



AIA Singapore Private Limited

AIA STAR PROTECTOR PLUS
APPLICATION AND PRODUCT SUMMARY

July 2024

SUBMISSION CHECKLIST

Application Form

Product Summary Cover Page

Interbank Giro



AIA STAR PROTECTOR PLUS APPLICATION (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, Policy 2, Corporate ID: WM, Master Policy No. (For Worksite Marketing Only)

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.

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, Place of Birth: United States of America Others (Country):, Marital Status: Single Married Widowed / Divorced / Separated, Residency Status: Singapore Singapore PR Pass Holders Others, NRIC/FIN/Passport No.: For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No., Country of Residence:, Contact Details: Home: Country Code - Phone No. Office: Country Code - Phone No. Mobile: Country Code - Phone No. Email:, Current Residence Address, Mailing Address (Use of P.O. Box is not allowed):, Foreign Permanent Residence Address - Please provide the full address in English. (Compulsory for non-Singaporeans), Please provide the reason if:, Relationship of Applicant/Owner to Proposed Insured: Parent Legal Guardian

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.



PART0008 (11/2021 07/2022 04/2023)

Policy 1 **P**

Policy 2 **P**

2 DETAILS OF PROPOSED INSURED	
Name (shown on NRIC/FIN/Passport):	
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): _____	Country of Residence:
NRIC/FIN/Passport No.: <i>For Singapore PRs and Pass holders, please use Singapore NRIC or FIN No.</i>	Residency Status: <input type="radio"/> Singapore <input type="radio"/> Singapore PR <input type="radio"/> Pass Holders <input type="radio"/> Others
Name of School / College attending:	<i>If not Singaporean</i> Citizenship 1:
	Citizenship 2:
	Citizenship 3:

3 DETAILS OF CONTINGENT OWNER	
Name (shown on NRIC/FIN/Passport):	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:
Place of Birth: <input type="radio"/> United States of America <input type="radio"/> Others (Country): _____	

4	AIA STAR PROTECTOR PLUS (Policy 1)	AIA STAR PROTECTOR PLUS (Policy 2)
	Plan: <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3	Plan: <input type="radio"/> Plan 1 <input type="radio"/> Plan 2 <input type="radio"/> Plan 3
	Optional Benefit: Critical Illnesses <input type="radio"/> Option 1: S\$30,000 <input type="radio"/> Option 2: S\$50,000 <input type="radio"/> Option 3: S\$100,000	Optional Benefit: Critical Illnesses <input type="radio"/> Option 1: S\$30,000 <input type="radio"/> Option 2: S\$50,000 <input type="radio"/> Option 3: S\$100,000
	Regular Premium Payment Frequency: <input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> Annually	Regular Premium Payment Frequency: <input type="radio"/> Monthly <input type="radio"/> Semi-annually <input type="radio"/> 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.

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						
Total & Permanent Disability						
Critical Illness						
Personal Accident						
Disability Income						
Others						

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.

5.2 Is this proposal to replace or intended to replace in full or in part any insurance policy or investment products with AIA Singapore or any other financial adviser or institution?
 No Yes – Please give details:

5.3 Is any application for or reinstatement of your life, critical illness, accidental, medical, disability or health-related insurance policy pending or has it ever been declined, postponed, rated or modified in any way? (If yes, please indicate Company and provide details).
 No Yes – Please indicate company:

6 HEALTH DETAILS OF PROPOSED INSURED (For Child Critical Illnesses Benefit)

6.1 a. Height (metres): c. Was there any weight change in the past year? Yes No
If yes, how much and state the reason:

b. Weight (kilograms):

d. Name and Address of the Proposed Insured's doctor: Give date, reason and result of last consultation:

6.2 Has the child received medical advice, counselling or treatment in connection with AIDS, AIDS Related Complex or any other AIDS related condition, been told the child has any of these; or that the child had HIV testing done OR in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions? Yes No

6.3 To the best of your knowledge and belief, has any member of the child's immediate family ever had tuberculosis, diabetes, cancer, cardiomyopathy, polycystic disease, mental disease or any AIDS related condition? Yes No

Relationship	Age at Onset	Current Age	Illness/Age at Death (if deceased)



