



**AIA Singapore Private Limited**

**AIA PLATINUM ACCIDENTCARE  
APPLICATION AND PRODUCT SUMMARY**

**July 2024**

## **SUBMISSION CHECKLIST**

Application Form

Product Summary Cover Page

Interbank Giro



APPLICATION FORM FOR PERSONAL ACCIDENT INSURANCE (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

Policy 1, Safe Choice, Master Policy No., Policy 2, Corporate ID: WM

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, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void.

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

Name (shown on NRIC/FIN/Passport), Date of Birth, Gender, NRIC/FIN/Passport No., Country of Residence, Place of Birth, Marital Status, Residency Status, Annual Income, Citizenship, Current Residence Address, Mailing Address, Contact Details, Occupation, Business Address

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.



Policy 1 **P**

Safe Choice **P**

Policy 2 **P**

**2 DETAILS OF PROPOSED INSURED (If different from Applicant/Owner)**

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

**3 DETAILS OF PLAN APPLIED FOR**

PLAN	Policy 1	Policy 2
<input type="radio"/> <b>AIA Solitaire PA II</b>	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4 (i) Lifestyle Maintenance Benefits <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4 (ii) Accidental Hospitalisation Benefits <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4 (iii) Monthly Disability Care Benefit <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4 (i) Lifestyle Maintenance Benefits <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4 (ii) Accidental Hospitalisation Benefits <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4 (iii) Monthly Disability Care Benefit <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 <input type="radio"/> Plan 4
<input type="radio"/> <b>AIA Cashback Protector</b>	<input type="radio"/> Silver <input type="radio"/> Gold <input type="radio"/> Platinum	<input type="radio"/> Silver <input type="radio"/> Gold <input type="radio"/> Platinum
<input type="radio"/> <b>AIA Prime Assured (FHR required)</b>	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3
<input type="radio"/> <b>AIA Platinum AccidentCare</b>	<input type="radio"/> Silver <input type="radio"/> Gold <input type="radio"/> Diamond <input type="radio"/> Optional Benefits Option 1 <input type="radio"/> Optional Benefits Option 2	<input type="radio"/> Silver <input type="radio"/> Gold <input type="radio"/> Diamond <input type="radio"/> Optional Benefits Option 1 <input type="radio"/> Optional Benefits Option 2
<input type="radio"/> <b>AIA Centurion PA</b>	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 (i) Dementia Benefits Group <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3	<input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3 (i) Dementia Benefits Group <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3

Policy 1 **P**

Safe Choice

**P**

Policy 2 **P**

Regular Premium Payment Frequency  Monthly  Semi-annually  Annually  Monthly  Semi-annually  Annually

**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 SAFE CHOICE**

Plan:  Plan 1  Plan 2  Plan 3  Plan 4  Optional Benefit: Waiver of premium  
 Family Option:  Spouse  Children  Family  
 Regular Premium Payment Frequency:  Monthly  Semi-annually  Annually

**DETAILS OF PROPOSED DEPENDANTS**

**Name of Spouse**

NRIC/FIN/Passport No.: *For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.* Gender:  Male  Female

Date of Birth: dd mm yyyy Country of Residence:  
 Occupation: Class: Residency Status:  Singapore  Singapore PR  Pass Holders  Others  
*If not Singaporean* Citizenship 1:  
 Citizenship 2:  
 Citizenship 3:

**Name of Child 1:**

NRIC/FIN/Passport No.:

Date of Birth: dd mm yyyy

Residency Status:  Singapore  Singapore PR  Pass Holders  Others

Country of Residence:

*If not Singaporean* Citizenship 1: Gender:  Male  Female

Citizenship 2:  Male  Female

Citizenship 3:

**Name of Child 2:**

NRIC/FIN/Passport No.:

Date of Birth: dd mm yyyy

Residency Status:  Singapore  Singapore PR  Pass Holders  Others

Country of Residence:

*If not Singaporean* Citizenship 1: Gender:  Male  Female

Citizenship 2:  Male  Female

Citizenship 3:

**Name of Child 3:**

NRIC/FIN/Passport No.:

Date of Birth: dd mm yyyy

Residency Status:  Singapore  Singapore PR  Pass Holders  Others

Country of Residence:

*If not Singaporean* Citizenship 1: Gender:  Male  Female

Citizenship 2:  Male  Female

Citizenship 3:



**5 DETAILS OF PREVIOUS & CONCURRENT INSURANCE APPLICATIONS AND PURSUITS OF PROPOSED INSURED**

**Important Note:**  
Your total coverage, including previous and concurrent applications within AIA and with other insurers, is an important and material fact which the Company uses to assess this policy.

