



# AIA SINGAPORE

## AMENDMENT TO APPLICATION FOR POLICY

(New Business)

### Particulars of Insured

Name of Insured

NRIC/Passport/FIN No.

Name of Policy Owner

NRIC/Passport/FIN No.

### Policy Numbers







### Amendment to Application for Policy(ies)

### Declaration and Authorisation

1. I/We, save and except as otherwise stated above, certify that there has been no change in my condition of health, and that I have received no medical attention, consultation or examination whatsoever, since the date of completion of said application or request for change; further, that all my answers as written in the course of said application or request for change, including those relating to my occupation, are still true.
2. I/We hereby request that the Policy(ies) stated in this form be changed in accordance with the above application.
3. I/We understand and agree that no application is valid until this change form is received by AIA Singapore Private Limited ("AIA Singapore") during the life time of the Insured and is finally accepted by AIA Singapore.
4. I/We understand and agree that the application shall not be considered as effected by reason of any money paid or settlement made in payment of, or on account of any premium, until this form has been duly approved by the authorised Officer of AIA Singapore.
5. I/We understand and agree that the application of the Contracts (Rights of Third Parties) Act 2001 and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.
6. I/We understand and agree that my/our application is subject to the terms and conditions as stated in the Policy Contract and is effective only when it has been officially accepted and notified to me/us by AIA Singapore.

**Please note:** Your Contact Details (email address, home, office and/or mobile telephone number) and/or Current Residence Address declared in this form will be used and will replace the contact details and residence address given to AIA Singapore for all your past and existing policies. Do note that these changes will be effected within a day upon successful submission of your application.

Signature of Insured

Date

Signature of Policy Owner

*\* Applicable if Insured is under age 16*

Date

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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**AIA Singapore Private Limited (Reg No. 201106386R)**  
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