- 6.4** Has the child ever had, or have been told or been treated for:
- a. any respiratory disease, prolonged cough, bronchitis, asthma, heart problems, fits, epilepsy or disorder affecting the nervous system? Yes No
 - b. any heart disorder, blood disorder, diabetes, endocrine disorder, liver disease or any gastrointestinal disorder, kidney problems, nephritis or abnormality of the genitourinary system? Yes No
 - c. condition affecting the sight, hearing or speech, physical or developmental defects, abnormal or premature birth or any cancer, growth, tumor? Yes No

FOR SINGAPOREANS AND SINGAPORE RESIDENTS:
 Where your total insurance coverage under all policies issued by insurers in Singapore (including this and concurrent insurance applications), you are required to disclose the predictive genetic test results for HUNTINGTON'S DISEASE ONLY if your total coverage for death exceeds SGD2,000,000; or Total & Permanent Disability exceeds SGD2,000,000; or your Long Term Care monthly benefit exceeds SGD3,000. You will need to disclose your test results for HUNTINGTON'S DISEASE and/or BREAST CANCER (BRCA I & II) ONLY if your total coverage for Critical Illness exceeds SGD500,000 or Monthly Disability Income exceeds SGD10,000. If you choose to voluntarily disclose the results of any predictive genetic tests, the Company will only utilise the favourable test results in its assessment.

FOR NON SINGAPORE RESIDENTS:
 You are required to disclose your genetic test results

FOR ALL APPLICANTS:
 You are not required to disclose results if genetic tests are done for biomedical research.

- 6.5** In the past 5 years, has the child had any (other than for immunisation or vaccination)
- a. of the following tests done? If yes, please give details as indicated below Yes No

Test	Date	Reason	Results	Test	Date	Reason	Results
a. Blood Test				g. Liver Function Tests			
b. Biopsy				h. PAP Smear			
c. Chest X-Ray				i. Ultrasound			
d. CT Scan				j. Urine			
e. ECGs				k. Others. Please specify			
f. Cholesterol				_____			

- b. illness, operation, medical advice, investigations or hospital treatment not mentioned above? Yes No

7 REMARKS In connection with insurance applied for, if any answer to question 7 is "Yes", give details below, quoting the relevant question number(s).

8 DECLARATION

	Applicant/Owner		Proposed Insured	
	Yes	No	Yes	No
1. 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?			
	<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"/>
B. For Singapore Permanent Resident & 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"/>
C. For student pass or long term visit pass holders				
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"/>
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"/>
D.	If you do not belong to any of the above categories, please tick here			
	<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.				

2. 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).

9**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 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/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.

7. Deemed Delivered

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.

8. 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.



* A 3 8 0 4 2 3 0 5 0 6 0 8 *

Document Delivery Preference

	Policy Contract (Hardcopy version is only available for applicant/Owner age 60 and above)	All other correspondences (Hardcopy version is only available for applicant/Owner age 60 and above)
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).

9. 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^[1] 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^[2]:

- 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 that 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.

¹ "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.

² 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.

10. 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.
11. I/We have received a copy of (1)Your Guide to Health Insurance and (2) the Product Summary, (3) "Your Guide to Life Insurance" and (4) "Your Guide to Health Insurance" (applicable only to accident and health business), the contents of which have been explained to me/us to my/our satisfaction.
12. **(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.**
13. **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.

- 14. I am/We are aware that the benefits of the Policy will generally only be payable as a result of an accident.
- 15. 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.
- 16. By signing this application, 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 to switch between an existing accident and/or health insurance Policy 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 SINGAPORE on	Day:	Month:	Year:
WITNESSED BY			
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.



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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 : 75 years old

Please tick as appropriate

Plan/Rider	*Premium (\$)	Product Summary Version	No. of Pages
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For Applicant without AIA Solitaire PA (II) Plan 2 & above

Basic Plan#

- (PSH / PPA9 / R1) **AIA Star Protector Plus (Plan 1)** S\$_____
- (PSH / PPA9 / R2) **AIA Star Protector Plus (Plan 2)** S\$_____ Ver. 2.8 8
- (PSH / PPA9 / R3) **AIA Star Protector Plus (Plan 3)** S\$_____

Rider(s) / Optional Benefit(s)#

- (PPCT / 10) **Child Critical Illnesses Benefit – Option 1** S\$_____
- (PPCT / 20) **Child Critical Illnesses Benefit – Option 2** S\$_____ Ver. 2.8 8
- (PPCT / 30) **Child Critical Illnesses Benefit – Option 3** 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.