5.1 Do the Applicant/ Owner and the Proposed Insured(s) have any in-force insurance policy(ies) or pending insurance application(s)?  
If yes, please give details.  Yes  No

	Applicant/Owner			Proposed Insured		
Insurance Company						
Country of Insurance Company	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore	<input type="radio"/> Singapore <input type="radio"/> Non- Singapore
Death						
Personal Accident						
Others						

**6 LIFESTYLE DETAILS OF PROPOSED INSURED AND/OR DEPENDANTS**

6.1 Are you contemplating a trip or had been outside Singapore for a total of more than 90 days in a year, other than for leisure or social purposes? If yes, please give details.

No  Yes

Country & Cities visited	Frequency per year	Duration per trip mth(s)

6.2 Are you now a member of a military force (except NS men), are you contemplating or have you, in the last 5 years engaged in any private flying or hazardous sports or races or flying other than as a fare paying passenger on a regular scheduled airline?

Proposed Insured	Proposed Dependants (if applicable)				
	Spouse	Child 1	Child 2	Child 3	Child 4
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Note:  
Lifestyle declarations are not required for:  
+ AIA Centurion PA  
+ AIA Solitaire PA II and Proposed Insured is in occupation class 1, 2 and 3 and/or;  
+ AIA Platinum AccidentCare Silver (capped at 1 application per Proposed Insured)

**7 HEALTH DETAILS ON PROPOSED INSURED AND/OR DEPENDANTS**

**FOR AIA PLATINUM ACCIDENTCARE GOLD / DIAMOND, AIA PRIME ASSURED, OR WHEN CUSTOMERS ARE ABOVE AGE 65\***

7.1 Do you have or have you had any physical defects, impairments, deformities, and/or conditions affecting mobility, sight, and/or hearing?

Proposed Insured	Proposed Dependants (if applicable)				
	Spouse	Child 1	Child 2	Child 3	Child 4
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Note:  
Heath declarations are not required for the following:  
+ AIA Centurion PA  
+ AIA Platinum AccidentCare Silver (capped at 1 application per Proposed Insured)

**FOR AIA CENTURION PA OPTIONAL DEMENTIA BENEFITS GROUP (if proposed)**

7.2 Have you ever been diagnosed by a medical professional with, or suffered from any form of dementia (including Alzheimer's disease) or Parkinson's disease?

Yes  No

7.3 In the last 2 years, have you discussed about memory loss or confusion, or taken a memory test, with a medical practitioner (or do you intend to) or has your ability to carry out your daily activities\* been reduced or restricted in any way due to tremors, slowed movement or rigid muscles

\*Daily activities such as housework, preparing meals, shopping, using public transport or managing your finances.

Yes  No

**8 REMARKS** In connection with insurance applied for, if any answer to question 7.1, 7.2 or 8.1 is "Yes", give details below, quoting the relevant Proposed Insured/Dependants and question number(s).

**9 DECLARATION**

**1. YOUR GUIDE TO HEALTH INSURANCE - Tick as appropriate**

I have been informed and directed to view or download a copy of "Your Guide to Health Insurance" (applicable only to accident and health business) from www.aia.com.sg, or www.lia.org.sg

I have been informed and I request to be given a hardcopy of "Your Guide to Health Insurance" (applicable only to accident and health business).

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

	APPLICANT/ OWNER		PROPOSED INSURED		PROPOSED DEPENDANTS (If Applicable)									
					SPOUSE		CHILD 1		CHILD 2		CHILD 3		CHILD 4	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>A. For Singapore Citizen</b>														
A.1 Have you resided outside of Singapore continuously for at least 5 years preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A.2 Are you currently residing in Singapore?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>B. For Singapore Permanent Resident &amp; employment pass, work permit, dependant pass or other work pass holders</b>														
Have you resided in Singapore for a total of less than 183 days in the 12 months preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C. For student pass or long term visit pass holders</b>														
C.1 Does your pass have a duration of less than 90 days?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.2 Have you resided in Singapore continuously for less than 90 days during the 12 months preceding the date of application?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>D. If you do not belong to any of the above categories, please tick here</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 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.

