



**AIA Singapore Private Limited**

**MULTISTAGE CANCER COVER**  
**APPLICATION AND PRODUCT SUMMARY**

**July 2023**

## **SUBMISSION CHECKLIST**

Application Form

Product Summary Cover Page

Interbank Giro



--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## SIMPLIFIED APPLICATION FORM (PARTNERSHIP DISTRIBUTION)

Insurance Adviser's Unit Code:

--	--	--	--	--	--

Referral's Unit Code:

--	--	--	--	--	--

Insurance Adviser's Code:

--	--	--	--	--	--

Referral's Code:

--	--	--	--	--	--

Insurance Adviser's Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Referral's Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**WARNING:** In accordance with Section 23(5) of the Insurance Act 1966, 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. If a foreign currency policy is applied for, the equivalent of returns in Singapore-dollars will depend on the prevailing exchange rate (as determined by AIA Singapore), which may be highly volatile.

## 1 DETAILS OF APPLICANT/OWNER (Please tick the circles as appropriate)

Name (shown on NRIC/FIN/Passport):

Date of Birth: dd mm yyyy

Gender: ☐ Male ☐ Female

NRIC/FIN/Passport No.:

For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.

Country of Residence:

Place of Birth:

☐ United States of America☐ Others (Country):

Marital Status:

☐ Single☐ Married☐ Widowed / Divorced / Separated

Residency Status:

☐ Singapore Citizen☐ Singapore PR☐ Pass Holders☐ Others

Annual Income (\$\$):

☐ ≤ 30,000☐ 30,001 – 50,000☐ 50,001 – 100,000☐ 100,001 – 150,000☐ 150,001 – 300,000☐ > 300,000If not Singaporean  
Citizenship 1:

Citizenship 2:

Citizenship 3:

Foreign Permanent Residence Address - Please provide the **full** address in English. (Compulsory for non-Singaporeans)

For Passers-by, please submit copy of passport or foreign identification card that shows proof of this address.

If the address on the document(s) differs from this address, please explain the reason(s) in writing.

Current Residence Address

Please submit the following document(s) to show proof of this address.

(i) For Singaporeans and PRs residing in Singapore- Copy of NRIC

(ii) For Singaporeans and PRs residing overseas and Pass holders - Letters from government or banks, or utility or telephone bills (dated within the last 6 months)

Postal Code:

Postal Code:

Relationship of Applicant/Owner to the Proposed Insured:

☐ Parent☐ Legal Guardian☐ Spouse☐ Company

Mailing Address (Use of P.O. Box is not allowed):

For Singaporeans, PRs and Pass holders - if different from Current Residence Address. Only Singapore Mailing address is allowed.

For Passers-by - if different from Foreign Permanent Residence Address.

Contact  
Details

Home: Country Code - Phone No.

Office: Country Code - Phone No.

Mobile: Country Code - Phone No.

Email:

Postal Code:

Please provide the reason if:

1. Your "Current Residence Address" is different from your identity documents and/or

2. Your Foreign Permanent Address is different from your identity documents and/or

3. Your "Mailing Address" is different from your "Current Residence Address"

Note: Please provide separate reasons if all the addresses do not match.

Occupation:

Company Name:

Exact Duties:

Nature of Business:

Business Address:

Postal Code:

**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. Your Mobile Phone Number will be used in the future to receive One-Time-Pin (OTP) when logging into My AIA SG. Do note that these changes will be effected within a day upon successful submission of your application.



\* U 0 8 0 4 2 3 0 1 0 2 1 2 \*

Applicable only for Juvenile Application				
Name of Contingent Owner (Other than the Original Owner):				
NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>				
Date of Birth:	dd	mm	yyyy	Relationship: <input type="radio"/> Estate <input type="radio"/> Parent of the Proposed Insured

## 2

Name (shown on NRIC/FIN/Passport):				
Date of Birth:                      dd                      mm                      yyyy		Gender: <input type="radio"/> Male <input type="radio"/> Female		
NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>		Country of Residence:		
Place of Birth:	Marital Status:	Residency Status:		
<input type="radio"/> United States of America	<input type="radio"/> Single <input type="radio"/> Married	<input type="radio"/> Singapore Citizen <input type="radio"/> Singapore PR		
<input type="radio"/> Others (Country): _____	<input type="radio"/> Widowed / Divorced / Separated	<input type="radio"/> Pass Holders <input type="radio"/> Others		
Annual Income (S\$):  <input type="radio"/> ≤ 30,000 <input type="radio"/> 30,001 – 50,000  <input type="radio"/> 50,001 – 100,000 <input type="radio"/> 100,001 – 150,000  <input type="radio"/> 150,001 – 300,000 <input type="radio"/> > 300,000		If not Singaporean Citizenship 1:		
		Citizenship 2:		
		Citizenship 3:		
		Foreign Permanent Residence Address - Please provide the <b>full</b> address in English. <i>(Compulsory for non-Singaporeans)</i>		
		Postal Code:		
Occupation:				
Company Name:				
Exact Duties (please provide in details):		Contact Details		Home:    Country Code - Phone No.
				Office:    Country Code - Phone No.
				Mobile:    Country Code - Phone No.
				Email:
Nature of Business:				
Business Address:				
Postal Code:				

**2A**

Name (shown on NRIC/FIN/Passport):			
Date of Birth:	dd	mm	yyyy
NRIC/FIN/Passport No.:			Gender: <input type="radio"/> Male <input type="radio"/> Female
<i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>			Country of Residence:
<i>If not Singaporean</i> Citizenship 1:			Relationship of Applicant/Owner to the Secondary Insured:  <input type="radio"/> Spouse <input type="radio"/> Child (below age 16) <input type="radio"/> Self
Citizenship 2:			
Citizenship 3:			
Notes: 1) Please submit photocopy of Secondary Insured's Identity Card or Birth Certificate (where applicable). 2) The age of Secondary Insured must not exceed the following at the time of appointment above: a. For AIA Smart Wealth Builder (II): (i) 70 years (Single Premium and 5 year pay); (ii) 60 years (10 year pay); (iii) 55 years (15 year pay); (iv) 50 years (20 year pay) b. For AIA Smart Wealth Builder (USD): (i) 70 years (Single Premium); (ii) 65 years (5 year pay) c. For AIA Pro Achiever 3.0: (i) 70 years			

### 3 DETAILS OF PLAN APPLIED FOR

Basic Plan Name	<input type="radio"/> AIA Retirement Saver (IV) Premium Payment Period : <input type="radio"/> Single Payment <input type="radio"/> 5 years <input type="radio"/> 10 years <input type="radio"/> Till Age 45 <input type="radio"/> Till age 50 <input type="radio"/> Till age 55 <input type="radio"/> Till age 60 <input type="radio"/> Till age 65		
	<input type="radio"/> AIA Smart Wealth Builder (II) Premium Payment Period: <input type="radio"/> 5 years <input type="radio"/> 10 years <input type="radio"/> 15 years <input type="radio"/> 20 years <input type="radio"/> Single Payment		
	<input type="radio"/> AIA Smart Wealth Builder (US\$) Premium Payment Period: <input type="radio"/> 5 years <input type="radio"/> Single Payment		
	<input type="radio"/> AIA Smart Pro Saver (US\$)		
	<input type="radio"/> AIA Smart Flexi Rewards (II) Premium Payment Period: <input type="radio"/> 5 years <input type="radio"/> 10 years		
	<input type="radio"/> AIA Smart Flexi Growth		
	<input type="radio"/> AIA Platinum Gift of Life (II) Premium Payment Period: <input type="radio"/> 5 years <input type="radio"/> 10 years <input type="radio"/> Single Payment		
	<input type="radio"/> AIA Diabetes Care		
	<input type="radio"/> AIA Pro Achiever 3.0		
	<input type="radio"/> AIA Critical Illness Guard		
	<input type="radio"/> AIA Platinum Retirement Elite		
	<input type="radio"/> Others (Please write in full including currency of plan):		
Sum Assured	\$		
Rider	<input type="radio"/> Cancer Cover Rider		
Backdated	<input type="radio"/> Yes <input type="radio"/> No		
Premium	\$		
Regular Premium Payment Frequency	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually		
	<b>Policy 1</b>		
*Ad Hoc Top-Up (minimum \$1,000) for: Regular Premium Plan	\$		
Single Premium Plan (for AIA Platinum Retirement Elite Only)	\$		
<b>Note:</b> <i>a. Top-Up premium allocation percentage to funds will follow that indicated under Funds Details</i> <i>b. For any Top-Up after Policy Year 1, please approach Policy Servicing Department to submit the request</i>			
Premium Payment Method (include hyphenation if any)	<input type="radio"/> <b>Supplementary Retirement Savings (SRS)</b> SRS A/C No.: Agent Bank/ Operator : <input type="radio"/> UOB <input type="radio"/> DBS <input type="radio"/> OCBC		
	<input type="radio"/> Cash <input type="radio"/> Telegraphic Transfer <input type="radio"/> Premium Financing    Financing Bank:_____		
	<input type="radio"/> Cheque - Bank/Cheque No.:		
	Name of Drawer:		
	<input type="radio"/> Cashier's Order - Bank/ Cashier's order No.:		
	<input type="radio"/> Credit Card (Please complete section on Credit Card Authorisation)		

Financial Services Consultants and Insurance Advisers are not allowed to collect cash payment on behalf of AIA.  
If you are paying your premiums by cheque, please ensure your cheque is crossed and made payable to AIA Singapore Private Limited.  
Please refer to AIA website for the list of payment methods available.

#### 4 SOURCE OF FUNDS AND SOURCE OF WEALTH

<b>Source of Wealth</b> Where your wealth is derived from. You may tick more than 1 option	<input type="radio"/> Employment/Trade Income <input type="radio"/> Investment Income <input type="radio"/> Rental Income <input type="radio"/> Others, please specify: _____
<b>Source of Funds</b> Origin of the funds used to pay premiums. You may tick more than 1 option	<input type="radio"/> Employment/Trade Income <input type="radio"/> Sales of Property <input type="radio"/> Savings <input type="radio"/> Maturity proceeds from AIA policies (Please complete Maturity Benefit Transfer Authorisation Form) <input type="radio"/> Maturity or Surrender of Policy or Sale of Investments <input type="radio"/> Others, please specify: _____
<b>Relationship of Payor to Applicant/Owner (if different from Applicant/Owner) :</b>	



5 Fund Details:	Policy 1
<b>Premium Allocation to Guided Portfolio</b>	<input type="radio"/> <b>Pro Adventurousa</b>
	<input type="radio"/> <b>Pro Balanced</b>
	<input type="radio"/> <b>Pro Cautious</b>
	<input type="radio"/> <b>Pro Optimiser</b>
	<b><u>You may select more than one option below</u></b> <input type="radio"/> Automatic Fund Re-balancing ( <i>quarterly basis according to portfolio selected above</i> ) <input type="radio"/> Standing instruction for annual update of Pro Portfolio ( <i>based on portfolio selected above</i> ) By selecting this option, you are instructing AIA to apply the latest portfolio to your future premium allocation within 31 days from its update. This will also be applied to Automatic Fund Re-balancing if it has also been selected. We reserve the right to discontinue or make revision to this standing Instruction. NOTE: You will be notified whenever the latest portfolio is applied to your policy's allocation. You may also refer to the Annual Fund Report for revision to the portfolio.
<b>Premium allocation to:</b>	<input type="radio"/> <b>Fund</b> ( <i>Please complete the following fund details</i> )
<b>Full name of Fund</b>	<b>Allocation</b>
AIA	%
AIA	%
AIA	%
AIA	%
AIA	%
<b>For Premium Allocation to Fund</b> ( <i>Not applicable for AIA Platinum Retirement Elite</i> ) <input type="radio"/> Automatic Fund Re-balancing ( <i>quarterly basis according to above allocation, minimum 2 funds</i> ), or <input type="radio"/> Automatic Fund Switch ( <i>from AIA S\$ Money Market Fund. The minimum initial balance in this fund must be S\$1,000.</i> )	
<b>Frequency</b>	<input type="radio"/> <b>Monthly</b> <input type="radio"/> <b>Quarterly</b>
<b>Amount to switch periodically</b>	\$
<b>Fund switch to:</b>	<b>Allocation</b>
AIA	%
AIA	%
AIA	%
AIA	%
AIA	%
<small>Please note that if you plan to reinvest part or all of the withdrawn amount into the same or another fund, you should consider using the "Fund Switch" option in this policy. This enables you to invest into the new fund at minimal or no charge. Otherwise, your new investment will be subject to a sales charge. Other charges may also apply.</small>	

Please note that if you plan to reinvest part or all of the withdrawn amount into the same or another fund, you should consider using the "Fund Switch" option in this policy. This enables you to invest into the new fund at minimal or no charge. Otherwise, your new investment will be subjected to a sales charge. Other charges may also apply.

6 Regular Top-Up		
<small><i>Note:</i> a. Top-Up premium allocation percentage to Funds will follow that indicated under Funds Details b. For any Regular Top-Up which does not start from year 1, please approach Policy Servicing Department to submit the request</small>		
<b>Fund Details:</b>	<b>Policy 1</b>	
<b>Top-up Amount</b>	\$	
<b>No of Years</b>		
<b>Frequency</b>	<input type="radio"/> <b>Monthly</b>	
	<input type="radio"/> <b>Quarterly</b>	
	<input type="radio"/> <b>Semi-annually</b>	
	<input type="radio"/> <b>Annually</b>	

**7 QUESTION ON REPLACEMENT OF POLICIES**

Is this proposal to replace or intended to replace in full or in part any insurance policy, unit trust or any other investment product with AIA Singapore or any other financial advisor or institution?

☐ No ☐ Yes – Please give details:

**Important Note:**

Before replacing one policy with another, you should find out whether you are entitled to free switching and consider carefully whether any fees, charges or disadvantages that may arise from a replacement will outweigh any potential benefits. Some of these disadvantages may include additional fees and charges, incurring penalties and the new policy may cost more or have fewer benefits at the same cost. Also, the new policy may be less or not suitable for you as you may not be insurable at standard terms and the new policy terms may be different.

**8 LIFESTYLE DETAILS OF PROPOSED INSURED**

8.1 Have you smoked any cigarettes in the past 12 months? ☐ No ☐ Yes – How many cigarettes per day:

**9 HEALTH DETAILS OF PROPOSED INSURED**

(Please complete this section if proposing Diabetes Care)

You are not required to disclose your predictive genetic test results.

9.1 a. Height (metres):

b. Weight (kilograms):

c. Was there any weight change in the past year?

If yes, how much and state the reason:

☐ No ☐ Yes

**FOR AIA DIABETES CARE**

9.2 Please indicate your condition:

- ☐ Type 2 diabetes  
☐ Impaired Fasting Glucose  
☐ Impaired Glucose Tolerance

We are unable to accept the below conditions:

- ☐ Type 1 diabetes  
☐ Do not know

9.3 Was your condition diagnosed before the age of 25?

☐ No ☐ Yes

i. When was the condition first diagnosed (please select one):

- ☐ Less than 10 years ago  
Is your latest HbA1c reading  $\leq 10.0\%$ ?\* ☐ No ☐ Yes  
☐ 11-15 years ago  
Is your latest HbA1c reading  $\leq 8.5\%$ ?\* ☐ No ☐ Yes  
☐ >15yrs ago

(Please submit a copy of your latest HbA1c reading, showing  $\leq 7\%$ .)

\* The HbA1c reading/ report must be within the last 3 months.

9.4 Have you ever had any of the following:

Kidney disease, retinopathy, gangrene, amputation, heart disorder or heart surgery, stroke?

☐ No ☐ Yes

**FOR CANCER COVER RIDER (if proposed)**

9.5 Have you ever had or are you currently under investigation for cancer, carcinoma in situ, tumour, lump, polyp or growth of any kind or liver disease?

☐ No ☐ Yes

9.6 Before the age of 50, have two or more of your natural parents, brothers or sisters had cancer?

☐ No ☐ Yes

9.7 Have you ever had any abnormal stool test, urine test (blood in urine), ultrasound, MRI or CT scan, cervical smear, mammogram, endoscopy, colonoscopy, prostate examination or blood test (tumour markers) or a biopsy done?

☐ No ☐ Yes

If Yes, please answer the following:

a) Was it done in the past 6 months?

☐ No ☐ Yes

b) Are you still on any follow up with any doctor for the abnormal investigation?

☐ No ☐ Yes

9.8 Are you currently awaiting any medical investigations, scans, blood or urine tests report?

☐ No ☐ Yes

**FOR AIA CRITICAL ILLNESS GUARD**

9.9 Have you ever had cancer or carcinoma-in-situ (non-invasive cancer), heart diseases, stroke, transient ischemic attack, kidney diseases, pre-diabetes, diabetes, Alzheimer's Disease/Severe Dementia or Parkinson's Disease?

☐ No ☐ Yes

9.10 Are you awaiting any medical investigation results, pending medical consultation or surgery, due to conditions which are not accidental in nature?

☐ No ☐ Yes

9.11 Have you ever had your Life or Critical Illness insurance application declined, postponed, rated or modified in any way?

☐ No ☐ Yes



**FOR AIA MULTISTAGE CANCER COVER****9.12** Have you ever had:

- a. Cancer, malignant growth / lump, leukaemia, bone marrow disease, carcinoma in situ or precancerous conditions\* ☐ No ☐ Yes

\*Precancerous, or premalignant conditions, are medical conditions which could develop into cancer if left untreated. Examples are liver cirrhosis, atrophic gastritis, colon polyposis, prostate intraepithelial neoplasia, cervical intraepithelial neoplasia (CIN), cervical dysplasia and atypical changes of breast.

- b. Non-malignant / benign growth or lump or polyp ☐ No ☐ Yes

If Yes, please answer the following:

i) Has it been removed? ☐ No ☐ Yes

ii) Has there been any recurrence? ☐ No ☐ Yes

**9.13** In the past 2 years, have you undergone any pap smear, mammogram, breast ultrasound, tumor marker test, endoscopy and/or prostate examination where results are pending, abnormal or not within the normal range? ☐ No ☐ Yes

**9.14** In the past 3 months, have you experienced unexplained weight loss of 5 kg or more, blood in urine (other than caused by kidney stones), persistent coughing, bleeding from the bowels or in the stools (other than piles / haemorrhoids), diarrhea or constipation for 30 days or more? ☐ No ☐ Yes

**10****DECLARATION**

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.

**1. Is there a beneficial ownership arrangement?** ☐ Yes ☐ No

If yes, please complete the **New Business Enhanced Due Diligence Form** and submit together with this application.

In relation to customers, "**Beneficial Owner**" as defined in the MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism means *the individual person who ultimately owns or controls the customer or the individual person on whose behalf business relations are established*.

**Please note that this is NOT a nomination of beneficiary(ies) under the policies.**

If there are any Beneficial Owners of a customer, we are required by law to request for the details of such Beneficial Owners.

**2. Are you a Politically Exposed Person (PEP) or related to a PEP?**

If yes, please give details.

--

Applicant/Owner		Proposed Insured	
Yes	No	Yes	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PEP means an individual who is or has been entrusted with prominent public functions in Singapore, a foreign country or an international organisation, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

By "related", we mean that you, the insured, beneficiary or beneficial owner are closely connected to a PEP either socially or professionally, or are a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of a PEP.

**3. RESIDENCY** – Please answer according to your Citizenship/Residency that you are holding.

**A. For Singapore Citizen**

A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of application? ☐ Yes ☐ No

A.2 Are you currently residing in Singapore? ☐ Yes ☐ No

**B. For Singapore Permanent Resident & employment pass, work permit, dependant 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? ☐ Yes ☐ No

**C. For student pass or long term visit pass holders**

C.1 Does your pass have a duration of less than 90 days? ☐ Yes ☐ No

C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application? ☐ Yes ☐ No

**D. If you do not belong to any of the above categories, please tick here** ☐ Yes ☐ No

**I/We acknowledge and agree that the Policy to be issued in relation to this application shall be deemed to be a Singapore Policy.**

**4. YOUR GUIDE TO LIFE INSURANCE - Tick as appropriate**

☐ I have been informed and directed to view or download a copy of "Your Guide to Life Insurance" from [www.aia.com.sg](http://www.aia.com.sg), or [www.lia.org.sg](http://www.lia.org.sg)

☐ I have been informed and I request to be given a hardcopy of "Your Guide to Life Insurance".



Please complete this section if the proposed plan contains cash value (surrender or termination value; amount that policyholder can borrow under the contract).

- **Tax resident** is generally an individual that pays or should be paying tax in that jurisdiction due to his/her domicile or residence. This includes any criterion of a similar nature, and not only from sources in that jurisdiction. Examples are non-citizens that hold a permanent residency card (eg U.S green Card) or depending on the type of visa that they are holding. For Entity, please seek external independent professional tax or accounting advice on the Company's tax residency.
- **Tax Identification Number (TIN)** is issued by a jurisdiction to an individual or entity for the purpose of administering the tax. Examples are personal identification number, resident registration number and social security number.

- **Tax resident** is generally an individual that pays or should be paying tax in that jurisdiction due to his/her domicile or residence. This includes any criterion of a similar nature, and not only from sources in that jurisdiction. Examples are non-citizens that hold a permanent residency card (eg U.S green Card) or depending on the type of visa that they are holding. For Entity, please seek external independent professional tax or accounting advice on the Company's tax residency.
- **Tax Identification Number (TIN)** is issued by a jurisdiction to an individual or entity for the purpose of administering the tax. Examples are personal identification number, resident registration number and social security number.

11.1 Please provide details of all your country/jurisdiction of tax residence(s).

In Singapore, NRIC or FIN number serve as TIN for individuals. Individuals without NRIC or FIN will be issued a Taxpayer Reference Number or Income Tax Reference Number.

Country/Jurisdiction of Tax Residence		Tax Identification Number (TIN)	If the TIN is <u>not available</u> , please tick Reason A, B or C.		
1			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
2			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
3			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
4			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
5			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
6			<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C

Note: Please submit an amendment form if there is more than 6.

**Reason A:** This country/jurisdiction where the Applicant/Owner is resident does not issue TINs to its residents.

**Reason B:** The Applicant/Owner is otherwise unable to obtain a TIN or equivalent number. (Please explain why Applicant/Owner is unable to obtain a TIN in the below table if this reason is selected)

**Reason C:** No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of TIN issued by such jurisdiction.)

### Important Note:

For the selected reason (reason A, B or C), Insurance Adviser(s) and the Applicant / Owner have to check the OECD portal to confirm if TIN is issued by the country(ies) <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers>

If you have ticked **Reason B**, please provide the details below, quoting the relevant question number(s).



11.2 If any of these information fields (Citizenship, Place of Birth, Current Residence Address, Mailing Address, Foreign Permanent Residence Address, Telephone Number) provided by you does not correspond with your declared country/jurisdiction of tax residence, please tick the reason(s). (Not applicable if the Applicant/Owner is an entity.)

**Current Residence Address (Please tick one)**

<input type="radio"/>	I am a foreigner and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="radio"/>	I only recently moved to the current residence address, and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="radio"/>	I am temporarily posted overseas for work and do not meet the minimum number of days to be physically present in the country of residence to be considered a tax resident.
<input type="radio"/>	The residence address belongs to my spouse/parents and I am only on a social visit pass.
<input type="radio"/>	Others, please elaborate:

**Foreign Permanent Residence Address (Please tick one)**

<input type="radio"/>	I am currently working/studying/travelling overseas and do not meet the minimum number of days to be physically present in the country of the foreign permanent residence address to be considered a tax resident.
<input type="radio"/>	I only recently changed my foreign permanent residence address, and do not meet the minimum number of days to be physically present in the country of the foreign permanent residence address to be considered a tax resident.
<input type="radio"/>	Others, please elaborate:

**Citizenship (Please tick one)**

<input type="radio"/>	My country of citizenship does not have taxation laws which define tax residence.
<input type="radio"/>	I am currently a Singapore Permanent Resident residing and/or working in Singapore. I am not a tax resident of my country of citizenship.
<input type="radio"/>	I am currently residing/working outside the country of my citizenship and am a tax resident of the country where I currently reside/work. I am not a tax resident of my country of citizenship.
<input type="radio"/>	I am currently holding a valid visit/employment pass, residing and/or working in Singapore. I am not a tax resident of my country of citizenship.
<input type="radio"/>	Others, please elaborate:

**Telephone Number (Please tick one)**

<input type="radio"/>	I am currently working/studying/residing outside the country of my tax residence and have terminated my telephone number in the country of my tax residence.
<input type="radio"/>	Others, please elaborate:

**Mailing Address (Please tick one)**

<input type="radio"/>	The mailing address belongs to my parent/spouse/sibling/child.
<input type="radio"/>	The mailing address is my business address.
<input type="radio"/>	I am currently working/studying overseas.
<input type="radio"/>	I am currently staying with my friend/spouse/fiance/fiancee.
<input type="radio"/>	The mailing address belongs to a rented dwelling that I am staying in.
<input type="radio"/>	The mailing address is a "c/o" address to my insurance adviser.
<input type="radio"/>	Others, please elaborate:

**Place of Birth (Please tick one)**

<input type="radio"/>	I was born in the country but am not a tax resident of the country of birth.
<input type="radio"/>	I have renounced my citizenship of the country of birth. I am now a citizen of the declared country of tax residence.
<input type="radio"/>	Others, please elaborate:

**11.3 Declaration on U.S. Person Status (Please tick either one).**

I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that AIA Singapore, believing this statement to be true, will rely on it and act on it. In the event this statement is false, AIA Singapore reserves the right and shall be entitled to cancel or terminate this Policy/Policies and pay reasonable compensation to me/us in consideration of such cancellation or termination as may be required under Singapore Laws.

I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our "U.S. person status for the U/S federal income tax purposes.



I/We hereby declare and agree that I am/we are a "U.S. person" for U.S. federal income tax purposes.

I/We agree to notify AIA Singapore within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax.

I/We agree to indemnify AIA Singapore in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

**Note:** Please submit W-9 form and FATCA Declaration form together with this application.



Done

**11.4 Common Reporting Standard Declaration.**

I/We acknowledge that AIA Singapore Private Limited (AIA Singapore) is a reporting Singaporean financial institution as defined in the Income Tax Act 1947 with reporting obligations to the Comptroller of Income Tax (Comptroller) under the Income Tax Act 1947, Singapore (Income Tax Act), and its regulations. I/We warrant that the information provided in this Application Form is true, complete and correct and understand and agree that AIA Singapore will rely on such information given by me/us in fulfilling its reporting obligations to the Comptroller.

Where I/we have furnished information concerning a third party (including but not limited to a Controlling Person), I/we confirm that such information has been provided to me/us directly or indirectly by the third party, and I/we know or have reason to believe that such information is not false or misleading in any material particular.

I/We understand and accept that should any information furnished by me/us be known to be false or misleading in any material particular, I/we may be prosecuted under the Income Tax Act for an offence which carries a penalty of a fine of up to S\$10,000 and/ or imprisonment of up to two (2) years or such other penalties as may be prescribed under the Income Tax Act or its regulations, or any re-enactment or replacement thereof, at the time of commission of the offence.

**(For individuals)**

I/We further undertake to notify AIA Singapore within 30 days of any change to my/our country of residence for tax purposes or TIN (if any), and to complete, sign and submit to AIA Singapore my/our relevant particulars in the format prescribed by AIA Singapore in order for it to fulfil its reporting obligations under the Income Tax Act. I/we further undertake to provide AIA Singapore any documents and information that may be reasonably required in relation to the change of my/our country of residence for tax purposes.

**(For entities and other non-individuals)**

I/We further undertake to notify AIA Singapore within 30 days of any change to the Policyholder's or a Controlling Person's country of residence for tax purposes or TIN (if any) and to complete, sign and submit to AIA Singapore the relevant particulars of the Policyholder or Controlling Person relating to such change in the format prescribed by AIA Singapore in order for it to fulfil its reporting obligations under the Income Tax Act. I/We further undertake to provide AIA Singapore any documents and information that may be reasonably required in relation to the change of the Policyholder's or Controlling Person's country of residence for tax purposes.

Note: The term "Controlling Person" has the meaning given to it in the Common Reporting Standard in the Schedule to the Income Tax Act (International Compliance Agreements)(Common Reporting Standard) Regulations 2016.

I/We acknowledge and accept that AIA Singapore will rely on the self-certification relating to the Policyholder's/Controlling Persons' country of tax residence contained in this Application as applicable to all policies and products issued to the same person(s), and any information in any earlier self-certification inconsistent with the information provided above will be disregarded for the purposes of fulfilling its reporting obligations to the Comptroller.