Note: The premiums are inclusive of prevailing GST.

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 : 75 years old

Please tick as appropriate

Plan/Rider	*Premium (\$)	Product Summary Version	No. of Pages
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For Applicant with AIA Solitaire PA (II) Plan 2 & above*Basic Plan#*

- | | | | |
|--|-----------|----------|---|
| <input type="checkbox"/> (PSH / PPA9 / R4) AIA Star Protector Plus (Plan 1) | S\$ _____ | | |
| <input type="checkbox"/> (PSH / PPA9 / R5) AIA Star Protector Plus (Plan 2) | S\$ _____ | Ver. 2.8 | 8 |
| <input type="checkbox"/> (PSH / PPA9 / R6) AIA Star Protector Plus (Plan 3) | S\$ _____ | | |

Rider(s) / Optional Benefit(s)#

- | | | | |
|---|-----------|----------|---|
| <input type="checkbox"/> (PPCT / 40) Child Critical Illnesses Benefit – Option 1 | S\$ _____ | | |
| <input type="checkbox"/> (PPCT / 50) Child Critical Illnesses Benefit – Option 2 | S\$ _____ | Ver. 2.8 | 8 |
| <input type="checkbox"/> (PPCT / 60) Child Critical Illnesses Benefit – Option 3 | 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.

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 or www.lia.org.sg or 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 : 75 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 _____

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

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):

<input type="checkbox"/> POSB/DBS	<input type="checkbox"/> OCBC	<input type="checkbox"/> UOB
<input type="checkbox"/> Standard Chartered	<input type="checkbox"/> Maybank	<input type="checkbox"/> HSBC
<input type="checkbox"/> Citibank	<input type="checkbox"/> Others:	

For Non-HealthShield Policy Numbers:

- For loan repayment policy number prefix must be "R".
- Please ensure that policy numbers are written clearly.

Relationship of Account Holder to Policy Owner

1)									
2)									
3)									
4)									
5)									

For AIA HealthShield & AIA HSG Max Rider ONLY:

- 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

Relationship of Account Holder to Policy Owner

1)	H								
2)	H								
3)	H								
4)	H								
5)	H								

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

--

Bank Account Number (Please omit dash):

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

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

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

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.
DBSSSGGX	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 Star Protector Plus

Version 2.8

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

A. PRODUCT INFORMATION

AIA Star Protector Plus is an accident and health plan with multiple protection coverage for juveniles aged 16 and below at the point of application.

Benefits and Premium Table

Please tick the required plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits / Plan	Plan 1	Plan 2	Plan 3
	Insured Amount (S\$)		
BASIC BENEFITS			
<p>1. Accidental Death, Accidental Dismemberment and Burns Benefit</p> <p>If the Insured is injured in an accident and the injury results in any of the following loss within 365 days from the date of the accident:</p> <p>a) Loss of life – we will pay the Insured Amount for this benefit. b) Accidental Dismemberment and Burns – we will pay a percentage of Insured Amount specified in the Schedule of Indemnity¹.</p>	20,000	35,000	100,000
<p>2. Double Indemnity for Dismemberment and Burns Benefit (During School Activities/ On Public Conveyance/ On Private Conveyance/ As Pedestrian)</p> <p>We will pay an additional amount equal to one time the amount that is payable under the Accidental Dismemberment and Burns Benefit, if the Insured is injured in an accident that happens when he or she is:</p> <p>a) within the school premises during an official school day, taking part in school activities or travelling between home and school or the venue where the school activity is taking place; b) riding as a fare-paying passenger in a public conveyance; c) riding as a passenger or as the driver in a private conveyance; or d) a pedestrian on the road.</p>	20,000	35,000	100,000
<p>3. Monthly Catastrophe Cash Benefit</p> <p>If the Insured suffers a Catastrophic Disability² due to injury within 180 days from the date of an accident, we will pay the Insured Amount for this benefit every month for up to 20 years.</p> <p>We reserve the right to request for the proof of the continuance of such disability from time to time.</p>	750/ month	1,000/ month	1,500/ month
<p>4. Medical Reimbursement Benefit (Accident & Disease)</p> <p>If the Insured sustains an injury or suffers from a Disease³ and requires medical treatment within 365 days from the date of the accident or diagnosis of Disease³, we will reimburse the medical expenses incurred including hiring a licensed or graduate nurse and ambulance charges (up to S\$200), up to the Insured Amount for this benefit. If the Insured visits a registered traditional Chinese medicine practitioner or chiropractor for treatment as a result of an accident or Disease³, we will reimburse up to 10% of the Insured Amount for this benefit.</p> <p>This Medical Reimbursement Benefit (Accident & Disease) 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 or the diagnosis of the Disease³, and the medical expenses are incurred outside Singapore.</p>	1,500	3,000	5,000