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

**10 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:

- 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.
- 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.
- 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.
- All my/our declarations made and my/our statements or answers in this application and in any required 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 (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.
6. I am/We are aware that the Policy Contract and all other documents are considered to be received by me/us within 7 days of posting to the address which I/we have instructed AIA Singapore to send correspondence to. I/We agree to inform AIA Singapore immediately of any change in my/our correspondence address.
7. I/We have received a copy of (1) Your Guide to Health Insurance and (2) the Product Summary (applicable only to accident and health business), the contents of which have been explained to me/us to my/our satisfaction.
8. **(Applicable only to accident policies) I/We agree and declare on behalf of myself/us and any other person or persons, firm or corporation, who may have or claim any interest in any insurance on this application, that AIA Singapore shall not pay any benefits under my/our Policy for a covered event which has occurred due to, associated with, or which likelihood is affected by one or more pre-existing conditions suffered by the Insured (ie. physical defects, impairments, deformities or conditions affecting mobility, sight or hearing), notwithstanding that the covered event may be accidental in nature, unless expressly provided otherwise in the terms and conditions of the Policy Document.**
9. *(Applicable only to selected accident policies, and where Proposed Insured is parent of the Applicant/Owner)* I (the Applicant/Owner) hereby warrant and represent that the Proposed Insured agrees that the Policy is for his benefit.
10. 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/us 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 Private Limited ("**AIA Singapore**"), its associated persons/organisations, 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/had 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

11. **Deemed Delivered**

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.

12. **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)

	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).

**13. 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.

**14. Payment methods used by AIA**

I/We confirm and agree to the following:

- 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.
- 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);
- 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;
- 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.
- 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.
- 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;
- 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**");
- 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);



Policy 1 P

Safe Choice

P

Policy 2 P

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.

15. I am/We are aware that the benefits of the Policy will generally only be payable as a result of an accident.

16. 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.

17. 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.

**PLEASE NOTE:** 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.

**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. Additionally and without prejudice to the parties' rights and obligations whether under law or otherwise, following the submission of your proposal, you must continue to disclose any and all material facts that may arise or which have changed from the information you had provided.

**WARNING:** Please note that with effect from 1 May 2005, all Policies, Renewal Certificates, Cover Notes, Endorsements for Policies with commencement date on or after 1 May 2005 carry a Payment Before Cover Warranty Clause which requires the premium to be paid in full on or before the date of inception of the Policy. Failing which there would be no liability under the Policy, Renewal Certificates, Cover Notes and Endorsements.

Declared in <b>SINGAPORE</b> on	Day:	Month:	Year:
---------------------------------	------	--------	-------

<b>WITNESSED BY:</b>		
SIGNATURE OF PROPOSED INSURED	SIGNATURE OF APPLICANT/OWNER	NAME & SIGNATURE OF AIA 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 

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**Product Summary Cover Page**

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

Insured's Occupation :  Occ Class  Insured's Gender# :  Male  Female

Smoker# :  Yes  No

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

Applicant's Gender# :  Male  Female

Currency : SGD Premium Frequency# :  Annual  Monthly  
 Semi Annual

Country of Residence: - Backdate : No

Maximum Coverage Age : 80 years old

# Please tick as appropriate

Plan/Rider	*Premium (\$)	Product Summary Version	No. of Pages
<i>Basic Plan#</i>			
<input type="checkbox"/> (PAC / PAA9 / SL) <b>AIA Platinum AccidentCare (Silver Plan) (Vit)</b>	S\$ _____		
<input type="checkbox"/> (PAC / PAA9 / GO) <b>AIA Platinum AccidentCare (Gold Plan) (Vit)</b>	S\$ _____	Ver. 2.6	8
<input type="checkbox"/> (PAC / PAA9 / DI) <b>AIA Platinum AccidentCare (Diamond Plan) (Vit)</b>	S\$ _____		
<i>Rider(s) / Optional Benefit(s) #</i>			
<input type="checkbox"/> (PAW3 / G1) <b>Optional Benefit – Option 1</b>	S\$ _____	Ver. 2.6	8
<input type="checkbox"/> (PAW3 / G2) <b>Optional Benefit – Option 2</b>	S\$ _____		

**Total (Plan + Rider(s) / Optional Benefit(s))** S\$ \_\_\_\_\_

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

**(Vit) denote basic plan and/ or riders that are integrated with AIA Vitality.**

Enjoy special benefits exclusively for AIA Vitality Member, please refer to <http://www.aia.com.sg/vitalityinsurancebenefits> for more details. If the Life Insured is not an AIA Vitality Member and would like to do so, you may find out from your AIA Financial Services Consultant / Insurance Representative on how to do so.

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# :  Male  Female

Smoker# :  Yes  No

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

Applicant's Gender# :  Male  Female

Currency : SGD Premium Frequency# :  Annual  Monthly  Semi Annual

Country of Residence: - Backdate : No

Maximum Coverage Age : 80 years old

# 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 Representative \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Prepared By (Name of Insurance Representative) \_\_\_\_\_ Name of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_



# AIA SINGAPORE APPLICATION FORM FOR INTERBANK GIRO

## PART 1: To Be Completed By Bank Account Holder

### Important Notes :

- All fields are mandatory. Amendments made must be countersigned by the bank account holders. Use of correction fluid/tape is not allowed.
- 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.
- For Non-Corporate Solutions Policies, please mail to Life Operations at 03 Tampines Grande, #09-00, AIA Tampines Singapore 528799.
- For Corporate Solutions Policies, please mail to Corporate Solutions at 03 Tampines Grande, #07-00, AIA Tampines Singapore 528799.
- 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.

Date: 

D	D	M	M	Y	Y	Y	Y
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Billing Organisation: AIA Singapore Private Limited

a. I/We, hereby instruct you to process AIA Singapore Private Limited's instructions to debit my/our account.	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.
b. You are entitled to reject AIA Singapore Private Limited's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.	
c. This authorization will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through AIA Singapore Private Limited.	
d. I/We hereby authorise, agree and consent to 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/had 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.	

### Name of Bank (Please tick only one):

- POSB/DBS       OCBC       UOB  
 Standard Chartered       Maybank       HSBC  
 Citibank       Others: \_\_\_\_\_

### Bank Account Number (Please omit dash):

For OCBC Bank, please write full 10 or 12 digits account number

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### Bank Account Holder's Name(s):


\* Please complete this section ONLY if Bank Account Holder is NOT the Policy Owner. For Joint Account holders, BOTH account holders' details must be furnished.

### NRIC / Passport / FIN


### Date of Birth

DD	MM	YYYY
DD	MM	YYYY

### Nationality


### Occupation


### Bank Account Holder's Contact (Home/Mobile)


### Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Male	<input type="checkbox"/> Female

For Non-HealthShield Policy Numbers:		Relationship of Account Holder to Policy Owner
<ul style="list-style-type: none"> <li>For loan repayment policy number prefix must be "R".</li> <li>Please ensure that policy numbers are written clearly.</li> </ul>		
1)		
2)		
3)		
4)		
5)		

For AIA HealthShield & AIA HSG Max Rider ONLY:		Relationship of Account Holder to Policy Owner
<ul style="list-style-type: none"> <li>For GIRO application of AIA HSG Max Rider, please apply under basic HealthShield prefix "H", e.g. to apply GIRO for E123456789 policy, indicate as H123456789</li> </ul>		
1)	H	
2)	H	
3)	H	
4)	H	
5)	H	

AIA Financial Services Consultant / Insurance Representative &amp; Agency / Distributor's Name:

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### Signature(s)/ Thumbprint(s)\* / Company Stamp (as in Bank's record):


\*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.

## PART 2 : To Be Completed By AIA Singapore Private Limited

For POSB/DBS Accounts, please use the following account number:

BANK SWIFT BIC	AIA Singapore Bank A/C No.
DBSSSGSXXX	0060126499

For Other Bank Accounts, please use the following account number:

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

## PART 3 : To Be Completed By Bank

To: AIA Singapore Private Limited

This application is hereby REJECTED (please tick for the following reason(s)):

- |  |   |
|--|---|
| <input type="checkbox"/> Signature/Thumbprint# differs from bank's records | <input type="checkbox"/> Wrong account number                     |
| <input type="checkbox"/> Signature/Thumbprint# is incomplete/unclear#      | <input type="checkbox"/> Amendments not countersigned by customer |
| <input type="checkbox"/> Account operated by Signature/Thumbprint#         | <input type="checkbox"/> Others: _____                            |

Name of Approving Officer  
# Delete where applicable

Authorised Signature

Date

**AIA Singapore Private Limited (Reg. No. 201106386R)**  
AIA Payment & GIRO Application  
3 Tampines Grande, #09-01, AIA Tampines, Singapore 528799  
Monday to Friday: 8.45am – 5.30pm  
AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG



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**Product Summary for AIA Platinum AccidentCare**

Version 2.6

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

**A. PRODUCT INFORMATION**

AIA Platinum AccidentCare is a personal accident plan with 24/7 protection coverage for individuals age 16 to 70 years old at the point of application.

**Benefits and Premium Table**

Please tick the chosen plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASIC BENEFITS / PLAN	Silver	Gold	Diamond
	Insured Amount (S\$)		
<p><b>1. Accidental Death, Accidental Dismemberment and Burns Benefit</b></p> <p>If the Insured is injured in an accident and the injury results in any of the losses reflected in the Schedule of Indemnity<sup>1</sup> within 365 days from the date of accident, we will pay a percentage of the Insured Amount specified in the Schedule of Indemnity<sup>1</sup>.</p>	1,000,000	3,000,000	5,000,000
<p><b>2. Aviation Accident Benefit</b></p> <p>If the Insured dies due to an injury sustained in an accident while engaging in air travel as a fare-paying passenger within 365 days from the date of accident, we will pay an additional amount equal to 1 time the Insured Amount for Loss of Life under the Accidental Death, Accidental Dismemberment and Burns Benefit.</p>	1,000,000	3,000,000	5,000,000
<p><b>3. Accidental Medical Reimbursement Benefit</b></p> <p>If the Insured is injured in an accident and requires medical treatment within 365 days from the date of the accident, we will reimburse the medical expenses incurred (including hiring a licensed or graduate nurse; and ambulance charges up to S\$1,000), up to the Insured Amount of this benefit.</p> <p>This Accidental Medical Reimbursement Benefit shall not be applicable to this policy if the Insured is not a citizen or permanent resident of Singapore or does not have a valid pass in Singapore on the date of the accident, and the medical expenses are incurred outside Singapore.</p>	15,000	20,000	25,000
<p><b>4. Complementary Medical Reimbursement Benefit</b></p> <p>If the Insured is injured in an accident and requires medical treatment by a traditional Chinese medicine practitioner or a chiropractor within 365 days from the date of the accident, we will reimburse the medical expenses incurred up to the Insured Amount of this benefit.</p> <p>This Complementary Medical Reimbursement Benefit shall not be applicable to this policy if the Insured is not a citizen or permanent resident of Singapore or does not have a valid pass in Singapore on the date of the accident, and the medical expenses are incurred outside Singapore.</p>	3,000	4,000	5,000
<p><b>5. Mobility Aids and Home Modification Benefit</b></p> <p>If the Insured is injured in an accident and requires:</p> <p>a) the use of mobility aids; and/or</p> <p>b) modification of the physical and/or certain structural parts of the home for the sole purpose of adapting the home to facilitate movement in and around the home in view of the disabilities suffered, as certified by</p>	5,000	8,000	10,000



<p>a practitioner in rehabilitative services,</p> <p>we will reimburse the expenses incurred up to the Insured Amount of this benefit, provided:</p> <p>i) such expenses are incurred within 90 days from the date of accident; and</p> <p>ii) for the reimbursement of Home Modification, 50% or more of the Insured Amount under the Accidental Death, Accidental Dismemberment and Burns Benefit (other than for Loss of Life) is paid or payable as a result of the accident.</p>			
<p><b>6. Rehabilitation Support Benefit</b></p> <p>If the Insured is injured in an accident and requires treatment within 365 days from the date of accident by:</p> <p>a) a psychiatrist; b) a physiotherapist; c) an occupational therapist; and/or d) a speech therapist,</p> <p>we will reimburse the expenses incurred up to the Insured Amount of this benefit, provided a claim of 50% or more of the Insured Amount under Accidental Death, Accidental Dismemberment and Burns Benefit (other than for Loss of Life) is paid or payable as a result of the accident.</p>	3,000	5,000	10,000
<p><b>7. Compassionate Visit Benefit</b></p> <p>If the Insured is injured in an accident and is hospitalised outside Singapore, his home country and his usual place of residence or employment for at least 7 consecutive days without any adult present with the Insured, we will reimburse:</p> <p>a) 1 return economy class ticket for air, rail or sea transport; and /or b) 1 standard hotel room accommodation (excludes any hotel accommodation categorised as a luxury or VIP suite),</p> <p>for the Insured's relative or friend to visit the Insured, up to the Insured Amount of this benefit, provided at the time of visit, the Insured is still hospitalised and such expenses are approved and arranged by the External Service Provider, unless the Insured and such relative or friend cannot for reasons beyond their control notify the External Service Provider during an emergency medical situation.</p>	10,000	10,000	10,000
<p><b>8. Emergency Medical Evacuation and Repatriation Benefit</b></p> <p>a) Emergency Medical Evacuation If the Insured is injured in an accident while travelling outside Singapore, his home country and usual place of residence or employment and requires emergency medical evacuation, we will pay the expenses for services provided and/or arranged by us or the external service provider for the transportation, medical services and medical supplies necessarily incurred as a result of providing the emergency medical evacuation, up to the Insured Amount of this benefit.</p> <p>b) Repatriation of Mortal Remains If the Insured is injured in an accident while travelling outside Singapore, his home country and usual place of residence or employment and dies within 365 days from the date of the accident, we will pay the expenses for services provided and/or arranged by us or the external service provider for the transportation costs and expenses for the return of the Insured's mortal remains to Singapore or to his/her home country or local burial costs at the place of death, up to the Insured Amount of this benefit.</p>	Unlimited	Unlimited	Unlimited