**(Applicable only for Policies that can be assigned)**

I/We further agree and that as a condition of any assignment of my/our Policy to a person other than a reporting Singaporean financial institution, the Assignee shall provide such information as may be required by AIA Singapore in order for it to fulfil its reporting obligations under the Income Tax Act and its regulations, and make the same declarations as those above.



**12****DECLARATION AND AUTHORISATION FOR APPOINTMENT OF SECONDARY INSURED - For AIA Smart Wealth Builder via Cash**

Option and AIA Pro Achiever 3.0 only.

12.1 I hereby request that the person identified above be appointed the Secondary Insured under my Basic Policy. I hereby declare and accept that:

- a) I am appointing the person named above as Secondary Insured in his lifetime and good health and such appointment is made during the current Insured's lifetime;
- b) The details furnished on this form (including but not limited to those concerning the proposed Secondary Insured) are full, complete and accurate;
- c) There is no coverage on the life of the Secondary Insured until upon the death of the Insured, where
  - i. AIA Singapore will determine whether or not the Secondary Insured will become the new Insured in accordance with our prevailing rules and guidelines, and if such change is approved and effected by AIA Singapore, no death benefit shall be payable and the Basic Policy shall continue to be in force and provide cover on the life of the Secondary Insured; and
  - ii. if AIA Singapore does not approve the change in insured persons (i.e. Secondary Insured becomes the new Insured), the Policy shall terminate as of the death of the Insured and the death benefit will be paid in accordance with the Policy;
- d) My proposed appointment of the above named Secondary Insured is subject to your approval and the terms and conditions of the Policy; and
- e) The appointment of a Secondary Insured (and in the event that the Secondary Insured becomes the Insured, as the case may be) does not result in a change or transfer of policy ownership in any way.

12.2 Declaration (to be signed by proposed Secondary Insured)

I declare that:

- a) I agree with the appointment as a Secondary Insured by the Applicant/Owner
- b) I acknowledge that I will not be notified in the event that this appointment is revoked or when the coverage under the policy may be effected on my life upon the death of the Insured.

<div style="border-top: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="text-align: center;">SIGNATURE OF SECONDARY INSURED *APPLICABLE IF INSURED IS AGE 16 AND ABOVE</div>
---

**13****ADDITIONAL DECLARATION**

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:

- 1. 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 ("AIA Singapore"), unless presented in writing.
- 2. 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 AIA Singapore, 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 may be void and I/we will receive only a refund of the premiums (without interest) less any and all medical expenses incurred in AIA Singapore's consideration of my/our application.
- 3. AIA Singapore shall assume no liability whatsoever, and that my/our Policy/Policies will only be effective after this application is accepted by AIA Singapore and the first premium duly paid in full to and accepted by AIA Singapore during the Insured's lifetime and good health.
- 4. All my/our declarations made and my/our statements or answers in this application and in any required medical examination, 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.
- 5. I/We have received a copy of (1) Policy Illustration and/or Schedule and (2) Product Summary, and (3) "Your Guide to Life Insurance", the contents of which have been explained to me/us to my/our satisfaction.
- 6. I ( the Applicant/Owner if other than the Proposed Insured) am not an undischarged bankrupt and no bankruptcy application (including any statutory demand) or order has been made against me/us within the last twelve months.
- 7. I/We hereby authorise, agree and consent to
  - a. any medical source, insurance office, or organisation to release to AIA Singapore, any relevant information concerning me/us at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
  - b. AIA Singapore to release to any medical source or insurance office any relevant information concerning me at any time, irrespective of whether the proposal is accepted by AIA Singapore; and
  - c. AIA Singapore or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our health status in relation to this application and any resulting claim; and
  - d. AIA Singapore, its associated persons/organisation, its and their third party service providers and its and their representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") that had/has been provided to AIA Persons and/or that AIA Persons possess about me/us (whether from me/us or a third party), in the manner and for the purposes described in the AIA Personal Data Policy ("**PD Policy**") which is available on AIA Singapore's website, including but not limited to, processing of this Application/form and/or to provide subsequent advice or services to me/us in relation to this Application/Policy/form/AIA Vitality Programme and/or any other existing or future policy/policies/programmes that I/we may hold/participate with AIA Singapore. Without prejudice to the foregoing, I/we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein.

This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective whether or not my/ our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.

## 8. Marketing Consent

I/We understand that the policy document and all other documents from AIA Singapore are considered delivered and received (i) if made available electronically via My AIA, upon receipt of the relevant SMS and/or email notification informing me that the document is accessible on My AIA; and (ii) if posted, 7 days after the date of posting to the last known address notified to AIA Singapore.

## 9. Electronic Receipt of Policy Documents and Correspondences

I/we acknowledge and accept that if I/we had opted to receive my/our Policy Document and/or correspondences relating to my/our Policy ("Correspondences") electronically, my/our Policy Documents and/or Correspondences will be made available in my/our My AIA. My AIA is AIA Singapore's secure customer internet portal available on AIA Singapore's corporate website.

I/we understand and agree to be notified via email and/or SMS to retrieve my/our Policy Document and/or Correspondences in My AIA once my/our application has been officially approved by AIA Singapore and/or Correspondences are available for viewing. If I/we had opted to receive Policy Documents and Correspondences electronically, I/we acknowledge that the terms and conditions governing the upload, access and viewing of electronic documents in AIA Singapore's customer portal, (a copy of which is available upon request) have been explained to me/us and I/we agree to be bound by them.

I/We understand that not all of the Correspondences are currently available via electronic statements.

I/We consent to AIA Singapore providing me/us with hard copies of Correspondences that are currently unavailable electronically. I also understand and accept that AIA Singapore may cease providing hardcopies when the electronic copies become available in future.

I/We agree and accept that AIA (Singapore) will not be responsible for any consequences arising from my/our failure to (i) provide AIA Singapore with a true, complete and accurate email address and mobile number and/or (ii) notify AIA Singapore of any change(s) to my our email address and mobile number. I/We acknowledge and accept that my/our Policy Document and/or Correspondences will be delivered via post if my/our email address and mobile number are not provided in this proposal.

### Document Delivery Preference

(Hardcopy version of Policy Contract and correspondences are not available for Applicant/Owner below the age of 60 for AIA MultiStage Cancer Cover)

	Policy Contract	All other correspondences
Policy 1	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 2	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 3	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy
Policy 4	<input type="radio"/> Receive my contract in electronic version <input type="radio"/> Receive my contract in hardcopy version	<input type="radio"/> Receive future correspondences electronically <input type="radio"/> Receive future correspondences in hardcopy

Note: Only one option to be selected (either electronic OR hardcopy).

## 10. Marketing Consent

I want to know the latest promotions and customer benefits and consent to receiving marketing, advertising and promotional material from, and the conducting of consumer, marketing-related and other similar research and analysis by, AIA Persons<sup>(1)</sup> and to each of them collecting, using, disclosing, storing, retaining and processing all my personal data in accordance with the terms in this form and the AIA Personal Data Policy (Singapore). I also consent to AIA Persons disclosing my personal data to independent third parties and their representatives and for them to process my personal data, for such purposes.

Contact me by<sup>[2]</sup>:

- ☐ Post  
☐ Electronic transmission to or through my email addresses and social media accounts  
☐ Voice call  
☐ Text message (e.g. SMS/MMS)

I understand that the consent provided by me in this form is in addition to and does not supersede any consent given previously for the above purposes.

I may withdraw one or more consents that I have given, at any time via AIA Customer Care Hotline at 1800-248-8000, My AIA SG or by completing and submitting the relevant forms.

<sup>1</sup> "AIA Persons" refers to AIA Singapore Private Limited, its associated persons/organisations, its and their third party service providers and its and their representatives, whether within or outside Singapore.

<sup>2</sup> According to the postal and email addresses and all telephone numbers (of which I confirm that I am the user and/or subscriber) in AIA Persons' records.



**11. Payment methods used by AIA**

I/We confirm and agree to the following:

