



**INVOLUNTARY LOSS OF EMPLOYMENT (ILOE) CLAIM FORM**  
**AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386R)**

FSC/IR : \_\_\_\_\_  
 Agency : \_\_\_\_\_  
 Contact No : \_\_\_\_\_

<b>Policy No. :</b>	<b>Name of Owner :</b>  <b>NRIC/FIN/Passport No. :</b>	<b>Age :</b> <b>Sex :</b>	<b>This is a :</b> <input type="checkbox"/> <b>New Claim</b> <input type="checkbox"/> <b>Further Claim</b>
<b>Mailing Address :</b>		<b>Owner's Contact No. :</b>	

**EMPLOYMENT PARTICULARS**

1. Name of Ex-employer	1.
2. Contact Person and Telephone No. of Ex-employer	2.
3. Any family relationship with the Ex-employer? If yes, please specify the relationship.	3.
4. If the answer to above question 3 is 'Yes', do you or the Ex-employer have any equity interest in the business? If yes, please specify the percentage.	4.
5. Title / Position before unemployment	5.
6. Exact nature of occupational duties before unemployment	6.
7. Date joined the ex-company	7.
8. Effective date of unemployment	8.
9. Reason for unemployment	9.
10. Type of ex-employment (Please circle) Full Time \ Part Time \ Contract basis \ Temporary \ Self-employed	

**Please attach the following documents for our claim assessment:**

- Original termination letter from employer stating reason(s) for termination.**
- Original CPF statement showing last 15 months' contribution as well as cessation of regular contribution to Owner's CPF account for at least 3 months following commencement of ILOE and for subsequent months of premium waiver up to a maximum of 12 monthly premiums.**

**DECLARATION AND AUTHORIZATION**

I declare that the answers given above are true and complete. I further declare that I am not under any kind of employment and not self-employed or being an independent contractor. I hereby authorize any insurance company, employer, financial institutions or other organizations, who has records or knowledge of myself, to release all information regarding employment history, reason of employment termination and other personal information to AIA Singapore Private Limited ("the Company"). This authorization shall bind my successors and assigns and remain valid notwithstanding my death or incapacity in so far as legally possible. I agree that a photocopy of this authorization shall be considered as effective and valid as the original.

I hereby authorize, 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 currently may have with the Company, including but not limited to, processing of this Application, and/or providing subsequent services to me and/or providing advice and/or information concerning products and/or services which the Company believes may be of interest to me and/or communicating with me for any purpose. I 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 authorization shall bind my successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my Application is accepted by the Company. A photocopy of this authorization shall be effective and valid as the original.

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 Witness  
 Name :  
 Date :

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 Signature of Owner  
 Name :  
 Date: