



CHANGE OF ADDRESS & CONTACT INFORMATION FORM

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

TO: POLICY SERVICES DEPARTMENT / CUSTOMER SERVICE

KINDLY NOTE THAT FAX COPY WILL NOT BE ACCEPTED. REFER TO IMPORTANT NOTES BEHIND

Date

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MTH (e.g. Jan, Feb)

D D

Y Y

Name of Policyowner/Trustee/Assignee*

NRIC/FIN/Passport Number

Please update my mailing address for the following policy(ies):

1. Life Policy(ies) Including Investment Linked Policy

All Specific Policy Number(s) only

2. Accident & Health Policy(ies)

All Specific Policy Number(s) only

3. Personal Lines Policy(ies):

All Specific Policy Number(s) only

For the policy(ies) stated above, kindly change the address for:

Location of Risk & Mailing Address

Location of Risk Only

Mailing Address Only

New Address:

#

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Blk/House No.

Unit Number

Postal Code

Street Name / Building Name / Country (for foreign address)

Other Contact Details:

Phone (Res) (HP) (Off)

E-Mail

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.

This change of address request is notified by :

Policyowner/Trustee/Assignee* stated above

Signature of Policyowner/Trustee/Assignee*

Financial Services Consultant (FSC)/Insurance Representative (IR)