- a) I/We are the legal and beneficial owner of the Singapore bank account that is linked to my/our Singapore NRIC/FIN in the use of PayNow.
  - b) I/we agree and irrevocably authorise AIA Singapore to pay me/us all policy proceeds ("**Payment**") by making such Payment using PayNow to transfer to my/our bank account linked to my/our NRIC/FIN for the use of PayNow, and I/we accept all Payments made in such manner, save and except that Payment using PayNow will be made only if the amount does not exceed S\$200,000 (or such other permitted limit at the prevailing time);
  - c) notwithstanding paragraph (b) above, where AIA Singapore in its sole and absolute discretion deems that it is not practicable for AIA Singapore to use PayNow, or that there is another preferable method of making Payment, AIA Singapore may make Payment using any other method as it deems fit in its sole and absolute discretion;
  - d) all refunds of premiums or other payments will be effected by AIA Singapore to the source of the monies paid to AIA Singapore; however, if AIA Singapore is unable to ascertain or identify the origins of the payment to AIA Singapore, AIA Singapore may make such refunds to me/us using PayNow or such other methods as it deems appropriate in its sole and absolute discretion.
  - e) Notwithstanding the above, I/we agree that payment will be made by cheque(s) if the insurance policy applied for is for business purposes and/or where the Applicant/Policyholder is not an individual.
  - f) AIA Group is not responsible for verifying the authenticity, completeness and accuracy of my/our instructions and the contents of this application. Notwithstanding the foregoing, I/we authorize AIA Group to conduct any verifications on my/our accounts maintained with any persons or entities at its discretion, but such authorisation shall not be construed as creating any obligation on the part of the AIA Group to conduct such verification;
  - g) AIA Group shall be discharged from all liabilities under and in connection with the Payment and I/we shall not hold AIA Group responsible or liable for any and all losses that I/we may incur in connection with the Payment using PayNow or other means to the accounts with details provided by me/us, including where I/we have provided incomplete, erroneous or inaccurate details of my/our account(s) or personal particulars ("**Inaccurate Information**");
  - h) I/We shall indemnify and keep indemnified, the AIA Group, from and against and hold the AIA Group harmless in respect of any and all demands, claims, liabilities, losses, costs and expenses whatsoever (including all legal and other costs, charges and expenses, fines, penalties, levies and charges on a full indemnity basis) that may be incurred by such persons due to or in connection with the Payment using PayNow (including but not limited to the event where Inaccurate Information has been provided by me);
  - i) AIA Group has the right to effect the Payment through any means for any reasons whatsoever, including the issuance of a cheque where another method to effect Payment is unsuccessful, and such payment shall constitute full and final discharge of any and all of AIA Singapore's obligations and liabilities to me/us in respect of the Payment. In these terms and conditions, "**AIA Group**" means AIA Singapore, its related parties and service providers and its and their respective directors, employees, representatives, intermediaries, and agents.
12. I/We understand and agree that should a Relevant Person be found at any time to be a Prohibited Person, AIA Singapore is entitled, at its absolute discretion and without any liability to me/us, to (i) decline, block, suspend or cancel this application or any request, instruction, or transaction including any payment, transfer or receipt of money; (ii) decline to provide cover or to pay any claim or benefit under the Policy; and (iii) immediately terminate or void the Policy. AIA Singapore's decision in exercising this right shall be final. This right may only be waived in writing; no delay or failure in exercising this right shall be deemed as a waiver of the same. "Relevant Person" includes (a) persons and entities who are the policy holders, insured persons, beneficiaries, trustees, payees, or assigns; (b) their beneficial owners or affiliates; (c) (in the case of an entity) their directors, partners, or direct / indirect shareholders or persons having executive authority, or (d) natural persons appointed to act on their behalf. "Prohibited Person" includes a person or entity that is subject to any sanction, prohibition or restriction administered by any regulatory authorities in any country or jurisdiction, such that the provision of such cover, payment of such claim or provision of such benefit may in AIA Singapore's opinion expose it to any, or any risk of, sanction, prohibition or restriction. As an ongoing obligation, I/we will immediately inform AIA Singapore if there are any changes to the identities, status, constitution, establishment, particulars and identification documents of these Relevant Persons. I/we will indemnify AIA Singapore and hold it harmless from and against any and all related losses, damages, costs and/or expenses suffered and/or incurred, including but not limited to legal costs.
13. By signing this application below, I/we confirm that the agent/broker or any representative of AIA Singapore 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.

**WARNING:** If a material fact is not disclosed in this proposal, any Policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Insurance Adviser(s) but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Declared in <b>SINGAPORE</b> on		Day:	Month:	Year:
		<b>WITNESSED BY</b>		
SIGNATURE OF PROPOSED INSURED	SIGNATURE OF APPLICANT/OWNER	NAME & SIGNATURE OF INSURANCE ADVISER(S)		

Please note: copies of the terms and conditions on which the insurance will be made, and this completed application form, will be available on your request.

**Please sign Policy Illustration / Product Summary and Financial Health Review together with this application form.**



Policy No 

--	--	--	--	--	--	--	--	--	--

**Product Summary Cover Page**

Life Insured :  Insured's Age Last Birthday (ALB) :

Insured's Occupation :  Occ Class  Insured's Gender<sup>#</sup> : ☐ Male ☐ Female

Smoker<sup>#</sup> : ☐ Yes ☐ No

Applicant / Owner :  Applicant's Owner's Age (ALB) :

Applicant's Gender<sup>#</sup> : ☐ Male ☐ Female

Currency : SGD Premium Frequency<sup>#</sup> : ☐ Annual ☐ Monthly  
☐ Semi Annual

Country of Residence: - Backdate : No

Maximum Coverage Age : Entry Age + 20 Years

# Please tick as appropriate

Plan/Rider	*Premium (\$)	Product Summary Version	No. of Pages
<b>Plan<sup>#</sup></b>			
<div>Tick</div> <input type="checkbox"/> (HCR/ HCCR / VA) AIA MultiStage Cancer Cover – Plan 1	S\$_____	Ver. 1.1	10
<input type="checkbox"/> (HCR/ HCCR / VB) AIA MultiStage Cancer Cover – Plan 2	S\$_____	Ver. 1.1	10
<input type="checkbox"/> (HCR/ HCCR / VC) AIA MultiStage Cancer Cover – Plan 3	S\$_____	Ver. 1.1	10

\* For details on premiums please refer to the individual product summary for the basic plan/rider.

Note: The premiums are inclusive of prevailing GST.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

Policy No 

--	--	--	--	--	--	--	--	--	--

**Product Summary Cover Page**

Life Insured :  Insured's Age Last Birthday (ALB) :

Insured's Occupation :  Occ Class  Insured's Gender<sup>#</sup> : ☐ Male ☐ Female

Smoker<sup>#</sup> : ☐ Yes ☐ No

Applicant / Owner :  Applicant's Owner's Age (ALB) :

Applicant's Gender<sup>#</sup> : ☐ Male ☐ Female

Currency : SGD Premium Frequency<sup>#</sup> : ☐ Annual ☐ Monthly  
☐ Semi Annual

Country of Residence: - Backdate : No

Maximum Coverage Age : Entry Age + 20 Years

# Please tick as appropriate

**Declarations:**

1. I acknowledge receipt of all pages of the Cover Page, Product Summary, Product Highlights Sheet and Bundled Product Disclosure, wherever applicable. The AIA Financial Services Consultant / Insurance Representative has explained the values/ key benefits/ information in the Cover Page, Product Summary and Bundled Product Disclosure, wherever applicable, to my satisfaction and that I have read and understood their contents.
2. I understand that the Cover Page, Product Summary and Bundled Product Disclosure, wherever applicable, do not form a part of any contract of insurance. They are simplified description of the product features and general exclusions and are not exhaustive.
3. I understand that it is the precise terms and conditions as appear in the policy contract which will bind the parties.
4. I have personally signed on this page.

Signature of  
Insurance  
RepresentativeSignature of  
ApplicantPrepared By  
(Name of Insurance  
Representative)

Name of Applicant

Date

Date





1. All fields are mandatory. Amendments made must be countersigned by the bank account holders. Use of correction fluid/tape is not allowed.
2. The approval process for this GIRO application is approximately 2 months. Alternatively, for Non-Corporate Solutions policies, POSB/DBS Account Holders can apply for GIRO at our PAYEZ website, Internet banking or AXS kiosks and you will be notified within 7 days if the GIRO application is successful. Until your GIRO application is approved, kindly remit premium payments directly to AIA Singapore Private Limited.
3. For Non-Corporate Solutions Policies, please mail to Life Operations at 03 Tampines Grande, #09-00, AIA Tampines Singapore 528799.
4. For Corporate Solutions Policies, please mail to Corporate Solutions at 03 Tampines Grande, #07-00, AIA Tampines Singapore 528799.
5. AIA Financial Services Consultants (AIA FSC) and their Family Members are not allowed to use their personal bank account (via GIRO) to pay premiums of Policy Owners, other than their own. Disciplinary action will be imposed accordingly for non-compliant.

d. (cont.) Without prejudice to the foregoing, I/ we agree to comply with the terms of the PD Policy, including where such PD Policy is amended from time to time by AIA Singapore in accordance with its terms. Where Personal Data of another person is disclosed by me/us, I/we represent and warrant that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws: (i) to collect such Personal Data; (ii) to disclose such Personal Data to the AIA Persons; and (iii) for the AIA Persons to Use such Personal Data in the manner and for the purposes described in the PD Policy. I/We hereby specifically waive (on our own behalf and on behalf of each such other person, and I/we represent and warrant that such other person has granted me/us authority to so waive) any right to bring a claim of any nature against any of the AIA Persons in respect of any above-mentioned Use and/or any Use of Personal Data in the nature of or for any of the purposes described above or in the PD Policy. I/We hereby agree to indemnify AIA Persons for all losses and damages that AIA Persons may suffer in the event that I/we are in breach of any representation and warranty provided by me/us herein. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective whether or not my/ our application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.

\*Your thumbprint(s) need to be witnessed and verified by the Bank's staff. For signature(s), you have an option to approach your respective Bank for verification.

BANK	BRANCH	AIA Singapore Bank A/C No.
7232	141	010876001

☐ Wrong account number

☐ Amendments not countersigned by customer

☐ Others:

AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG



This page is intentionally left blank



**Product Summary for AIA MultiStage Cancer Cover  
Version 1.1**

**Product Information**

This insurance plan is underwritten by AIA Singapore Private Limited (Reg. No. 201106386R) ("we, our, us, AIA Singapore").

**AIA MultiStage Cancer Cover** is a Critical Illness plan that is specially designed to provide coverage for Major Cancer at early, intermediate and major stage.