Benefits / Plan	Plan 1	Plan 2	Plan 3
	Insured Amount (S\$)		
<p>5. Daily Hospital Income Benefit (Accident & Disease)</p> <p>If the Insured sustains an injury in an accident or suffers a Disease³ and is required to stay in a hospital (minimum 6 hours with room and board), we will pay the Insured Amount for this benefit for each day of hospitalisation for a maximum of 180 days.</p> <p>This Daily Hospital Income Benefit (Accident & Disease) 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 or the diagnosis of the Disease³, and is confined in a hospital outside Singapore.</p>	30/ day	50/ day	100/ day
<p>6. Double Indemnity for Daily Hospital Income Benefit in ICU (Accident & Disease)</p> <p>Insured sustains an injury in an accident or suffers a Disease³, and is required to stay in an intensive care unit of a hospital (minimum 6 hours with room and board), we will pay an additional amount equal to one time the Insured Amount payable under Daily Hospital Income Benefit for a maximum of 30 days.</p> <p>This Double Indemnity for Daily Hospital Income Benefit in ICU (Accident & Disease) 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 or the diagnosis of the Disease³, and is confined in a hospital outside of Singapore.</p>	30/ day	50/ day	100/ day
<p>7. Post-Hospitalisation Home Care Benefit (Accident & Disease)</p> <p>If the Insured sustains an injury in an accident or suffers a Disease³ and is required to stay in a hospital for more than 4 consecutive days, we will pay the Insured Amount for this benefit. This benefit is payable only once for each accident or disease, regardless of the number of hospitalisations.</p>	100	150	200
<p>8. Recuperation Benefit (Dengue Fever and Hand, Foot & Mouth Disease)</p> <p>If the Insured is diagnosed with Dengue Fever or Hand, Foot & Mouth Disease, we will pay the Insured Amount for this benefit. This benefit is payable only once for each period of 2 years from the policy effective date, regardless of the number of occurrences of Dengue Fever or Hand, Foot & Mouth Disease during each 2-year period.</p>	50	80	100
<p>9. Education Assurance Fund Benefit</p> <p>a) Accidental Death of Policyowner If the Policyowner sustains an injury and passes away within 365 days from the date of an accident, we will pay the Insured Amount for this benefit. This benefit will terminate on the earliest of the following events:</p> <ol style="list-style-type: none"> the policy anniversary following the Insured's 21st birthday if the Insured is no longer a student; the policy anniversary following the Insured's 24th birthday; or the Policyowner's 75th birthday. <p>This benefit is payable only once during the life of this policy.</p> <p>b) Accidental Death of Insured If the Insured sustains an injury and passes away within 365 days from the date of an accident, we will pay the Insured Amount for this benefit, provided that Benefit 9(a) has not been paid and is terminated.</p>	10,000	17,500	50,000



