

AIA SINGAPORE AIA PREMIER DISABILITY COVERAGE

Name of Insured and Policy Owner				
Name of Insured				
Name of Policy Owner				
Policy Number(s)				
Tolley Rumber(e)				
Modified Terms of Coverage				
Your AIA Premier Disability coverage shall be sub	ejected to the follo	owing endorseme	nt.	
The "Working Disability" refers to disability by reason of Illness or Injury:				
(a) and the date of commencement of such disability as confirmed by a Physician is while the Insured is employed or self-				
employed to earn or obtain Remuneration; and				
(b) during the Deferment Period and thereafter, resulting in the Insured totally unable to perform any occupation.				
Acceptance of the Modified Terms of Coverage				
I agree to accept the modified terms outline above.				
ragice to accept the modified terms outline above.				
Signature of Insured/Policy Owner				
Date				
Date				
FSC/IR's Name	FSC/IR's Code	FSC/IR Unit Nam	e M	Nobile No.