**A. Coverage**

No	Basic Benefits	Insured Amount (S\$)		
		<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
1	Cancer Benefit	\$100,000	\$150,000	\$250,000

**B. Level Premium Rates (inclusive of 8% GST)**

Male Non-Smoker									
Age Last Birthday	Annual Premium			Semi-annual Premium			Monthly Premium		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
16	165.53	236.18	373.45	86.08	122.81	194.19	14.40	20.55	32.49
17	165.53	236.18	373.45	86.08	122.81	194.19	14.40	20.55	32.49
18	165.53	236.18	373.45	86.08	122.81	194.19	14.40	20.55	32.49
19	165.53	236.18	373.45	86.08	122.81	194.19	14.40	20.55	32.49
20	165.53	236.18	373.45	86.08	122.81	194.19	14.40	20.55	32.49
21	167.55	239.21	378.50	87.13	124.39	196.82	14.58	20.81	32.93
22	167.55	239.21	378.50	87.13	124.39	196.82	14.58	20.81	32.93
23	169.57	242.24	383.55	88.18	125.96	199.45	14.75	21.07	33.37
24	169.57	242.24	383.55	88.18	125.96	199.45	14.75	21.07	33.37
25	171.58	245.27	388.58	89.22	127.54	202.06	14.93	21.34	33.81
26	185.71	266.46	418.88	96.57	138.56	217.82	16.16	23.18	36.44
27	199.85	287.66	454.20	103.92	149.58	236.18	17.39	25.03	39.52
28	213.98	308.85	484.48	111.27	160.60	251.93	18.62	26.87	42.15
29	230.13	330.05	519.80	119.67	171.62	270.30	20.02	28.71	45.22
30	244.26	348.21	555.13	127.02	181.07	288.67	21.25	30.29	48.30
31	266.46	378.50	600.55	138.56	196.82	312.29	23.18	32.93	52.25
32	286.65	408.78	645.98	149.06	212.57	335.91	24.94	35.56	56.20
33	306.84	439.07	696.43	159.56	228.31	362.14	26.70	38.20	60.59
34	329.04	472.37	746.90	171.10	245.63	388.39	28.63	41.10	64.98
35	351.25	499.62	792.33	182.65	259.80	412.01	30.56	43.47	68.93
36	385.57	551.10	873.08	200.50	286.57	454.00	33.54	47.95	75.96
37	421.90	602.57	953.83	219.39	313.33	495.99	36.71	52.42	82.98
38	456.22	654.05	1,034.58	237.23	340.10	537.98	39.69	56.90	90.01
39	492.56	702.50	1,115.33	256.13	365.30	579.97	42.85	61.12	97.03
40	528.89	753.98	1,191.03	275.02	392.07	619.33	46.01	65.60	103.62
41	581.38	829.68	1,317.18	302.32	431.43	684.93	50.58	72.18	114.59
42	633.86	905.37	1,433.25	329.61	470.79	745.29	55.15	78.77	124.69
43	686.35	981.08	1,554.38	356.90	510.16	808.28	59.71	85.35	135.23
44	738.84	1,056.78	1,675.50	384.20	549.53	871.26	64.28	91.94	145.77
45	793.34	1,132.49	1,791.58	412.54	588.89	931.62	69.02	98.53	155.87
46	878.13	1,256.63	1,988.40	456.63	653.45	1,033.97	76.40	109.33	172.99
47	964.93	1,377.75	2,180.18	501.76	716.43	1,133.69	83.95	119.86	189.68
48	1,051.73	1,501.91	2,377.00	546.90	780.99	1,236.04	91.50	130.67	206.80
49	1,136.52	1,626.05	2,573.83	590.99	845.54	1,338.39	98.88	141.47	223.92



50	1,223.32	1,747.17	2,765.60	636.13	908.53	1,438.11	106.43	152.00	240.61
51	1,370.69	1,959.14	3,103.73	712.76	1,018.75	1,613.94	119.25	170.44	270.02
52	1,518.05	2,168.07	3,431.78	789.39	1,127.40	1,784.52	132.07	188.62	298.56
53	1,665.42	2,380.04	3,769.90	866.02	1,237.62	1,960.35	144.89	207.06	327.98
54	1,814.80	2,592.00	4,108.03	943.70	1,347.84	2,136.17	157.89	225.50	357.40
55	1,962.16	2,803.95	4,441.10	1,020.32	1,458.05	2,309.37	170.71	243.94	386.38

Female Non-Smoker									
Age Last Birthday	Annual Premium			Semi-annual Premium			Monthly Premium		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
16	339.14	484.49	767.10	176.35	251.93	398.89	29.51	42.15	66.74
17	339.14	484.49	767.10	176.35	251.93	398.89	29.51	42.15	66.74
18	339.14	484.49	767.10	176.35	251.93	398.89	29.51	42.15	66.74
19	339.14	484.49	767.10	176.35	251.93	398.89	29.51	42.15	66.74
20	339.14	484.49	767.10	176.35	251.93	398.89	29.51	42.15	66.74
21	341.15	487.50	772.13	177.40	253.50	401.51	29.68	42.41	67.17
22	343.17	490.53	777.18	178.45	255.08	404.13	29.86	42.68	67.61
23	345.19	493.56	782.23	179.50	256.65	406.76	30.03	42.94	68.05
24	347.21	496.59	787.28	180.55	258.23	409.38	30.21	43.20	68.49
25	349.23	499.62	792.33	181.60	259.80	412.01	30.38	43.47	68.93
26	379.51	542.01	857.93	197.35	281.85	446.12	33.02	47.15	74.64
27	409.79	587.43	928.58	213.09	305.46	482.86	35.65	51.11	80.79
28	440.07	629.82	994.20	228.84	327.51	516.98	38.29	54.79	86.50
29	470.35	672.21	1,064.85	244.58	349.55	553.72	40.92	58.48	92.64
30	500.63	714.62	1,135.50	260.33	371.60	590.46	43.55	62.17	98.79
31	530.91	760.04	1,206.15	276.07	395.22	627.20	46.19	66.12	104.94
32	563.21	802.43	1,271.78	292.87	417.26	661.32	49.00	69.81	110.64
33	593.49	847.85	1,342.43	308.61	440.88	698.06	51.63	73.76	116.79
34	623.77	890.24	1,408.03	324.36	462.92	732.17	54.27	77.45	122.50
35	654.05	935.66	1,478.68	340.11	486.54	768.91	56.90	81.40	128.64
36	698.46	999.24	1,579.63	363.20	519.60	821.41	60.77	86.93	137.43
37	742.87	1,059.81	1,680.55	386.29	551.10	873.89	64.63	92.20	146.21
38	785.27	1,123.40	1,781.48	408.34	584.17	926.37	68.32	97.74	154.99
39	831.70	1,186.98	1,877.38	432.48	617.23	976.24	72.36	103.27	163.33
40	874.09	1,250.57	1,978.30	454.53	650.29	1,028.72	76.05	108.80	172.11
41	926.57	1,323.24	2,094.38	481.82	688.08	1,089.08	80.61	115.12	182.21
42	979.06	1,398.95	2,215.50	509.11	727.45	1,152.06	85.18	121.71	192.75
43	1,029.53	1,471.62	2,331.58	535.36	765.24	1,212.42	89.57	128.03	202.85
44	1,080.00	1,544.30	2,447.65	561.60	803.03	1,272.78	93.96	134.35	212.95
45	1,132.48	1,616.97	2,563.73	588.89	840.82	1,333.14	98.53	140.68	223.04
46	1,201.12	1,716.89	2,720.18	624.58	892.78	1,414.49	104.50	149.37	236.66
47	1,269.75	1,813.79	2,871.58	660.27	943.17	1,493.22	110.47	157.80	249.83
48	1,338.39	1,910.69	3,028.03	695.96	993.56	1,574.57	116.44	166.23	263.44
49	1,407.02	2,007.59	3,179.43	731.65	1,043.94	1,653.30	122.41	174.66	276.61
50	1,475.66	2,107.50	3,335.88	767.34	1,095.90	1,734.66	128.38	183.35	290.22
51	1,588.71	2,268.00	3,593.25	826.13	1,179.36	1,868.49	138.22	197.32	312.61
52	1,703.77	2,431.50	3,850.65	885.96	1,264.38	2,002.34	148.23	211.54	335.01
53	1,814.80	2,592.00	4,108.03	943.70	1,347.84	2,136.17	157.89	225.50	357.40
54	1,929.86	2,755.50	4,365.40	1,003.53	1,432.86	2,270.01	167.90	239.73	379.79
55	2,042.91	2,919.02	4,617.75	1,062.31	1,517.89	2,401.23	177.73	253.95	401.74