Premium Payable for Basic Benefits (in S\$, inclusive of 9%GST)	Insured Amount (S\$)		
	Silver	Gold	Diamond
<b>Occupational Class 1</b>			
<b>Up to age 74:</b>			
Annual Premium	1,149.20	2,446.40	3,675.12
Semi-annual Premium	597.58	1,272.12	1,911.06
Monthly Premium	99.97	212.84	319.73
<b>Age 75 to 79 (For renewals only):</b>			
Annual Premium	1,832.84	3,906.63	5,841.42
Semi-annual Premium	953.09	2,031.44	3,037.53
Monthly Premium	159.46	339.86	508.20
<b>Occupational Class 2</b>			
<b>Up to age 74:</b>			
Annual Premium	1,428.87	3,035.17	4,542.80
Semi-annual Premium	743.02	1,578.30	2,362.26
Monthly Premium	124.30	264.06	395.24
<b>Age 75 to 79 (For renewals only):</b>			
Annual Premium	2,291.16	4,879.49	7,285.78
Semi-annual Premium	1,191.39	2,537.34	3,788.60
Monthly Premium	199.34	424.52	633.86

Please tick the chosen plan	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL BENEFITS / PLAN	Option 1	Option 2
	Insured Amount (S\$)	
<b>9. Weekly Income Benefit</b>		
<p>a) <u>For Temporary Total Disability</u> If the Insured is injured in an accident and experiences Temporary Total Disability within 90 days from the date of accident, we will pay the Insured Amount of this benefit for every full 7 days that he suffers such disability (or a pro rata sum, if the disability does not extend to the full 7 days).</p> <p>b) <u>For Temporary Partial Disability</u> If the Insured is injured in an accident and experiences Temporary Partial Disability within 90 days from the date of accident, or experiences Temporary Partial Disability immediately following a period of Temporary Total Disability described on 9a) above, we will pay 25% of the Insured Amount of this benefit for every full 7 days that he suffers such disability (or a pro rata sum, if the disability does not extend to the full 7 days).</p> <p>We will not pay for both events under 9a) and 9b) for the same period of disability. We will pay this benefit for a maximum of 52 weeks for each accident.</p> <p>This Weekly Income Benefit that may be payable under Parts 9(a) and/or 9(b) shall not be applicable to this policy if the Insured is not a citizen or permanent resident of Singapore or does not have a valid pass in Singapore on the date of the accident, and the Registered Medical Practitioner who has diagnosed such disability is registered with a medical council outside of Singapore.</p>	1,000 per week	1,500 per week
<b>10. Monthly Support Benefit</b>		
If the Insured is injured in an accident and results in a claim of 50% or more of the Insured Amount under the Accidental Death, Accidental Dismemberment and Burns Benefit (other than Loss of Life), we will pay the Insured Amount of this benefit every month for 12 consecutive months while the Insured is alive.	2,000 per month	3,000 per month
<b>Premium Payable for Optional Benefits (in S\$, inclusive of 9% GST)</b>	<b>Option 1</b>	<b>Option 2</b>
<b>Occupational Class 1</b>		
<b>Up to age 74:</b>		
Annual Premium	495.78	743.68
Semi-annual Premium	257.81	386.71
Monthly Premium	43.14	64.70



<b>Occupational Class 2</b>		
<b>Up to age 74:</b>		
Annual Premium	619.75	929.63
Semi-annual Premium	322.27	483.41
Monthly Premium	53.91	80.88

(The total distribution cost of this product is 76% of annual premiums for the first year and 40% of annual premiums for renewal years. Distribution cost, charges and expenses will be available upon written request).