Benefits / Plan	Plan 1	Plan 2	Plan 3
	Insured Amount (S\$)		
<p>10. Reconstructive Surgery Reimbursement Benefit</p> <p>If the Insured sustains an injury in an accident and requires any of the following reconstructive surgeries deemed medically necessary within 365 days from the date of the accident, we will reimburse such surgical expenses incurred up to the Insured Amount for this benefit.</p> <p>a) Cosmetic Surgery - the undergoing of plastic or reconstructive surgery for the treatment of facial disfigurement being a direct result of the accident (surgery for cosmetic reasons is excluded).</p> <p>b) Skin Transplantation - the undergoing of skin transplantation due to burns resulting in the full thickness skin destruction of at least 10% of the body surface area (correction of facial disfigurement is excluded).</p>	Nil	5,000	15,000
<p>11. Mobility Aids Reimbursement Benefit</p> <p>If the Insured sustains an injury in an accident and requires the use of mobility aids within 90 days from the date of the accident, we will reimburse the expenses incurred in the purchase of such mobility aids up to the Insured Amount for this benefit.</p> <p>Mobility aids refer to equipments to assist walking or movement from place to place including but not limited to walking sticks, canes, walking frames, braces, crutches, walkers, wheelchairs, and motorised scooters.</p>	Nil	300	1,000
<p>12. National Service Cover Benefit</p> <p>If the Insured is a Singapore Full-time National Serviceman (NSF) and he sustains an injury in an accident while he is engaging in or taking part in military service, duties, military trainings, exercises, manoeuvres or warlike operation, which resulted in any of the following loss within 365 days from the date of the accident:</p> <p>a) Loss of life – we will pay the Insured Amount for this benefit.</p> <p>b) Accidental Dismemberment and Burns – we will pay a percentage of Insured Amount of this benefit specified in the Schedule of Indemnity¹.</p>	Nil	10,000	20,000
<p>13. Emergency Medical Evacuation and Repatriation Benefit</p> <p>a) Emergency Medical Evacuation If the Insured sustains an injury in an accident while travelling overseas and outside of the home country 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 for this benefit.</p> <p>b) Repatriation of Mortal Remains If the Insured sustains an injury in an accident while travelling overseas and outside of the home country 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 for this benefit.</p>	Nil	Nil	50,000 per policy year
<p>14. Payor Benefit</p> <p>Before the Policyowner's 75th birthday, if the Policyowner sustains an injury and passes away within 365 days from the date of an accident, future premiums due for the policy will be waived until the policy anniversary following the Insured's 21st birthday. Thereafter, all subsequent premiums shall be payable according to the terms of the plan.</p>			



15. Renewal Bonus

For each year that the policy is renewed, a renewal bonus equivalent to 5% of the Insured Amount for Accidental Death, Accidental Dismemberment and Burns Benefit will be given, up to a maximum of 5 renewal bonuses.

If a loss is admitted and is payable under Accidental Death, Accidental Dismemberment and Burns Benefit, we will pay a percentage of the renewal bonus accumulated, such percentage shall follow the percentage stated in the Schedule of Indemnity¹ for each covered loss event, but subject to a maximum limit of 100% of the renewal bonus accumulated.

Premium Payable for Basic Benefits (in S\$, inclusive of 9% GST)		Plan 1	Plan 2	Plan 3
Standard Premium Rates	Annual Premium	152.40	239.12	488.69
	Semi-annual Premium	79.23	124.36	254.11
	Monthly Premium	13.28	20.80	42.53
Discounted Premium Rates (only applicable to policyholders of AIA Solitaire PA (II) or upgraded AIA Solitaire PA - Plan 2 and above)*	Annual Premium	137.23	215.25	440.43
	Semi-annual Premium	71.36	111.92	229.04
	Monthly Premium	11.93	18.72	38.33