Male Smoker									
Age Last Birthday	Annual Premium			Semi-annual Premium			Monthly Premium		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
16	226.09	324.00	514.75	117.57	168.48	267.67	19.67	28.19	44.78
17	226.09	324.00	514.75	117.57	168.48	267.67	19.67	28.19	44.78
18	226.09	324.00	514.75	117.57	168.48	267.67	19.67	28.19	44.78
19	226.09	324.00	514.75	117.57	168.48	267.67	19.67	28.19	44.78
20	226.09	324.00	514.75	117.57	168.48	267.67	19.67	28.19	44.78
21	232.14	333.08	524.85	120.71	173.20	272.92	20.20	28.98	45.66
22	238.20	342.17	540.00	123.86	177.93	280.80	20.72	29.77	46.98
23	244.26	351.24	555.13	127.02	182.64	288.67	21.25	30.56	48.30
24	252.33	360.33	570.28	131.21	187.37	296.54	21.95	31.35	49.61
25	258.39	369.42	585.40	134.36	192.10	304.41	22.48	32.14	50.93
26	286.65	411.81	651.03	149.06	214.14	338.53	24.94	35.83	56.64
27	316.93	451.17	716.63	164.80	234.61	372.65	27.57	39.25	62.35
28	345.19	493.56	782.23	179.50	256.65	406.76	30.03	42.94	68.05
29	375.47	535.95	847.85	195.24	278.69	440.88	32.67	46.63	73.76
30	403.73	575.33	913.45	209.94	299.17	474.99	35.12	50.05	79.47
31	446.13	635.88	1,009.33	231.99	330.66	524.85	38.81	55.32	87.81
32	486.50	696.44	1,105.23	252.98	362.15	574.72	42.33	60.59	96.15
33	528.89	757.01	1,201.10	275.02	393.64	624.57	46.01	65.86	104.50
34	571.28	817.56	1,291.95	297.07	425.13	671.81	49.70	71.13	112.40
35	613.68	875.10	1,387.85	319.11	455.05	721.68	53.39	76.13	120.74
36	674.24	962.91	1,529.15	350.60	500.71	795.16	58.66	83.77	133.04
37	736.82	1,053.75	1,670.45	383.15	547.95	868.63	64.10	91.68	145.33
38	799.40	1,141.56	1,806.73	415.69	593.61	939.50	69.55	99.32	157.19
39	859.96	1,229.37	1,948.03	447.18	639.27	1,012.97	74.82	106.96	169.48
40	922.54	1,317.20	2,089.33	479.72	684.94	1,086.45	80.26	114.60	181.77
41	1,015.40	1,450.43	2,296.25	528.01	754.22	1,194.05	88.34	126.19	199.77
42	1,108.26	1,583.66	2,508.20	576.30	823.50	1,304.26	96.42	137.78	218.21
43	1,201.12	1,716.89	2,715.13	624.58	892.78	1,411.87	104.50	149.37	236.22
44	1,293.98	1,847.10	2,927.10	672.87	960.49	1,522.09	112.58	160.70	254.66
45	1,386.84	1,980.33	3,139.05	721.16	1,029.77	1,632.31	120.66	172.29	273.10
46	1,524.11	2,180.18	3,451.95	792.54	1,133.69	1,795.01	132.60	189.68	300.32
47	1,663.40	2,377.01	3,764.85	864.97	1,236.04	1,957.72	144.72	206.80	327.54
48	1,800.67	2,573.82	4,077.75	936.35	1,338.39	2,120.43	156.66	223.92	354.76
49	1,941.98	2,770.65	4,390.65	1,009.83	1,440.74	2,283.14	168.95	241.05	381.99
50	2,079.25	2,970.50	4,703.55	1,081.21	1,544.66	2,445.85	180.89	258.43	409.21
51	2,297.27	3,285.42	5,198.13	1,194.58	1,708.42	2,703.03	199.86	285.83	452.24
52	2,519.32	3,597.30	5,697.75	1,310.05	1,870.60	2,962.83	219.18	312.97	495.70
53	2,737.34	3,909.20	6,197.38	1,423.42	2,032.78	3,222.64	238.15	340.10	539.17
54	2,957.38	4,224.11	6,691.95	1,537.84	2,196.53	3,479.81	257.29	367.50	582.20
55	3,177.42	4,539.02	7,186.53	1,652.26	2,360.29	3,736.99	276.44	394.89	625.23



Female Smoker									
Age Last Birthday	Annual Premium			Semi-annual Premium			Monthly Premium		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
16	444.11	635.88	1,009.33	230.94	330.66	524.85	38.64	55.32	87.81
17	444.11	635.88	1,009.33	230.94	330.66	524.85	38.64	55.32	87.81
18	444.11	635.88	1,009.33	230.94	330.66	524.85	38.64	55.32	87.81
19	444.11	635.88	1,009.33	230.94	330.66	524.85	38.64	55.32	87.81
20	444.11	635.88	1,009.33	230.94	330.66	524.85	38.64	55.32	87.81
21	450.16	641.94	1,019.43	234.08	333.81	530.10	39.16	55.85	88.69
22	454.20	648.00	1,024.48	236.18	336.96	532.73	39.52	56.38	89.13
23	458.24	654.05	1,034.58	238.28	340.10	537.98	39.87	56.90	90.01
24	462.28	660.11	1,044.65	240.39	343.25	543.22	40.22	57.43	90.88
25	466.31	666.17	1,054.75	242.48	346.41	548.47	40.57	57.96	91.76
26	508.71	726.72	1,150.65	264.53	377.89	598.34	44.26	63.22	100.11
27	551.10	790.31	1,246.53	286.57	410.96	648.19	47.95	68.76	108.45
28	595.51	847.85	1,342.43	309.67	440.88	698.06	51.81	73.76	116.79
29	637.90	911.43	1,443.35	331.71	473.94	750.54	55.50	79.29	125.57
30	680.29	972.00	1,539.25	353.75	505.44	800.41	59.19	84.56	133.91
31	722.69	1,032.56	1,635.13	375.80	536.93	850.27	62.87	89.83	142.26
32	767.10	1,096.14	1,731.03	398.89	569.99	900.13	66.74	95.36	150.60
33	809.49	1,156.71	1,831.95	420.93	601.49	952.61	70.43	100.63	159.38
34	853.90	1,217.27	1,927.85	444.03	632.98	1,002.48	74.29	105.90	167.72
35	896.29	1,280.85	2,028.78	466.07	666.04	1,054.96	77.98	111.43	176.50
36	958.87	1,371.69	2,170.08	498.61	713.28	1,128.44	83.42	119.34	188.80
37	1,021.45	1,459.50	2,311.40	531.15	758.94	1,201.93	88.87	126.98	201.09
38	1,086.05	1,550.36	2,457.75	564.75	806.18	1,278.03	94.49	134.88	213.82
39	1,148.63	1,638.17	2,599.05	597.29	851.85	1,351.51	99.93	142.52	226.12
40	1,211.21	1,729.01	2,735.33	629.83	899.08	1,422.37	105.38	150.42	237.97
41	1,283.88	1,831.95	2,901.85	667.62	952.61	1,508.96	111.70	159.38	252.46
42	1,354.54	1,934.91	3,068.40	704.36	1,006.15	1,595.57	117.84	168.34	266.95
43	1,427.21	2,040.89	3,229.90	742.15	1,061.26	1,679.55	124.17	177.56	281.00
44	1,499.88	2,143.85	3,391.40	779.94	1,114.80	1,763.53	130.49	186.51	295.05
45	1,572.56	2,246.79	3,557.93	817.73	1,168.33	1,850.12	136.81	195.47	309.54
46	1,669.45	2,380.04	3,769.90	868.11	1,237.62	1,960.35	145.24	207.06	327.98
47	1,762.31	2,516.30	3,986.90	916.40	1,308.47	2,073.19	153.32	218.92	346.86
48	1,857.19	2,652.56	4,198.88	965.74	1,379.33	2,183.42	161.58	230.77	365.30
49	1,952.07	2,788.82	4,415.88	1,015.08	1,450.18	2,296.26	169.83	242.63	384.18
50	2,046.95	2,922.05	4,627.85	1,064.41	1,519.46	2,406.48	178.08	254.22	402.62
51	2,202.39	3,146.13	4,986.15	1,145.24	1,635.99	2,592.80	191.61	273.71	433.80
52	2,357.83	3,367.17	5,334.38	1,226.07	1,750.93	2,773.88	205.13	292.94	464.09
53	2,513.27	3,594.27	5,687.65	1,306.90	1,869.02	2,957.58	218.65	312.70	494.83
54	2,668.71	3,815.33	6,035.88	1,387.73	1,983.97	3,138.66	232.18	331.93	525.12
55	2,826.16	4,036.37	6,389.15	1,469.60	2,098.91	3,322.36	245.88	351.16	555.86

(The Total Distribution cost of this product is 73% of annual premiums for the first year, 27% of annual premiums for the second year, and 14% of annual premiums for subsequent renewal years. Distribution cost, charges & expenses will be available upon written request.)



## **Product Benefits**

### **1. Cancer Benefit**

If the Insured is diagnosed to be suffering from Major Cancer at the early, intermediate or major stage, we will pay the Insured Amount for this benefit, less any and all amounts owing to us under this Policy, subject to the following:

- (i) the Insured survives at least seven (7) days from the date of diagnosis of the Major Cancer at early, intermediate or major stage; and
- (ii) only one claim may be admitted under your policy for this Cancer Benefit.

This benefit is payable only once, regardless of the number of occurrences or nature of Major Cancer suffered by the Insured under the Policy.

### **Definition of Major Cancer covered in your Policy**

Conditions	Early Stage	Intermediate Stage	Major Stage
<b>1. Major Cancer</b>	<p><b>(a) Carcinoma in situ</b></p> <p>Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues.</p> <p>‘Invasion’ means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report.</p> <p>Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.</p> <p>In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating</p>	<p><b>Carcinoma in situ of specified organs treated with Radical Surgery</b></p> <p>The actual undergoing of a Radical Surgery to arrest the spread of malignancy in that specific organ, which must be considered as appropriate and necessary treatment.</p> <p>“Radical Surgery” is defined in this policy as the total and complete removal or partial removal of one of the following organs as specified: breast (mastectomy), prostate (prostatectomy), corpus uteri (hysterectomy), ovary (oophorectomy), fallopian tube (salpingectomy), colon (partial colectomy with end to end anastomosis) or stomach (partial gastrectomy with end to end anastomosis). The diagnosis of the Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of fixed tissues additionally supported by a biopsy of the removed organ. Clinical diagnosis does not meet this standard.</p> <p>Early prostate cancer that is histologically described using the TNM</p>	<p><b>Major Cancer<sup>^</sup></b></p> <p>A malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.</p> <p>The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.</p> <p>Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.</p> <p>For the above definition, the following are excluded:</p> <ul style="list-style-type: none"> <li>• All tumours which are histologically classified as any of the following: <ul style="list-style-type: none"> <li>- Pre-malignant;</li> <li>- Non-invasive;</li> <li>- Carcinoma-in-situ (Tis) or Ta;</li> <li>- Having borderline malignancy;</li> </ul> </li> </ul>