<sup>1</sup>Schedule of Indemnity refers to:

	<b>Event</b>	<b>% of Insured Amount</b>
1	Loss of Life	100
2	Permanent Total Disablement	150
3	Permanent Total Loss of Sight of both eyes	150
4	Permanent Total Loss of Sight of 1 eye	100
5	Loss of or the Permanent Total Loss of Use of 2 Limbs	150
6	Loss of or the Permanent Total Loss of Use of 1 Limb	125
7	Loss of or the Permanent Total Loss of Use of 1 Limb and the Permanent Total Loss of Sight of 1 eye	150
8	Permanent total loss of speech and hearing	150
9	Permanent and incurable insanity	100
10	Permanent total loss of hearing	
	- both ears	75
	- 1 ear	25
11	Permanent total loss of speech	50
12	Total loss of the lens of 1 eye	50
13	Loss of or the Permanent Total Loss of Use of 4 Fingers and thumb of a hand	70
14	Loss of or the Permanent Total Loss of Use of 4 Fingers of a hand	40
15	Loss of or the Permanent Total Loss of Use of 1 thumb	
	- both phalanges	30
	- 1 phalanx	15
16	Loss of or the Permanent Total Loss of Use of a Finger	
	- 3 phalanges	10
	- 2 phalanges	7.5
	- 1 phalanx	5
17	Loss of or the Permanent Total Loss of Use of Toes	
	- all toes of 1 foot	15
	- great toe – 2 phalanges	5
	- great toe – 1 phalanx	3
	- a toe other than the great toe	1
18	Fractured leg with established non-union or patella with established non-union	10
19	Shortening of leg by at least 5 cm	7.5
20	Third Degree Burns	
	Area damage as a percentage of total body surface area:	
	- <b>Head</b> – equals to or greater than 2% but less than 5%	50
	- <b>Head</b> – equals to or greater than 5% but less than 8%	75
	- <b>Head</b> – equals to or greater than 8%	100
	- <b>Body</b> – equals to or greater than 10% but less than 15%	50
	- <b>Body</b> – equals to or greater than 15% but less than 20%	75
	- <b>Body</b> – equals to or greater than 20%	100

Any number of events listed in the table above arising from one accident may be claimed under this benefit provided the aggregate sum payable from any one such accident shall not exceed 150% of the Insured Amount.

You could refer to the policy contract for the full definitions and benefit limitations. You may also contact your AIA Financial Services Consultant, Insurance Representative or AIA Customer Care Hotline at 1800 248 8000.



## **B. 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. Benefit Coverage**

#### **a) Basic Benefits**

The Insured Amount for the following Basic Benefits will be reduced by 50% with effect from the renewal date on or immediately following the Insured's 75<sup>th</sup> birthday of the:

1. Accidental Death, Accidental Dismemberment and Burns Benefit
2. Aviation Accident Benefit
3. Accidental Medical Reimbursement Benefit

#### **b) Optional Benefits**

The coverage of all the benefits under Optional Benefits will terminate on the renewal date on or immediately following the Insured's 75<sup>th</sup> birthday.

### **2. Cancellation Clause**

This is a short-term accident and health policy and we are not required to renew this policy. We may terminate this policy by giving you 30 days' notice in writing. Should such cancellation occur, we shall return the unearned portion of premium.

Should you decide to cancel the coverage under this policy, we shall return the unearned portion of premium.

### **3. Free Look**

We give you 14 days to review the policy. If you decide the policy is not suitable for your needs, simply return the policy to us within 14 days from the date you receive the policy. We will refund the premium (without interest and inclusive of GST), less any medical expenses incurred by us in considering the application. The policy is considered delivered and received by you upon personal delivery or on the date we sent this policy via electronic mail or 7 days from the date of posting.

### **4. Terms of Renewal**

The policy is issued for a period of one year commencing from the effective date of the policy. The policy may be renewed, subject to the following:

- a) renewal is only available on each policy anniversary and up to the policy anniversary immediately prior to the Insured's 80th birthday;
- b) your policy is in-force on the date of renewal; and
- c) we receive and accept payment of your policy's premium within the grace period and in accordance with the premium rates applicable on the date of such renewal.

Renewal of the policy is not guaranteed.

### **5. Premium**

Premiums payable for the policy are not guaranteed and are subject to our review from time to time at our absolute discretion. We will send you written notification at least 31 days in advance of any 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.

### **6. Change of Occupation**

You must notify us in writing if the Insured's occupation changes as soon as possible. We shall increase or reduce the premiums according to the risk classification for the new occupation. We reserve the right to terminate or decline to renew the policy.

### **7. Change of Country of Residence or Citizenship**

You must notify us in writing if there is a change in your and/or the Insured's citizenship and/or usual country of residence as soon as possible. We reserve the right and sole discretion to terminate or decline to renew the policy or continue cover on prevailing or varied terms and conditions.