OPTIONAL BENEFIT	If applying for this benefit, please tick option			
<p>Child Critical Illnesses Benefit</p> <p>a) Child Critical Illnesses Benefit If the Insured is diagnosed with a Child Critical Illness⁴, we will pay the Insured Amount for Child Critical Illnesses Benefit and this benefit will terminate.</p> <p>b) Conversion Privilege From the Insured's 18th birthday to the policy anniversary following the Insured's 21st birthday, the Child Critical Illnesses Benefit may be converted to a whole life or endowment policy covering death, terminal illness, total and permanent disability and/or critical illnesses, without further underwriting up to the Insured Amount of the Child Critical Illnesses Benefit, provided that this benefit has not been paid and is not terminated. This Child Critical Illnesses Benefit will terminate upon the conversion.</p>	<input type="checkbox"/> Option 1: Insured Amount S\$30,000 <input type="checkbox"/> Option 2: Insured Amount S\$50,000 <input type="checkbox"/> Option 3: Insured Amount S\$100,000			
Premium Payable for Optional Benefit (in S\$, inclusive of 9% GST) – Child Critical Illnesses Benefit	Option 1 S\$30,000	Option 2 S\$50,000	Option 3 S\$100,000	
Standard Premium Rates	Annual Premium	58.68	97.79	195.59
	Semi-annual Premium	30.51	50.85	101.71
	Monthly Premium	5.10	8.51	17.02
Discounted Premium Rates (only applicable to policyholders of AIA Solitaire PA (II) or upgraded AIA Solitaire PA - Plan 2 and above)*	Annual Premium	52.87	88.12	176.23
	Semi-annual Premium	27.49	45.82	91.64
	Monthly Premium	4.60	7.67	15.33

* Discounted Premium Rates is applicable till the Insured's Age 21 and Standard Premium Rates will apply thereafter.

(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.)

¹Schedule of Indemnity refers to:

Event	% of Insured Amount
1. Loss of life	100
2. Permanent Total Loss of Sight of both eyes	150
3. Permanent Total Loss of Sight of 1 eye	100
4. Loss of or the Permanent Total Loss of Use of 2 Limbs	150
5. Loss of or the Permanent Total Loss of Use of 1 Limb	125
6. Loss of or the Permanent Total Loss of Use of 1 Limb and Loss of Sight of 1 eye	150
7. Permanent loss of speech and hearing	150
8. Permanent and incurable insanity	100
9. Permanent total loss of hearing	



<u>Event</u>	<u>% of Insured Amount</u>
- both ears	75
- 1 ear	25
10. Permanent loss of speech	50
11. Permanent total loss of the lens of 1 eye	50
12. Loss of or the Permanent Total Loss of Use of 4 Fingers and thumb of a hand	70
13. Loss of or the Permanent Total Loss of Use of 4 Fingers of a hand	40
14. Loss of or the Permanent Total Loss of Use of 1 thumb	
- both phalanges	30
- 1 phalanx	15
15. Loss of or the Permanent Total Loss of Use of a Finger	
- 3 phalanges	10
- 2 phalanges	7.5
- 1 phalanx	5
16. 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
- other than great toe, each toe	1
17. Fractured leg or patella with established non-union	10
18. Shortening of leg by at least 5 cm	7.5
19. Third Degree Burns	
Area damage as a percentage of total body surface area	
- Head – equals to or greater than 2% but less than 5%	50
- Head – equals to or greater than 5% but less than 8%	75
- Head – equals to or greater than 8%	100
- Body – equals to or greater than 10% but less than 15%	50
- Body – equals to or greater than 15% but less than 20%	75
- Body – 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.

² **Catastrophic Disability** refers to:

1. Coma
2. Paralysis
3. Loss of or the irrevocable total loss of use of 2 limbs
4. Irrevocable total loss of sight of both eyes
5. Loss of or the irrevocable total loss of use of 1 limb and irrevocable total loss of sight of 1 eye

³ **Disease** refers to:

- | | |
|--|--|
| 1. Hand, Foot and Mouth Disease | 9. Pulmonary Tuberculosis |
| 2. Dengue Fever | 10. Measles |
| 3. Food Poisoning | 11. Rabies |
| 4. Severe Acute Respiratory Syndrome (SARS) | 12. Melioidosis |
| 5. Variant Creutzfeldt-Jakob Disease (vCJD) or 'Mad Cow Disease' | 13. Avian Influenza or 'Bird Flu' due to Influenza A |
| 6. Nipah Viral Encephalitis | 14. Chikungunya Fever |
| 7. Japanese Viral Encephalitis | 15. Mumps |
| 8. Malaria | 16. Rubella |

⁴ **Child Critical Illness** refers to:

- | | |
|--|--|
| 1. Acquired Brain Damage | 10. Loss of Limbs due to Sickness |
| 2. Aplastic Anaemia | 11. Kawasaki Disease with Heart Complications |
| 3. Bone Marrow Transplant | 12. Rheumatic Fever with Heart Involvement |
| 4. Brain Surgery | 13. Severe Asthma |
| 5. Glomerulonephritis | 14. Severe Epilepsy |
| 6. Haemophilia | 15. Still's Disease including Severe Juvenile Rheumatoid Arthritis |
| 7. Death as a result of Hand, Foot & Mouth Disease | 16. Tuberculous Meningitis |
| 8. Insulin Dependent Diabetes Mellitus | 17. Viral Encephalitis |
| 9. Leukaemia | |

The Child Critical Illnesses Benefit will terminate on the policy anniversary following the Insured's 21st birthday.



Besides other underwriting limits applicable to this plan, the Child Critical Illnesses Benefit is also subject to the Critical Illness per life limit of S\$3,000,000 (aggregated with other policies or riders issued on the same life). For policies issued in other currencies, a conversion rate as determined by the company will apply.

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. 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.

2. 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. This policy is considered to be delivered and received by you upon personal delivery or on the date we sent this policy via electronic mail or 7 days of posting.

3. 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 prior to the Insured's 75th 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.

4. 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.

5. 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.

6. No Cover

This Policy shall not cover or provide for the payment of claims or benefits to specific persons or entities as a result of any of the following: The application of or compliance with certain laws and regulations prohibit performance based on the identity, domicile, residence, place of incorporation, establishment (whether incorporated or unincorporated), or citizenship, of you, the Insured or claimant or 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 to 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.

7. 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:
 - (i) operationally ready national service duties are carried out in Singapore or overseas (where applicable) pursuant to the Enlistment Act (Cap.93); or
 - (ii) expressly covered under National Service Cover Benefit of this Policy;
- (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 licensed commercial aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route;
- (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, treatment for infertility or any complications concerning therewith notwithstanding that such event may have been accelerated or induced by injury;
- (g) any form of dental care or surgery to sound natural teeth (excluding denture and related expenses) unless necessitated by injury;
- (h) any form of cosmetic, plastic surgery or elective surgery unless necessitated by injury;
- (i) engaging in a sport in a professional capacity or where one would or could earn income or remuneration from engaging in such sport;
- (j) engaging in racing of any kind other than on bicycle engaged on a leisure basis, on foot and swimming;
- (k) treatment of alcoholism, drug abuse or any other complications arising therefrom, or an accident caused whilst under the influence of drugs or alcohol;
- (l) treatment for congenital abnormalities and physical defects from child birth and treatment arising from pregnancy, miscarriages, abortion, childbirth, sterilisation, contraception as well as treatment for infertility;
- (m) any kind of disease or illness (except where expressly covered under this Policy);
- (n) any other exclusions stated under Child Critical Illness Benefit of this Policy (if applicable);
- (o) AIDS and HIV or any complications associated by any HIV;
- (p) or any pre-existing condition.

8. Waiting Period

No benefits will be payable if the Insured has been diagnosed with a Child Critical Illness (covered under Optional Benefit: Child Critical Illnesses Benefit) within 90 days of the effective date or last reinstatement date of the policy, whichever is later.

9. 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.

For any of the losses that are described as "Catastrophic Disability" 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.

10. Survival Period

No benefits shall be payable under the Child Critical Illnesses Benefit of the policy if the Insured dies within 30 days from the date of diagnosis of a Child Critical Illness.

11. Termination

This 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 resulting in the payment of claim for Loss of Life under Accidental Death, Accidental Dismemberment and Burns Benefit or payment of claim for the Monthly Catastrophe Cash Benefit;
- (e) on the date of accident which resulted in aggregated claims amounting to 100% or more on the Insured Amount of Accidental Death, Accidental Dismemberment and Burns Benefit during the life of this policy, including all renewals;
- (f) on the policy anniversary date following the Insured's 75th birthday; or
- (g) when we exercise our right of termination under the Change of Country of Residence or Citizenship or 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.



12. 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 or www.lia.org.sg or www.sdic.org.sg).

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

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