of Compensation

Benefits	Policyholder	Spouse	Per Child
1 - 2 & 5 - 14	100%	50%	25%
3 - 4 & 15	100%	100%	100%



AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386R)
APPLICATION FORM FOR AIA AROUND THE WORLD

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.

Policy No. _____

A. Particulars of Proposed Insured

Full Name _____
 NRIC/FIN/Passport No. _____ Gender M F
 Date of Birth (mm/dd/yy) _____ Race _____ Age _____
 Citizenship _____ Country of Residence _____
 Status Singaporean Singapore PR Others
 *Visa Type: Employment Pass (Type P/Q/S) Work Permit Student Pass Social Visit Pass
 Dependants Pass / Other Work Pass Others
 Singapore Address (P.O.Box not allowed) _____ Postal Code _____
 Foreign Address (For Non-S'poreans & Non-S'porean PR.) Please write in English: _____
 Occupation _____ Telephone (H) _____
 (Office) _____ (Mobile) _____

B. Details of Insurance and Premium Payable

Annual Premium
 Individual Policy S\$320 S\$380
 Family Policy S\$480 S\$570

Semi-annual premium
 Individual Policy S\$166.40 S\$197.60
 Family Policy S\$249.60 S\$296.41

Individual Policy: Insured must be aged between 16 & 70 years old.
 Family Policy: Family includes the named Insured, his / her legal spouse and children up to 18 years old or up to 23 years old if still studying full-time in a recognised institution of higher learning.

For Family Policy							
Name of Family Member	NRIC/FIN/Passport	DOB	Citizenship (please specify for Singapore PR and Others)	Visa Type	Gender	Relationship	Country of Residence
			<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others _____	<input type="checkbox"/> Employment Pass (Type P/Q/S) <input type="checkbox"/> Work Permit <input type="checkbox"/> Student Pass <input type="checkbox"/> Social Visit Pass <input type="checkbox"/> Dependants Pass / Other Work Pass	<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others _____	<input type="checkbox"/> Employment Pass (Type P/Q/S) <input type="checkbox"/> Work Permit <input type="checkbox"/> Student Pass <input type="checkbox"/> Social Visit Pass <input type="checkbox"/> Dependants Pass / Other Work Pass	<input type="checkbox"/> Male <input type="checkbox"/> Female		
			<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others _____	<input type="checkbox"/> Employment Pass (Type P/Q/S) <input type="checkbox"/> Work Permit <input type="checkbox"/> Student Pass <input type="checkbox"/> Social Visit Pass <input type="checkbox"/> Dependants Pass / Other Work Pass	<input type="checkbox"/> Male <input type="checkbox"/> Female		

03/2010 01/2011 01/2012

Please Note: You are discouraged from switching from an existing accident and / or health insurance policy to a new one without considering whether the switch is detrimental, as there may be potential disadvantages with switching. A penalty may be imposed for early policy termination and the new policy may cost more or have less benefits at the same cost.

C. Declarations

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:

- The Persons to be insured warrant that they will not travel contrary to advice of Medical Practitioner, or for the purpose of obtaining medical treatment.
- 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.
- 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 will be void and I/We may receive nothing from the policy.
- 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' lifetime and good health.
- 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.
- I am/We are not undischarged bankrupt(s) and no bankruptcy application (including any statutory demand) or order has been made against me/us within the last twelve months.
- 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 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 describe 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.
- 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 which I/We have instructed the Company to send correspondence to. I/We agree to inform the Company immediately of any change in my/our correspondence address.
- I/We understand that all Pre-existing Conditions before the effective date of the policy date are not covered
- I/We hereby agree the policy of insurance issued hereunder subject to the terms and conditions explained therein.
- I/We am/are aware that I/We can seek advice from an AIA Financial Service Consultant before I/We sign this Application form. Should I/We choose not to, I/We shall take the sole responsibility to ensure that this product is appropriate to my/our financial needs and insurance objective.



12. 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.	Proposed Insured*		Family Member					
	1	2	1		2		3	
1. For Singapore Citizen, 1.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of application? 1.2 Are you currently residing in Singapore?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For student's pass or long term visit pass holders 3.1 Does your pass have a duration of less than 90 days? 3.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>

* For Applicant/Owner application, both the Proposed Insured and Applicant need to answer; where the Applicant is not an individual, only the Proposed Insured needs to answer.

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

13. 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.

14. 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 (mm/dd/yyyy) _____

Signature of Proposed Insured / Applicant (Owner) _____ Signature of AIA FSC _____

D. Particulars of AIA Financial Services Consultant

Name _____

Agency _____

Location _____ Contact No. _____

Master Policy No. (For worksite marketing only) _____

Warning: Please note that with effect from 1 May 2005, all Policies, Renewal Certificates, Cover Notes, Endorsements for policies with commencement date on or after 1 May 2005 carry a Payment Before Warranty Clause which requires the premium to be paid in full on or before the date of inception of the Policy. Failing which there would be no liability under the Policy, Renewal Certificate, Cover Note and Endorsement etc.