You must, notify us in writing if you and/or the Insured plans to stay outside Singapore for more than 180 consecutive days in a year, other than for leisure or social purposes. We reserve the right and sole discretion to continue coverage on prevailing or varied terms and conditions.



## 8. 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.

## 9. Policy Extensions

The policy shall extend to cover accidental death or injury sustained by the Insured under the following events while the policy is in force, and subject to the terms and conditions of the respective benefits and the policy:

- a) Strike, riot and civil commotion
- b) Act of Terrorism
- c) Drowning and suffocation by smoke, poisonous fumes, gas or drowning
- d) Exposure to natural disasters such as floods, hurricanes, volcanic eruptions, earthquakes, tsunamis and landslides
- e) Disappearance where body of the Insured is not found within 12 months from the date of disappearance following the sinking, wrecking or destruction of an aircraft or other conveyance in which the Insured was travelling
- f) Hijack, murder and assault
- g) Food poisoning
- h) Private flight (as a non fare-paying passenger in a properly licensed private aircraft and/or helicopter while on a business trip when travelling outside Singapore)
- i) Insect/animal bites, stings or attacks (including dengue fever)
- j) Amateur sports or activities as a form of recreation
- k) Motor-cycling (as rider and pillion-rider)

## 10. 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.

- a) war (whether declared, undeclared or otherwise), invasion, civil war, revolution or any warlike operations;
- b) violation or attempted violation of the law or resistance to arrest;
- c) engaging in or taking part in air, military, naval training, exercises, manoeuvres, warlike operations or handling of explosives and demolition materials and while under orders for restoration of public order, whether in time of peace, declared, undeclared war or otherwise, except where operationally ready national services duties are carried out in Singapore or overseas (where applicable) pursuant to the Enlistment Act (Cap 93);
- d) engaging in air travel (except as a fare-paying passenger in any properly licensed private and/or commercial aircraft, or as a crew member in a properly commercial aircraft operated by a commercial passenger airline on a regular passenger trip over its established route, or as expressly covered under the section on Private Flight of the Policy Extensions section);
- e) suicide or attempted suicide or intentional self injury or from deliberate exposure to exceptional danger (except in an attempt to save human life), whether sane or insane;
- f) childbirth, pregnancy, miscarriage, abortion, sterilisation, contraception, infertility or any complications that may have been accelerated or induced by injury caused by accident and/or any treatment arising from any of such event;
- g) any form of dental care or treatment to sound natural teeth unless necessitated by injury caused by accident. Dentures and all related expenses are expressly excluded;
- h) any form of cosmetic, plastic surgery or elective surgery unless necessitated by an injury due to an accident;



- i) treatment of alcoholism, drug abuse or any other complications arising there from, or accidents caused whilst under the influence of drugs or alcohol;
- j) engaging in a sport in a professional capacity or where the Insured would or could earn income or remuneration from engaging in such sport;
- k) engaging in racing of any kind (other than on foot and swimming and where expressly covered under section on Amateur Sports of the Policy Extensions section);
- l) congenital abnormalities and physical defects from birth and/or any treatment arising from any of such event;
- m) any kind of disease or illness except where expressly covered under sections on Food Poisoning and Insect/Animal Bites, Stings or Attacks of the Policy Extensions section;
- n) AIDS and HIV or any complications associated with any HIV; or
- o) any pre-existing condition.

#### 11. Deferment Period

For any of the losses that are described as “Permanent” in the policy, it must have continued for a period of 6 consecutive months from the date of the disability and beyond any hope of improvement and recovery before we pay out any benefits in accordance to the terms of the policy.

#### 12. Termination

The coverage for the policy shall immediately terminate on the earliest of the following:

- a) when any premium payable under the policy remains unpaid at the end of the grace period;
- b) on the effective date stated in the cancellation notice issued pursuant to the Cancellation clause of the policy;
- c) on the date of death of the Insured other than as a result of accident;
- d) on the date of accident which resulted in the aggregated claims amounting to 100% or more of the Insured Amount under Accidental Death, Accidental Dismemberment and Burns Benefit during the life of this policy, including all renewals;
- e) on the policy anniversary date on or immediately following Insured’s 80<sup>th</sup> birthday; or
- f) when we exercise our right of termination under the Change of Occupation, Change of Country of Residence or Citizenship and No Cover.

Termination of this policy will not affect an insured event that has arisen prior to such termination or loss resulting from such insured event.

#### 13. Claims Procedures

We must receive written notice of claim for loss within 30 days from the date of such loss. You could 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)).

Most of the benefits of the policy will be payable upon an accident occurring.