	<p>presence of CIS. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II, and CIN III (severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded. Carcinoma In-situ of the skin (both Melanoma &amp; Non-melanoma) and Carcinoma in situ of the biliary system is also specifically excluded. This coverage is available to the first occurrence of CIS only.</p> <p>CIS in the case of (b) to (i) are not covered.</p> <p><b>(b) Early Prostate Cancer</b> Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.</p> <p><b>(c) Early Thyroid Cancer</b> Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0 as well as Papillary microcarcinoma of thyroid that is less than 2cm in diameter.</p> <p><b>(d) Early Neuroendocrine Tumours</b> All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification).</p> <p><b>(e) Early Bladder Cancer</b> Bladder cancer that is histologically described using the TNM Classification as T1N0M0 as well as papillary microcarcinoma of Bladder.</p> <p><b>(f) Early Chronic Lymphocytic Leukaemia</b></p>	<p>Classification as T1a, T1b, T1c or Prostate cancers described using another equivalent classification is also covered if it has been treated with a radical prostatectomy. All grades of cervical intraepithelial neoplasia (CIN) and prostatic intraepithelial neoplasia (PIN) are specifically excluded.</p> <p>The actual undergoing of the surgeries listed above and the surgery must be certified to be absolutely necessary by a consultant oncologist. Partial surgical removal such as lumpectomy and partial mastectomy and partial prostatectomy are specifically excluded.</p> <p>Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/ or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.</p> <p>Any Cancer resulting directly from alcohol or drug abuse is excluded.</p>	<ul style="list-style-type: none"> <li>- Having any degree of malignant potential;</li> <li>- Having suspicious malignancy;</li> <li>- Neoplasm of uncertain or unknown behavior; or</li> <li>- All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;</li> <li>• Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;</li> <li>• Malignant melanoma that has not caused invasion beyond the epidermis;</li> <li>• All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;</li> <li>• All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;</li> <li>• All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;</li> <li>• All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;</li> <li>• All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest</li> </ul>
--	---	--	---





	<p>Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. RAI stage CLL 0 or lower is excluded.</p> <p><b>(g) Early Melanoma</b> Invasive melanomas of less than 1.5mm Breslow thickness, or less than Clark Level 3.</p> <p><b>(h) Gastro-Intestinal Stromal Tumours</b> All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) with tumour diameter less than two (2) cm and with mitotic count of more than 5/50 HPFs.</p> <p><b>(i) Bone Marrow Malignancies</b> All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment.</p> <p>The diagnosis of the above early cancers must be established by histological evidence and be confirmed by a Specialist in the relevant field.</p> <p>Any Cancer resulting directly from alcohol or drug abuse is excluded.</p>		<p>edition of the AJCC Cancer Staging Manual, or below;</p> <ul style="list-style-type: none"> <li>• Chronic Lymphocytic Leukaemia less than RAI Stage 3;</li> <li>• All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and</li> <li>• All tumours in the presence of HIV infection.</li> </ul>
--	--	--	---

^ The Life Insurance Association Singapore (LIA) has standard Definitions for 37 severe-stage Critical Illnesses (Version 2019). These Critical Illnesses fall under Version 2019. You may refer to [www.lia.org.sg](http://www.lia.org.sg) for the standard Definitions (Version 2019). For Critical Illnesses that do not fall under Version 2019, the definitions are determined by the insurance company.

Besides other underwriting limits applicable to this plan, this plan is also subject to the critical illness per life limit of S\$3,000,000 (aggregated with other policies or supplementary benefits issued on the same life.) For policies issued in other currencies, a conversion rate as determined by us will apply.



## **Key Product Provisions**

The following are some key provisions found in the policy contract of this plan. This is only a brief summary and you are advised to refer to the actual terms and conditions in the policy contract. Please consult your AIA Financial Services Consultant or Insurance Representative should you require further explanation.

### **1. General Exclusions**

There are certain conditions under which no benefits will be payable. These are stated as exclusions in the policy contract. The exclusions for this plan include, but are not limited, to the following conditions. You are advised to read the policy contract for the full list of exclusions.

Your Basic Policy shall not cover any loss caused directly or indirectly, wholly or partially, by any of the following occurrences:

- (a) the Insured was diagnosed with any stage of Major Cancer, prior to the issue date or reinstatement date of your Policy, whichever is later; or
- (b) the diagnosis of any stage of Major Cancer occurring within 90 days from the later of the issue date or reinstatement date of your Policy; or
- (c) where the Insured lives for a period of less than seven (7) days from the date of diagnosis of any stage of such Major Cancer; or
- (d) where the diagnosis of any stage of Major Cancer of the Insured was, in our opinion, directly or indirectly due to an Acquired Immunodeficiency Syndrome (AIDS) or infection by any Human Immunodeficiency Virus (HIV).

For the purpose of your Basic Policy:

- (i) the definition of AIDS shall be that used by the World Health Organisation in 1987, or any subsequent revision by the World Health Organisation of that definition; and
  - (ii) infection shall be deemed to have occurred where blood or other relevant test(s) indicate in our opinion either the presence of any HIV or antibodies to HIV; or
- (e) illness or surgery for conditions other than surgery for any stage of Major Cancer.

Further exclusions for the Cancer Benefit are set out under the Definition of Major Cancer.

### **2. Free-Look Period**

You have 14 days from the time you receive this policy to decide whether you want to continue with it. If you do not want to continue, you may cancel this policy in writing and obtain a refund of your premiums (including GST) paid, without interest, less any and all medical expenses incurred in considering your application.

If you opted for an electronic copy of your Policy, the 14-day free-look period will start when you receive our SMS or email notification, informing you that the policy contract documents are available for your viewing on our customer portal (My AIA SG or such other name as we may choose for our customer portal from time to time).

If we have posted the policy to you, the 14-day free-look period will start 7 days after we have posted the policy to you.

### **3. Payment of Premiums**

The premium rates payable for your Policy are not guaranteed. These rates may be adjusted based on future experience, or to meet our obligations under your Policy and/or the laws and regulations of Singapore as may be revised from time to time. We reserve the right to revise the premium rates but will not do so on an individual basis.

We have the right to change the premium rate, provided that we send you a written notification at least 31 days in advance of such change in premium rate.

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.



#### **4. Renewal**

The policy is guaranteed renewable, subject to the conditions set out under the sections on Cancellation and Termination.

#### **5. Cancellation**

Should you decide to cancel the coverage under this policy, you may cancel the policy by sending a written notice to cancel this policy and we shall return the unearned portion of the premium paid without interest. There will be no refund of premiums if there is any claim made under this policy for the same policy year.

#### **6. Termination**

The policy shall automatically terminate on the earliest occurrence of the following:

- (a) if any premium on this policy remains unpaid at the end of the Grace Period;
- (b) upon cancellation of the Policy;
- (c) the day immediately following the end of the 20<sup>th</sup> anniversary of the Policy Date;
- (d) upon death of the Insured;
- (e) upon Diagnosis of any stage of Major Cancer which results in the payout of the Cancer Benefit.

Termination of your Policy shall be without prejudice to any and all accrued rights and liabilities of the parties arising prior to such termination. The payment or acceptance of any premium subsequent to termination of your Policy shall not create any liability on our part but we shall refund any such premium paid, without any interest.

#### **7. Waiting Period**

We will not pay any benefits for any stage of Major Cancer (early, intermediate or major) if the date of diagnosis was made within 90 days from the issue date or last reinstatement date of the policy, whichever is later.

#### **8. Survival Period**

We will not pay any benefits under the policy if the Insured dies within seven (7) days from the date of diagnosis of an early, intermediate or major stage Major Cancer.

#### **9. No Cover**

This policy shall not cover or provide for the payment of claims or benefits to specific persons or entities where the application of or compliance with certain laws and regulations (as may be applicable to us, our parent company and/or our ultimate controlling entity, our reinsurers, their parent company and/or ultimate controlling entity) prohibit performance under the policy based on:

- (a) the identity, domicile, residence, place of incorporation, establishment (whether incorporated or unincorporated), or citizenship, of you, the Insured, or claimant or the parent company and ultimate controlling entity of you, the Insured or claimant; or
- (b) the country where the claim arises.

Should any person or entity be found to have been erroneously enrolled under this policy, insurance coverage for such person or entity shall cease with immediate effect and any unearned premiums paid in respect of such person or entity shall, subject to compliance with laws and regulations, be refunded without interest to you. Should any claim for payment of any nature be found to have been made under this policy by a person or entity excluded by this provision, no such payment will be made.

#### **10. Claims Procedures**

We must receive written notice of claim for loss within 90 days from the date of diagnosis of a Major Cancer (at early, intermediate or major stage). You can refer to the policy contract for details on claims procedures. You may also contact your AIA Financial Services Consultant, Insurance Representative or AIA Customer Care Hotline at 1800 248 8000.

**Important Notes:**

All insurance applications are subject to our underwriting and acceptance. Submission of an application and payment of premium does not constitute and should not be construed as acceptance by us. We reserve the right to withdraw the plan or reject applications, at anytime or for any reason without notice.

This product summary does not form a part of any contract of insurance. It is intended only to be a simplified description of the product features applicable to this plan and is not exhaustive. The contents of this product summary may vary from the terms of cover eventually issued. Please refer to the actual policy contract for all terms and conditions, including exclusions whereby the benefits under your policy may not be paid out. You are advised to read the policy contract. For the avoidance of doubt, only the terms and conditions as set out in the policy contract will bind the parties.

Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. 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 fewer benefits at the same cost.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA/LIA or SDIC web-sites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

This page is intentionally left blank

This page is intentionally left blank



